

REQUEST FOR REASONABLE ACCOMMODATION FORM

If you have a disability and you believe you may need an accommodation to fully and equally participate in a particular Board of Zoning Adjustment (BZA) or Zoning Commission (ZC) meeting/hearing, or activity or meeting with the Office of Zoning (OZ), you may request a reasonable accommodation. Any request that is not completed in accordance with the following instructions shall not be accepted.

1. All applications shall be made on this form and must be completely filled out and be typewritten or printed. If additional space is necessary, use separate sheets of 8½" x 11" paper to complete the form. If you need assistance completing this form, contact Esther Bushman at OZ at (202) 727-5471 or esther.bushman@dc.gov.
2. Present this form and any supporting documents to the Office of Zoning by mail to 441 4th Street, N.W., Suite 200-S, Washington, D.C. 20001, by facsimile at (202) 727-6072, or by e-mail to esther.bushman@dc.gov.

Accommodation requests are granted to any person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws and in such other circumstance as may be required by law.

You may be required to provide additional information to properly evaluate your reasonable accommodation request. **Medical and other health information submitted with the form shall not be made public or shared with anyone outside the department, unless authorized by law.**

Generally, five business days advance notice is required to process reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible. Requests made with less time will be accepted with the understanding that last minute requests may be very difficult to accommodate.

Review and Action by the Office of Zoning (For OZ Use Only)

Date: Intake Staff Person:

Request for Accommodation: Approved Denied Date:

APPROVAL:

Date accommodation will be provided:

Service to be provided:

DENIAL:

Reason for denial:

AUTHORIZED BY:

Employee Name: Title: Signature:



If you have any questions or concerns about this process or the request received, you should contact the OZ ADA Coordinator, Esther Bushman at 202-727-5471 or by email at esther.bushman@dc.gov



DISTRICT OF COLUMBIA OFFICE OF ZONING



FORM 155 - REQUEST FOR REASONABLE ACCOMMODATION FORM

Name(s) and contact information of Person(s) with Disabilities Requesting Modifications, Auxiliary Services, etc.:

Address: _____

Telephone/TTY: _____ E Mail: _____

Name and contact information for person making request: _____ (if different from above)

Relationship to Person(s) with Disabilities: _____

Address: _____

Telephone/TTY: _____ E Mail: _____

Preferred method of contact: _____ Do you (or someone you represent) have, have a record of having, or are regarded as having, a physical or mental impairment that substantially limits a major life activity? (optional) Yes No

What is the modification or auxiliary service being requested? (Please specify any modification, auxiliary aid or service being requested to participate in OZ's processes for example, large print forms, assistance completing forms, sign language interpretation for meetings/hearings).

Blank lines for providing details on the requested modification or auxiliary service.

- I/We are requesting a modification or auxiliary service (please check all that apply):
- That will allow me to participate in a program or activity offered by OZ (please specify the program or activity - i.e., ZC Case, BZA Case, Public Outreach): _____
 - I/We are gathering basic information about OZ's programs, activities and services
 - I/We are filing an application: (ZC or BZA Case #) _____
 - I/We are researching zoning case files, the Zoning Regulations, and/or the Zoning Map
 - I/We are participating at a hearing for ZC/BZA Case # _____ as a: Applicant or Party Witness
 - Other – Observer, etc. Other (please specify): _____

2 Date(s) modification or auxiliary service is required: _____

Approximate duration of event for which modification or auxiliary service is required: _____

- 3 If sign language interpretation is required, what is your preference?
- American Sign Language (ASL)
 - Signed Exact English (SEE)
 - Oral
 - Other (please specify) _____
 - Do you require a Certified Deaf Interpreter (CDI)? Yes No

Please be advised that when OZ secures sign language interpreters for a hearing or meeting, the interpretation can be broadcast by the video camera so that it becomes part of the record.