



APPLICATION FOR APPROVAL of "NON-CONFORMING" TEMPORARY RAMP

Date: _____ Owners Name: _____

Community: _____ Homesite #: _____

Pot-Nets Address: _____

Phone #: _____ Email: _____

Please indicate the nature of the disability:

Time period that the ramp will be in place:

.4

Description of Proposed Work: Describe all proposed improvements, alterations, or changes to your lot or home. Attach additional sheets if necessary. Quality of all documents must clearly describe and depict the work to be done.

Contractor:

Phone:

Please answer the following questions to help us determine if you qualify for an Accommodation Letter:

1. Does the Lessee currently hold a Special License Plate, or Parking ID Placard, for Persons with Disabilities? (Please provide the Vehicle Registration Card or Handicap Placard to the Pot-Nets Office for photocopying.)
 - a. Yes / No License Plate # _____
 - b. Yes / No Parking ID Placard # _____
 - c. State of issuance for Plate and/or Placard _____

2. Does the Lessee making the request have a physical or mental impairment that substantially limits their ability to perform the following life functions: (Physician's documentation required. Please circle the appropriate response)
 - a. Yes / No Cannot walk 200 feet without stopping to rest; or
 - b. Yes / No Cannot walk safely without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device; or
 - c. Yes / No Is restricted by lung disease to such an extent that the applicant's or household member's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest; or
 - d. Yes / No Uses portable oxygen; or
 - e. Yes / No Has a cardiac condition to the extent that the applicant's or household member's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Yes / No Cannot walk safely without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device; or
 - f. Yes / No Is restricted by lung disease to such an extent that the applicant's or household member's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest; or

Yes / No Uses portable oxygen; or

g. Yes / No Has a cardiac condition to the extent that the applicant's or household member's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association; or

h. Yes / No Is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.

Physician's Certification

I certify, under penalty of law, that the above information concerning the applicant is true and correct, and that the applicant meets the requirements specified above.

Physician's Name: _____

Verification Phone #: _____

Physician's Address: _____

Physician's Signature: _____

Date: _____

APPLICATION REQUIREMENTS: All of the items below must be submitted with application

- Site plan indicating the improvements as well as the property line, existing building footprint, existing and proposed contours, and all easements, setbacks and right of ways.
- Building plans, elevations, sections and details that describe the improvements.
- Specifications outlining all materials and finishes for the improvements.

Any work not performed by the homeowner must be done by a licensed and insured contractor.

Owner Signature: _____ **Date:** _____

OFFICE USE ONLY		
Approved	Approved With Conditions	Not Approved
NOTES: _____		
START NO EARLIER THAN: _____ FINISH NO LATER THAN: _____		