



**CITY OF NEWPORT BEACH**

**Supplemental Information  
for  
Reasonable Accommodation  
for  
Providers of Housing**

Planning Department  
3300 Newport Boulevard  
Newport Beach, California 92658-8915  
(949) 644-3200

Application Number \_\_\_\_\_

**If you are a provider of developer or provider of housing for individuals with a disability and are seeking a reasonable accommodation, please provide the following information with regard to your request. If you have already submitted this information to the City in conjunction with a different application, you can submit copies of the information previously provided.**

**A. Your Firm’s Current Uses.** Do you or your firm (or any entity or person affiliated with you or your firm) currently operate, manage, or own other group residential uses in Newport Beach?

Yes                       No

If yes, cite address(es) of facility(ies) (attach more pages if necessary):

EXAMPLE:

1234 Main Street, Newport Beach	Unlicensed “Sober Living”	7
Site Address	Type of Use	Bed
Capacity		
Site Address	Type of Use	Bed
Capacity		
Site Address	Type of Use	Bed
Capacity		
Site Address	Type of Use	Bed
Capacity		
Site Address	Type of Use	Bed
Capacity		

**B. Other Similar Uses.** What uses, not operated by or affiliated with you or your firm, are of a similar type as your proposed use here in Newport Beach? Please cite address(es) of facility(ies) (attach more pages if necessary):

EXAMPLE:

1234 Main Street, Newport Beach	Unlicensed "Sober Living"	7
Site Address	Type of Use	Bed
Capacity		
Site Address	Type of Use	Bed
Capacity		
Site Address	Type of Use	Bed
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