



CITY OF CORONADO

DEPARTMENT OF COMMUNITY DEVELOPMENT
 PLANNING DIVISION
 1825 STRAND WAY, CORONADO, CA 92118
 (619) 522-7326 / (619) 522-2418 (FAX)
COMMDEV@CORONADO.CA.US

HANDOUT

701

FEB 2013

REQUEST FOR REASONABLE ACCOMMODATION

PURPOSE: To request a Reasonable Accommodation(s) under the Fair Housing Act.

AUTHORITY: Coronado Municipal Code Title 70, Building and Construction, Request for Reasonable Accommodation Under the Fair Housing Act, Chapter 70.120.

NOTES:

1. A request for reasonable accommodation may be made by any person with a disability, or by an entity acting on behalf of a person or persons with disabilities, to provide or secure equal access to housing to prevent the application of any zoning law or other land use regulation, policy, or practice of the City from acting as a barrier to fair housing opportunities.
2. A request for reasonable accommodation may include an application for a modification or exception to the application of zoning and building standards and use of housing or housing-related facilities in order to eliminate identifiable regulatory barriers to provide a person with a disability an equal opportunity to housing.
3. Please See Chapter 70.120 of the Municipal Code for additional information regarding the Reasonable Accommodation procedures, criteria, findings, and appeal process.

APPLICANT DATA:

Address of Property: 500 A Avenue Assessor Parcel No.: 536-391-23-00
 Owner: James M. & Melinda S. Marlar (Trust) Applicant: Same
 Mailing Address: Same Mailing Address: _____
 Phone #: (520) 349-7345 Phone #: _____
 Email: melinda.marlar@gmail.com E-Mail: _____
 Signature: James M. Marlar Signature: Melinda S. Marlar

SUBMITTAL REQUIREMENTS:

1. Completed Application Form and Filing Fee.
2. 1 hard copy and 1 electronic copy of photographs depicting conditions.
3. 2 copies of project plans depicting general location of building(s) and improvements on site, on-site parking access to parking, elevations, building height, floor plans, floor area ratio lot coverage (On File)
4. Additional documentation to support your accommodation request

CITY STAFF USE: Case #: PC2024-06 Date Received: 11.15.24 Fee: \$450 Receipt No. 2615-0005



**CITY OF CORONADO
REQUEST FOR REASONABLE ACCOMMODATION
SUPPLEMENTAL FORM**

1. Current Use of Property: Residential Proposed Use of Property: Residential

2. Provide basis for claim that the individual is considered disabled under the Acts.

SEE ATTACHED

3. Indicate the accommodation(s) you are requesting and the specific regulation(s) and/or procedure(s) from which accommodation(s) is sought.

SEE ATTACHED

4. Explain why the reasonable accommodation is necessary to make the property accessible to the individual.

SEE ATTACHED

5. Provide credible documentation with respect to each element described above so the City of Coronado can fully evaluate the application and verify the factual basis underlying the need for accommodation.

SEE ATTACHED

10/29/24, 11:58 AM

Marlar, Jim M (MRN [REDACTED] DOB: [REDACTED] Encounter Date: 10/29/2024

Letter by Copp, Steven Norris, MD on 10/29/2024

SCRIPPS CLINIC TORREY PINES ORTHOPEDIC SURGERY
10710 N TORREY PINES ROAD
LA JOLLA CA 92037-1027
Phone: 858-554-7007
Fax: 858-554-6321

10/17/2024

To whom it may concern:

This is a letter of documentation regarding the [REDACTED] of Jim Marlar, DOB [REDACTED] and Melinda Marlar, DOB [REDACTED]. I have been personally responsible for their [REDACTED] for the past 7 years. Ms. Marlar is status [REDACTED] as a result of a [REDACTED] in 2018. Her recovery has been [REDACTED] on the [REDACTED] which has been persistent and limiting for prolonged ambulation and stair walking. She additionally had developed [REDACTED] of the [REDACTED] and underwent a [REDACTED] on August 29, 2024.

The combination of these [REDACTED], her age and prior significant treatment for [REDACTED] have resulted in significant restriction in activity. She is particularly limited with ambulation on stairs. Relative preservation of ambulation on flat surface. She utilizes a walking stick for [REDACTED]

Mr. Marlar has been equally afflicted with [REDACTED] concerns. He has known [REDACTED] of the [REDACTED]. He has previously undergone [REDACTED] of the [REDACTED] with some improvement however has had persistent gradual decline of his [REDACTED] as a result of progression of [REDACTED]. In addition he has been evaluated for [REDACTED] and has notable [REDACTED] of the [REDACTED]. He additionally is constrained with his ability to safely navigate stairs. I would not expect his capability to ambulate stairs safely to improve based on his present circumstance.

As a result of the above conditions I have recommended to them that they consider options for maintaining residence in a multilevel home. These options would preclude the need to utilize stairs but allow them to use the full breath of square footage available to them in a multilevel home. This is particularly relevant as Mr. and Mrs. Marlar have no living quarters or bathing access within their walk-in level floor and require access to the second floor for completion of activities of daily living. They have been informed regarding this recommendation and concur that alternative methods of access to the second floor are appropriate. They have indicated that they may pursue a elevator/lift within the home. As their orthopedic provider and manager of their [REDACTED] complaints and resulting disability I would support this defined need.

If I can be of further assistance with respect of this circumstance please contact me at your discretion at 858-554-7993 or copp.steven@scrippshealth.org

Sincerely,

Steven N. Copp, MD
Chair, Department of Orthopedic Surgery
Scripps Clinic
Marlar, James -- MRN: [REDACTED] Page 1

Communication Routing Information

10/29/24, 11:58 AM

Marlar, Jim M (MRN [REDACTED] DOB: [REDACTED] Encounter Date: 10/29/2024

Recipient	Relationship	Method	Details
Jim M. Marlar	Patient	MyScripps	