FORM 001A

RECONSIDERATION OF VISITABILITY REQUIREMENTS
2009 QUALIFIED ALLOCATION PLAN

Project Name	
Project Tracking Number	
Project Address	
City State Zip	
Person Making This Request	
Title	
Company Making this Request	
Today's Date	

Visitability Reconsideration Category (Check all that apply):

	Topographical Concerns
	Funding Conflicts
	Undue Costs
	Community and Design Standards

Number of Units Requesting Reconsideration:

	All Visitability Requirements
	Some Visitability Requirements

Describe the circumstances relating to this request. Be as specific as possible. Use other sheets and provide documentation drawings, cost information or other data as necessary. Be sure to provide justification for each reconsideration category requested.

If the reconsideration is based upon conflicting community design standards, provide a written statement below stating whether it would be reasonably possible to obtain from the local government an exemption from the local design standard.

Describe the affect the reconsideration would have on visitability for the mobility impaired.

Please refer any questions regarding your Reconsideration of Visitability Requirements to:
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Planner/Data Analyst
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