



St. Bernard Parish Government

8201 West Judge Perez Drive
Chalmette, Louisiana 70043
504-278-4331 504-278- 4330(fax)

Guy McInnis
Parish President

REQUEST FOR VIEWING AND/OR RECEIVING PUBLIC RECORDS

Name: Trudy Totorico Date: 12-21-16

Phone No. 504-430-8613 Email Address: ttotorico@barrassousdin.com

Address: 2900 Rosetta Drive Chalmette, LA 70043
Street City/State Zip Code

Records Requested:

"Zoning Variance or Appeal Application" and any and all documents
pertaining to the Application for Dionna Richardson, Angelicare
Therapeutic Group Home LLC, 3408 Angelique Drive, Violet, LA 70092

FOR OFFICE USE ONLY:

Received by SBPG: _____ Date: _____

Date received by Requester: _____ Cost: \$ _____

Payment method: Check ☐ Money Order ☐

NOTE:

Anyone requesting records are required to pay \$.25 per page after the first four (4) pages.

APPEAL OF DENIAL OF FAIR HOUSING ACCOMMODATION REQUEST

NOTICE: PLEASE ATTACH TO THIS APPEAL FORM: (1) A COPY OF YOUR FAIR HOUSING ACCOMMODATION REQUEST ALONG WITH ANY ATTACHMENTS SUBMITTED WITH THE REQUEST AND (2) THE NOTICE OF THE DECISION DENYING YOUR ACCOMMODATION REQUEST.

TO: THE BOARD OF ZONING ADJUSTMENTS

1. Date of Adverse Decision: December 2, 2016
2. Date Appeal Filed: December 9, 2016
3. State why you think the decision on your request for accommodation is wrong and how it should be modified:

My company's clients will be screened by the Louisiana Department of Health and Hospitals, Health Standards Section. No client will be accepted unless they are pre-determined to be disabled per the definition set forth in the American Disabilities Act (ADA). My company does not screen these young people, the state does.

4. Provide any new information, facts or documents that support your request for accommodation:

All four factors listed under Sec. 6 of St. Bernard Parish's Reasonable Accommodation Act have been met. These accommodations offered by my company are indeed necessary to these referred clients, all of whom are protected under the ADA.

5. Signature  Date 12/9/16

Print Name: Dionna Brock Richardson

Phone: _____

Address: 3408 Angelique Drive

Violet, LA 70092

EXHIBIT D



St. Bernard Parish Government

Department of Community Development

8201 West Judge Perez Drive

Chalmette, La. 70043

978-4308

978-4398 (Fax)

DEC 06 2016

December 2, 2016

Angelicare, LLC

Attn: Dionna Brock Richardson

3408 Angelique Dr.

Violet, LA 70092

Re: Request for Reasonable Accommodation Submitted on November 28, 2016

Ms. Richardson,

The request for reasonable accommodation at 3408 Angelique Drive has been DENIED. The reasons for this decision are as follows:

- The applicant has not provided evidence that the proposed Therapeutic Group Home (TGH) minor residents have a disability as defined by ORDINANCE SBPC #1830-11-16.
- While the applicant does state that the minor residents have "mental and behavioral health problems/disabilities," there is not a connection between the stated disability and the major life activity that has been substantially affected.
- Based on the information provided, there is not a clear connection that TGH minor residents are deemed to have a disability that affects one or more major life activity.

You have the right to appeal the decision to the Board of Zoning Adjustment (BZA) within thirty (30) days of this decision by filing an Appeal of Denial of Fair Housing Accommodation Request form with the Department of Community Development. At your request to provide an expedited review, the decision was made on December 2, 2016, which would allow for an appeal to be heard at the January 5th Public Meeting of the BZA. The appeal form will need to be filed by December 10, 2016 in order to be heard at the January BZA meeting.

Respectfully,

A handwritten signature in black ink, appearing to read "Jason Stopa".

Jason Stopa

Director

Department of Community Development

St. Bernard Parish Government

8201 W. Judge Perez Drive – First Floor

Chalmette, LA 70043

APPLICATION FOR REQUEST FOR REASONABLE ACCOMMODATION

NOTE: If you need help in completing this request form, the DEPARTMENT will assist you. Please contact the person at the counter where you received this request form for assistance.

1. Name of Applicant

Telephone Number

Angelicare LLC (TGH) 1-888-366-6116

2. Address

3408 Angelique Dr. Violet, La. 70092

3. Address of Housing at which Accommodation is requested

3408 Angelique Dr. Violet, La. 70092

4. Describe the accommodation you are requesting and the specific ordinance(s), regulation(s) and/or procedure(s) from which accommodation is sought.

Angelicare LLC is a provider of Therapeutic Services to citizens with disabilities. Angelicare requesting Reasonable Accommodation as set forth in procedures in Ordinance 5899#183-117

5. Give the reason that the reasonable accommodation may be necessary for you or the individuals with disabilities seeking the specific housing, to use and enjoy the housing.

Angelicare LLC seek a Conditional Use Permit to operate in a single family dwelling in a R1 subdivision. Angelicare will comply with all conditions as set forth by the governing body.

6. Identify the disability(s) that require accommodation.

Children ages 0-17 with mental and behavioral health problems/disabilities.

7. If we have questions about your request for reasonable accommodation and you would like us to contact someone assisting you with this request, instead of you, please give us that person's name, address and telephone number.

Contact me directly @ 713.429.2767

8. Signature of Applicant Quin Ruli Date: 11/28/16

PLEASE ATTACH ANY DOCUMENTS OR ADDITIONAL INFORMATION THAT YOU THINK SUPPORTS YOUR REQUEST FOR REASONABLE ACCOMMODATION AND WOULD ASSIST US IN CONSIDERING YOUR REQUEST.



St. Bernard Parish Government

Department of Community Development

8201 West Judge Perez Drive

Chalmette, La. 70043

278-4308

278-4298 (Fax)

December 2, 2016

Angelicare, LLC

Attn: Dionna Brock Richardson

3408 Angelique Dr.

Violet, LA 70092

Re: Request for Reasonable Accommodation Submitted on November 28, 2016

Ms. Richardson,

The request for reasonable accommodation at 3408 Angelique Drive has been DENIED. The reasons for this decision are as follows:

- The applicant has not provided evidence that the proposed Therapeutic Group Home (TGH) minor residents have a disability as defined by ORDINANCE SBPC #1830-11-16.
- While the applicant does state that the minor residents have "mental and behavioral health problems/disabilities," there is not a connection between the stated disability and the major life activity that has been substantially affected.
- Based on the information provided, there is not a clear connection that TGH minor residents are deemed to have a disability that affects one or more major life activity.

You have the right to appeal the decision to the Board of Zoning Adjustment (BZA) within thirty (30) days of this decision by filing an Appeal of Denial of Fair Housing Accommodation Request form with the Department of Community Development. At your request to provide an expedited review, the decision was made on December 2, 2016, which would allow for an appeal to be heard at the January 5th Public Meeting of the BZA. The appeal form will need to be filed by December 10, 2016 in order to be heard at the January BZA meeting.

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Jason Stopa

Director

Department of Community Development

St. Bernard Parish Government

8201 W. Judge Perez Drive – First Floor

Chalmette, LA 70043



St. Bernard Parish Government

8201 West Judge Perez Drive
Chalmette, Louisiana 70043
504-278-4331 504-278- 4330(fax)

Guy McInnis
Parish President

REQUEST FOR VIEWING AND/OR RECEIVING PUBLIC RECORDS

Name: Trudy Totorico **Date:** 12/21/16

Phone No. 504-430-8613 **Email Address:** ttotorico@barrassousdin.com

Address: 2900 Rosetta Drive Chalmette, LA 70043
Street City/State Zip Code

Records Requested:

"Zoning Variance or Appeal Application" and any and all documents
pertaining to the Application for Cathy E. Moore, C. Moore

Therapeutic Group Home LLC, 3008 Rosetta Drive, Chalmette, LA 70043

FOR OFFICE USE ONLY:

Received by SBPG: _____ Date: _____

Date received by Requester: _____ Cost: \$ _____

Payment method: Check ☐ Money Order ☐

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My company's clients will be screened by the Louisiana Department of Health and Hospitals, Health Standards Section. No client will be accepted unless they are pre-determined to be disabled per the definition set forth in the American Disabilities Act (ADA). My company does not screen these young people, the state does.

4. Provide any new information, facts or documents that support your request for accommodation:

All four factors listed under Sec. 6 of St. Bernard Parish's Reasonable Accommodation Act have been met. These accommodations offered by my company are indeed necessary to these referred clients, all of whom are protected under the ADA.

5. Signature Cathy E Moore

Date 12/9/16

Print Name: Cathy Moore

Phone: _____

Address: 3008 Rosetta Drive

Chalmette, LA 70043

EXHIBIT D



St. Bernard Parish Government

Department of Community Development

8201 West Judge Perez Drive

Chalmette, La. 70043

278-4308

278-4293 (Fax)

December 2, 2016

DEC 06 2016

C. Moore TGH, LLC
Attn: Cathy Moore
3008 Rosetta Dr.
Chalmette, LA 70043

Re: Request for Reasonable Accommodation Submitted on November 28, 2016

Ms. Moore,

The request for reasonable accommodation at 3008 Rosetta Drive has been DENIED. The reasons for this decision are as follows:

- The applicant has not provided evidence that the proposed Therapeutic Group Home (TGH) minor residents have a disability as defined by ORDINANCE SBPC #1830-11-16.
- While the applicant does state that the minor residents have "mental and behavioral health problems/disabilities," there is not a connection between the stated disability and the major life activity that has been substantially affected.
- Based on the information provided, there is not a clear connection that TGH minor residents are deemed to have a disability that affects one or more major life activity.

You have the right to appeal the decision to the Board of Zoning Adjustment (BZA) within thirty (30) days of this decision by filing an Appeal of Denial of Fair Housing Accommodation Request form with the Department of Community Development. At your request to provide an expedited review, the decision was made on December 2, 2016, which would allow for an appeal to be heard at the January 5th Public Meeting of the BZA. The appeal form will need to be filed by December 10, 2016 in order to be heard at the January BZA meeting.

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Jason Stopa
Director
Department of Community Development
St. Bernard Parish Government
8201 W. Judge Perez Drive – First Floor
Chalmette, LA 70043

APPLICATION FOR REQUEST FOR REASONABLE ACCOMMODATION

NOTE: If you need help in completing this request form, the DEPARTMENT will assist you. Please contact the person at the counter where you received this request form for assistance.

1. Name of Applicant

Telephone Number

C. Moore T64, LLC.

(504) 592-7586

2. Address

3008 Rosetta Dr. Charlotte CA 70043

3. Address of Housing at which Accommodation is requested

3008 Rosetta Dr. Charlotte CA 70043

4. Describe the accommodation you are requesting and the specific ordinance(s), regulation(s) and/or procedure(s) from which accommodation is sought.

C. Moore is a Provider of therapeutic Services to Citizens with disabilities. C. Moore is requesting reasonable Accommodations as set forth in the procedures outlined in Ordinance SBPC #1883-11-16

5. Give the reason that the reasonable accommodation may be necessary for you or the individuals with disabilities seeking the specific housing, to use and enjoy the housing.

C. Moore seeks a Conditional Use permit to operate in a single family dwelling in a RI subdivision. C. Moore will comply with all conditions as set forth by the governing body

6. Identify the disability(s) that require accommodation.

Children ages 0-17 with mental behavioral health problems/ disabilities

7. If we have questions about your request for reasonable accommodation and you would like us to contact someone assisting you with this request, instead of you, please give us that person's name, address and telephone number.

Contact me directly (504) 914-0618

8. Signature of Applicant

C. Moore

Date: 11/28/16

PLEASE ATTACH ANY DOCUMENTS OR ADDITIONAL INFORMATION THAT YOU THINK SUPPORTS YOUR REQUEST FOR REASONABLE ACCOMMODATION AND WOULD ASSIST US IN CONSIDERING YOUR REQUEST.



St. Bernard Parish Government

Department of Community Development

8201 West Judge Perez Drive

Chalmette, La. 70043

278-4308

278-4298 (Fax)

December 2, 2016

C. Moore TGH, LLC
Attn: Cathy Moore
3008 Rosetta Dr.
Chalmette, LA 70043

Re: Request for Reasonable Accommodation Submitted on November 28, 2016

Ms. Moore,

The request for reasonable accommodation at 3008 Rosetta Drive has been DENIED. The reasons for this decision are as follows:

- The applicant has not provided evidence that the proposed Therapeutic Group Home (TGH) minor residents have a disability as defined by ORDINANCE SBPC #1830-11-16.
- While the applicant does state that the minor residents have "mental and behavioral health problems/disabilities," there is not a connection between the stated disability and the major life activity that has been substantially affected.
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