

**APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTIONS  
TO DISABLED ACCESS REQUIREMENTS**

Date Submitted:	Building Permit Number:		
Project Address:	Owner/Applicant Name:		
Owner/Applicant Telephone No.	Owner/Applicant Address:		
Project Description			
It is requested that the above named project be granted an exception from the accessibility requirements of the 2016 California Building Code as specifically noted below. <i>(Please note: The determination of an unreasonable hardship exception by this office does not allow for exemption from any part of the California Codes and Regulations Title24 Disabled Accessibility requirements or Federal American with Disability Act Laws.)</i>			
<b>General Exceptions, Section 1134B.2.1:</b> Applicable to existing buildings where total valuation of all construction performed does not exceed \$156,162.00. The specific accessibility features that create a hardship may be exempted. A description of access features to be provided shall be listed in the appropriate section below, and a detailed cost estimate for all elements shall be attached to this form.			<b>Current Valuation Threshold Amount is \$156,162.00 until January 2018</b>
1.	Cost of Proposed Project:	\$	
2.	Total amount spent on other projects at this tenant space within the past three years:	\$	
3.	Total Cost (Line 1 + Line 2):	\$	
Does line 3 (above) exceed the current set valuation threshold amount of \$156,162.00? <input type="checkbox"/> No (Please complete Section, A, below) <input type="checkbox"/> Yes (Please complete Section B, on page 2)			
<b>SECTION A</b>			
If line 3 is less than the valuation threshold of \$156,162.00 then 20 percent x line 1 = \$ _____ is the minimum amount required to be spent for accessibility compliance.			
Accessibility Elements	Yes/No Is this feature accessible?	Is equivalent facilitation provided?	If not, is this feature going to be made accessible?  If so, the cost of making feature accessible?
1. Accessible entrance (including parking)			
2. Access path to altered area			
3. Accessible sanitary facilities			
4. Accessible drinking fountains			
5. Elevators			
6. Others (ramp, handrail, etc.)			
Total Cost of providing these access elements:	\$ _____		
Applicant's Statement of Impact to the financial feasibility of the project by providing full access compliance (you may attach additional information):			
Owner/Applicant Signature: _____ Date: _____			
<b>OFFICIAL USE ONLY</b>			
Your request for accessibility compliance due to unreasonable hardship is:			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
Name of the Code Compliance Official: _____			
Signature: _____ Date: _____			

**SECTION B**

**Specific Exceptions (Do not use this portion if Section A has been completed).** This part is generally used for remodels exceeding the threshold amount of \$156,162.00 and where Title 24 allows an Unreasonable Hardship exception from specific accessibility features (i.e.. equivalent facilitation for restrooms, Figure 1 1B-1C; garage headroom clearance, section 1130B; elevator in existing buildings, section 1134B.2.1., exception 2, etc.)

If line 3 (on the previous page) exceeds the current set valuation threshold of \$156,162.00 then full compliance is required of all accessibility elements (shown on previous page).

Exception Requested	Code Section	Cost of making feature Accessible (Attach documentation)
<b>Total:</b>		<b>\$</b>

Description of items to be provided:


The cost of all construction contemplated and cost of improvements for last three years is: \$

The access features increase the cost of construction by: (percentage of construction cost) %

Impact on financial feasibility of the project if the requested exception is not granted:


The facility is used by the general public for the purpose of:


Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Findings and decisions of the enforcing code official:


Name of the Code Compliance Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_