

APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTIONS TO DISABLED ACCESS REQUIREMENTS

Page 1

Date Submitted: Enter Date.		Building Permit Number: Click here to enter Building Permit Number.			
Project Address: Enter address		Owner/Applicant Name: Click here to enter name.			
Owner/Applicant Telephone No.		Owner/Applicant Address: Click here to enter address.			
Project Description Enter Description Here.					
<p>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></p>					
General Exceptions, Section 11B-202.4: Applicable to existing buildings where total valuation of all construction performed does not exceed \$161,298.00. 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.					Current Valuation Threshold Amount is \$161,298.00 until January 2019
1.	Cost of Proposed Project:	\$ Click here to enter amount.			
2.	Total amount spent on other projects at this tenant space within the past three years:	\$ Click here to enter amount.			
3.	Total Cost (Line 1 + Line 2):	\$ Click here to enter amount.			
Does line 3 (above) exceed the current set valuation threshold amount of \$161,298.00? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> No (Please complete Section, A, below) <input type="checkbox"/> Yes (Please complete Section B, on page 2) </div>					
SECTION A					
If line 3 is less than the valuation threshold of \$156,162.00 then 20 percent x line 1 = \$ Amount 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)	Click to Choose	Click to Choose	Click to Choose	Enter Cost
2.	Access path to altered area	Click to Choose	Click to Choose	Click to Choose	Enter Cost
3.	Accessible sanitary facilities	Click to Choose	Click to Choose	Click to Choose	Enter Cost
4.	Accessible drinking fountains	Click to Choose	Click to Choose	Click to Choose	Enter Cost
5.	Elevators	Click to Choose	Click to Choose	Click to Choose	Enter Cost
6.	Others (ramp, handrail, etc.)	Click to Choose	Click to Choose	Click to Choose	Enter Cost
Total Cost of providing these access elements:		\$ Enter Total Cost			
Applicant's Statement of Impact to the financial feasibility of the project by providing full access compliance (you may attach additional information): Click here to enter text.					
Owner/Applicant Signature: _____ Sign Here. _____ Date: Click here to enter a date. _____					
OFFICIAL USE ONLY					
Your request for accessibility compliance due to unreasonable hardship is: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved </div>					
Name of the Code Compliance Official: _____					
Signature: _____ Date: Click here to enter a 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 \$161,298.00 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 \$161,298.00 then full compliance is required of all accessibility elements (shown on previous page).

Exception Requested	Code Section	Cost of making feature Accessible (Attach documentation)
		Click here to enter amount.
		Click here to enter amount.
		Click here to enter amount.
Total:		\$ Click here to enter percentage.

Description of items to be provided: Click here to enter text.

The cost of all construction contemplated and cost of improvements for last three years is: \$ Click here to enter amount.

The access features increase the cost of construction by: (percentage of construction cost) Click here to enter percentage. %

Impact on financial feasibility of the project if the requested exception is not granted: Click here to enter text.

The facility is used by the general public for the purpose of: Click here to enter text.

Owner/Applicant Signature: Sign Here. _____ Date: _Enter date.

OFFICIAL USE ONLY

Findings and decisions of the enforcing code official:

Name of the Code Compliance Official: _____

Signature: _____ Date: _____