



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

Date Submitted:	Building Permit Number:
Project Address:	Owner/Applicant Name:
Owner/Applicant Telephone #:	Owner/Applicant Address:

Project Description:

**A) General Exceptions, Section 11B-202.4:** Applicable to existing buildings where total valuation of all construction performed does not exceed \$161,298. 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>1.</b>	Cost of proposed project:	\$	
<b>2.</b>	Total amount spent on other projects at this tenant space within the past three years:	\$	
<b>3.</b>	Total Cost (Line 1 + Line 2):	\$	

If line 3 above exceeds the current set valuation threshold of \$161,298, then full compliance is required of all accessibility elements (listed 1 to 5 below).

If #3 is less than the valuation threshold of \$161,298, then 20 percent x line 1 = \$ \_\_\_\_\_ is the **minimum** amount required to be spent for accessibility compliance.

Accessibility Elements:	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?
<b>1.</b> Accessible entrance				
<b>2.</b> Access path to altered area				
<b>3.</b> Accessible sanitary facilities				
<b>4.</b> Telephone				
<b>5.</b> Accessible drinking fountains				
<b>6.</b> Others (Parking, storage, alarm)				

<b>Total cost of providing these access elements:</b>	\$
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Applicant's Statement of Impact on the financial feasibility of the project by providing full access compliance (you may attach additional information):

<b>Owner/Applicant Signature:</b>	Date:
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Your request for accessibility compliance due to unreasonable hardship is:	Approved _____
	Not Approved _____

**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 Title 24 Disabled Accessibility requirements or Federal Americans with Disability Act laws.

Name of the Code Official: (please print)	Signature:
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Date:	<b>Please Turn for Page 2</b>
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**B) Specific Exceptions: (Do not use this portion if Part A has been completed)** This part is generally used for remodels exceeding the threshold amount of \$161,298, and where Title 24 allows an Unreasonable Hardship exception from specific accessibility features.

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:

Name of Applicant/Owner: (please print)	Signature:
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Findings and decisions of the enforcing code official:

Name of Code Official: (please print)	Signature:
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Date:	
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