



City/County of [NAME OF CITY]

Application for Unreasonable Hardship to Disabled Access Requirements



(For existing buildings where cost of construction does not exceed \$126,764.66 (rev. 1-2009) Sec. 1134B.2.1 Exception 1)

| | |
|----------------------|---|
| Project Address: | Project #: |
| Project Description: | Total Construction Cost/Project Valuation \$ _____ |

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. **The area of alteration itself may not be exempted.**

| Access features item Provide description below | Does this feature meet latest edition of Title 24? | If not, is this feature going to be made accessible as part of this permit? | If so, cost of making feature accessible? (<i>Documentation may be required</i>) |
|---|--|---|--|
| 1. Path of travel to entrance | _____ | _____ | \$ _____ |
| 2. Entrance to Building | _____ | _____ | \$ _____ |
| 3. Path of travel within building / facility to area of remodel | _____ | _____ | \$ _____ |
| 4. Elevator | _____ | _____ | \$ _____ |
| 5. Restrooms | _____ | _____ | \$ _____ |
| 6. Public telephones if provided | _____ | _____ | \$ _____ |
| 7. Drinking fountains if provided | _____ | _____ | \$ _____ |
| 8. Other (parking, etc.) | _____ | _____ | \$ _____ |
| Total cost of access features provided (A) | | | \$ _____ |
| Total cost of construction (B) | | | \$ _____ |
| (A ÷ B) x 100% (20% minimum expenditure is required) | | | _____ |
| Has the same tenant performed work in the same tenant space, within the last three years? _____ | | | |
| Description of access features to be provided _____ | | | |
| _____ | | | |

APPLICANT INFORMATION

I certify that the above noted information is true and correct.

Name (print) _____ Signature _____

Firm address _____ Position _____

FOR DEPARTMENT USE ONLY

Approved by _____ Title _____ Date _____

Denied by _____ Title _____ Date _____