Disabled Access Hardship Application Form

Per CBC Section 11B-202.4 – Path of Travel Requirements for Alterations.

Permit Application#: _____ Use: _____ Date: _____

Project Address: _____ APN: _____

I _____, as the applicant for construction at the above site, hereby request approval for unreasonable hardship for disabled access requirements per CCR Title 24 Part 2, section 11B-202.4.

For purpose of this exception, an unreasonable hardship may exist when the cost of providing an accessible entrance, path of travel, sanitary facilities, drinking fountains, and public phones is disproportionate at the cost of the project; that is, where it exceeds 20 percent of the cost of the project without these features. Furthermore, the cost of the project without these features must be less than the ENR US26 Cities average construction cost index **($209,208.00 for 2026).** The obligation to provide access may not be evaded by performing a series of small alterations under separate permit to areas served by a single path of travel if these alterations could have been performed in a single undertaking. If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area, or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations of the areas on that path of travel during the proceeding three-year period shall be combined in determining whether the cost of making that path of travel accessible is disproportionate.

INSTRUCTIONS

As applicant for this project, you must provide the information requested on page 2 of this application for City review of your request for "Unreasonable Hardship". All requested estimates for construction shall be completed by the licensed contractor chosen to perform the work on this project. Information and estimates shall be accurate and complete; incomplete applications will delay processing.

I. Please provide the names of all persons associated with this project.

Contractor:

Firm _____

Address _____

Phone _____

Signature _____

Property Owner:

Firm _____

Address _____

Phone _____

Signature _____

Applicant:

Firm _____

Address _____

Phone _____

Signature _____

Tenant:

Firm _____

Address _____

Phone _____

Signature _____

II. UNREASONABLE HARDSHIP DETERMINATION:

1. Total cost of proposed construction (including access features within area of work) …$_____
   (An estimate itemizing the cost of construction shall be attached.)
2. Estimated cost of access features needed to provide full compliance for the building …$_____
   (An estimate itemizing the cost of construction feature shall be attached.)
3. Access features which will **not** be provided and reason:_____

_____
(Provide additional sheets if needed)

III. ACCESSIBLE FEATURES TO BE PROVIDED:

1. An unreasonable hardship exemption requires the applicant to apply a minimum of 20% of the total cost in item #1 of section II above toward the removal of architectural barriers to the disabled.
   Specify **20%** of Item #1 in Section II above: $_____

2. The 20% figure identified above shall be used to remove access barriers in the building outside the area of improvement. The list below prioritizes how this money is to be allocated, item "A" being the highest priority, "F" being the lowest**. Please provide, on a separate sheet, a cost estimate which itemizes the cost of features to be provided within each of the priorities listed below.** The total of these itemizations shall be listed below.

A. An accessible entrance ..... $_____
B. An accessible route at altered area including disabled parking ..... $_____
C. An accessible restroom for each sex ..... $_____
D. Accessible telephones ..... $_____
E. Accessible drinking fountains, and..... $_____
F. When possible, additional elements such as storage and alarms ..... $_____

Total (should be greater than or equal to item III 1.): $_____

I declare under penalty of perjury that the foregoing is true and correct.

Applicant's signature: _____ Date:_____

========== **FOR CITY USE ONLY** ==========

Application is: ☐ **Approved** ☐ **Not Approved**

By _____ Date_____
Chief Building Official

Notes: _____

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