

## <u>Disabled Access Hardship Application Form</u> Per CBC Section 11B-202.4 – Path of Travel Requirements for Alterations.

Permit Application#: \_\_\_\_\_ Use: \_\_\_\_\_ Date: \_\_\_\_\_

Project Address:	APN:
I,approval for unreasonable hardship for d	, as the applicant for construction at the above site, hereby request lisabled access requirements per CCR Title 24 Part 2, section 11B-202.4.
path of travel, sanitary facilities, drinking that is, where it exceeds 20 percent of the	sonable hardship may exist when the cost of providing an accessible entrance, ag fountains, and public phones is disproportionate to the cost of the project; cost of the project without these features. Furthermore, the cost of the project the ENR US20 Cities average construction cost index (\$172,418 for 2021).
to areas served by a single path of travel area has been altered without providing a or a different area on the same path of tra	of the evaded by performing a series of small alterations under separate permit if those alterations could have been performed as a single undertaking. If an accessible path of travel to that area, and subsequent alterations of that area, avel, are undertaken within three years of the original alteration, the total cost ravel during the preceding three-year period shall be considered in determining ravel accessible is disproportionate.
	INSTRUCTIONS
As applicant for this project, you must p	ravide the information requested on page 2 of this application for City review
of your request for "Unreasonable Hard licensed contractor chosen to perform to complete; incomplete applications will d	rovide the information requested on page 2 of this application for City review dship". All requested estimates for construction shall be completed by the the work on this project. Information and estimates shall be accurate and lelay processing.  persons responsible for this project.
of your request for "Unreasonable Hard licensed contractor chosen to perform to complete; incomplete applications will design.  Please provide the names of all provide the	dship". All requested estimates for construction shall be completed by the the work on this project. Information and estimates shall be accurate and lelay processing.  persons responsible for this project.
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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 \$	
3.	Access features which will <b>not</b> be provided and reason:	
	(Provide additional sheets if needed)	
Ш	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 priority items listed below. The total of these itemizations shall be listed below.	
	A. An accessible entrance\$  B. An accessible route to 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\$	
	<b>Total</b> (should be greater than or equal to item III 1.): \$	
I d	eclare under penalty of perjury that the foregoing is true and correct.	
Ap	plicant's signature: Date:	
	<u>FOR CITY USE ONLY</u>	
Ap	oplication is :	
By	Chief Building Official  Date:	
No	tes:	