



**Application for Unreasonable Hardship to Disabled Access Requirements**  
**(For Existing Buildings Where Cost of Construction exceeds \$156,162, Sec. 11B-202.4, Exc. 8)**

Project Address: _____	Plan Check # _____
Project Description: _____	Adjusted Construction Cost \$ _____

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.**

Description of Access Features	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? (Documentation may be required)
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. Signs	_____	_____	\$ _____
Total cost of access features provided (A) .....			\$ _____
Adjusted 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 (these must be reflected on plans): _____			
_____			

**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 \_\_\_\_\_

**RATIFIED BY APPEALS BOARD ON:** \_\_\_\_\_