Cost Documentation for Accessibility Requirements at Existing Buildings

(projects less than or equal to $170,466)

Building Permit Application Number _____

Owner's Name _____ Phone Number _____

Project Description_____

Project Address_____

CBC 11B-202.4 regulates accessibility requirements for existing public and commercial buildings. All new work shall comply with current code provisions. However, projects that are less than or equal to a construction cost valuation of **$170,466** need only apply an additional 20% (minimum) of the construction costs to existing features in order to make them accessible.

The following costs shall include detailed estimates for all elements and shall be attached to this form:

A. Cost of Construction for the proposed project (without additional accessible features) $_____

B. Total amount spent on other projects at this area of work within the past 3 years $_____

C. Total Cost (Line A + Line B) $_____

If Line C exceeds $170,466, then full compliance is required of all accessibility elements listed in items 1 through 6 below.

If Line C is less than $170,466, then 0.20 x (amount in Line A) = $_____

This is the minimum amount to be spent on accessible elements in the order of priority listed below

	Currently complies?	If not, will this feature comply?	Cost of Compliance
1. Entrance (door, threshold, approach)	yes ☐ no ☐	yes ☐ no ☐	$_____
2. Route to the altered area	yes ☐ no ☐	yes ☐ no ☐	$_____
3. At least one accessible restroom for each sex	yes ☐ no ☐	yes ☐ no ☐	$_____
4. Accessible telephones (when provided)	yes ☐ no ☐	yes ☐ no ☐	$_____
5. Accessible drinking fountains (when provided)	yes ☐ no ☐	yes ☐ no ☐	$_____
6. Additional elements such as parking, storage and alarms	yes ☐ no ☐	yes ☐ no ☐	$_____

Note: If an accessible element does not fully comply, partial upgrades and/or equivalent facilitation may be provided in order to achieve the greatest access. Include detailed plans to correspond with all proposed work.

Requested by: owner ☐ agent ☐ tenant ☐ Phone Number_____

_____ _____ _____

Print Name Signature Date

For Staff Use

Accepted ☐ Denied ☐ by: _____ Date: _____

(1.13.2020)