Application for Unreasonable Hardship Exception to Disabled Access Requirements

420 Capitola Avenue, Capitola, Ca 95010
Telephone (831) 475-7300 | Fax (831) 479-8879

Please print legibly.

Project Address:	Plan Check Number:
Owner:	Telephone *Include Area Code*
Applicant:	Telephone *Include Area Code*

It is requested that the above-named project be granted an exception from the accessibility requirements of the 2019 California Building Code, as noted specifically below.

A. Section 11B-202.4 General Exemption Applicable to existing buildings where the construction cost at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted, but not all accessibility features. The area of alteration itself may not be exempted.

Valuation threshold amount: $170,466 valid until 1/2021

Access Feature	**Does this feature meet the 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** Attach documentation
1. Path of travel to entrance	_____	_____	$_____
2. Entrance	_____	_____	$_____
3. Path of travel within building/facility to area of remodel	_____	_____	$_____
4. Elevator	_____	_____	$_____
5. Sanitary Facilities	_____	_____	$_____
6. Public Phones *if provided*	_____	_____	$_____
7. H_20 fountains *if provided*	_____	_____	$_____
8. Other (*Parking, signs*)	_____	_____	$_____

Total cost of access features provided (A) $_____

Total cost of construction of this project and all other work performed over the last 3 years in this tenant space (B) $_____

*Percentage of the total cost of project (20% minimum): (A/B) x 100% %_____

Description of access features to be provided:

Alterations performed over the last three years in this tenant space. Include in total valuation B above unless 20% of valuation of individual remodel has already been expended on access features (provide documentation).

Permit Number	**Date**	**Description**	**Valuation**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Specific Exceptions

Do not use this portion if part A has been completed

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

Exceptions Requested	Code Section/Exception	Cost of Making Features Accessible *Attach Documentation*
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	$_____

Description:

The cost of all construction contemplated is $: _____

The access feature increases the cost of construction by *percentage of construction cost* _____

The impact on financial feasibility of the project, if the requested exemption is not approved is: _____

The facility is used by the general public for the purpose of: _____

The following individuals provided information listed above:

Architect/Designer:	Owner/Tenant:
Address:	Address:
Signature *Required:* Date:	Signature *Required*: Date:

For City Use Only-

Date Received:	Received by:

Findings and decisions of the Enforcing Official:

Findings

☐ General Unreasonable Hardship Exception request is approved based on Section 11B-202.4 of the California Building Code. Access features listed in part A of this form shall be provided as part of this permit.

☐ Specific Exception(s) request is approval based on Section(s) _____. All other access features shall be provided as specified in the California Building Code.

☐ Ratification required. This decision must be ratified by the Board of Building Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request.

☐ **Request denied.** If you disagree with this determination, you may seek an appeal through the Board of Building Appeals and Advisors. An application must be completed, and a filing fee paid before the board can hear the request.

Name of enforcing official *Please Print*	Signature of enforcing official	Date
_____	_____	_____