

## ACCESSIBILITY UNREASONABLE HARDSHIP FO

**Building Department** 

Check ONE from the following three options, which applies to this request:

390 Towne Centre Dr, Lathrop, CA 95330 Phone: (209) 941-7270

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel must be provided to the specific area of construction.

When the adjusted construction cost of alterations, structural repairs, or additions to existing buildings and facilities within three years of the original alteration does not exceed the valuation threshold\*, the cost compliance with Section 11B-202.4 of the 2022 CBC shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions.

A. This project does not exceed the valuation threshold* per 2022 CBC §11B-202.4 Ex. #8  B. This project exceeds the valuation threshold* per 2022 CBC §11B-202.4 Ex. #8  C. This project contains elements for which documentation is provided showing that full compliance with the applicable accessibility requirements is technically infeasible due to either Technical Infeasibility, per 2022 CBC §11B-202.3 Ex. #2, or due to Legal Constraints							
Project Address					Plan Check Number		
Describe the use of the subject facility:							
2. Cost of construction proposed under this permit: (Excluding accessibility upgrades as allowed by CBC 11B-202.4)						\$	
3. List the total valuatio	(cost) for each project along the same path of travel**over the last three years: (The summation of						
the costs below comb	oined with the co	urrent prop	osed cost, item #2	, above, may	trigger option B		
requirements.)	T						
Permit Number: Project Description:					Project Cost (W/O		
	. roject zestrip					access features)	
						\$	
						\$	
						\$	
4. Total cost of construction over the last three years plus proposed cost of this project:						\$	
5. 20% of total construction cost (0.20 X Line 4) \$							
6. Accessible Elements:	Is elei	Is element accessible? Is element to be altered?		Cost of alteration			
Accessible Route		Υ	N	Υ	N	\$	
Parking		Υ	N	Υ	N	\$	
Primary Entrance		Υ	Ν	Υ	N	\$	
Restrooms (M and F)		Υ	Ν	Υ	N	\$	
Telephones		Υ	Ν	Υ	N	\$	
Drinking Fountains		Υ	Ν	Υ	N	\$	
Signage		Υ	N	Υ	N	\$	
					\$		
7. Total cost of making building alterations which would achieve full compliance						\$	
8. Specify existing non-complying accessibility features for which a hardship is requested:							
9. <b>Note: For option A:</b> Describe how existing accessible elements meet full compliance on a separate sheet. Field							
verification shall be required to confirm full compliance with no worked listed—zero cost for full compliance.							



## ACCESSIBILITY UNREASONABLE HARDSHIP FORM

	Ad	ditional Information for Option B			
Describe how equivaler		ided for features identified, in #8, above:			
(Continue on separate	sheet as needed)				
		For Option C Only			
On a separate page:					
1. Provide a description	n for each element that m	eets the 2019 Code definition of Technically Infeasib	le.		
2. Describe why full access compliance is technically infeasible for each element.					
3. If applicable, describe the legal constraint that would preclude complete access compliance.					
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Any request for an ur	nreasonable hardship n	nust address all of the above-listed criteria for t	he applicable option.		
Emphasis must be pla	aced on the elements t	hat provide the greatest improvements to disal	oled access.		
Disproportionate cos	t must be established t	o qualify for a hardship.			
All details of any unre	·	ding will be recorded and kept on file by the City	and are subject to		
	THE FOLLOWING	SIGNATURES ARE REQUIRED FOR ALL APPLICATIONS			
or an authorized agent complies with the Calif	representing the owner,	e is true to the best of my knowledge. As the owner of by signing below I am acknowledging that I understrements, the limited disabled access upgrades show sability Act.	tand that although the project		
Licensed Professional:					
	Print	Signature	Date		
	License #	Business Name (if Applicable)	Phone #		
Property Owner:	Print	Signature	 Date		

PLEASE INCORPORATE THIS COMPLETED AND SIGNED FORM INTO THE BODY OF THE PLANS.