



## CONSTRUCTION HARDSHIP FORM

The provisions of Section 11 B-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<sup>1</sup> of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration does not exceed a valuation threshold of \$209,208.00, the cost of compliance with Section 11 B-202.4 of the current California Building Code shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the area of alteration, structural repair, or addition (see definition of accessible route Section 202 & 11 B-206.2.1 for more information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex serving the area of alteration, structural repair or addition;
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition;
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition; and
6. When possible, additional accessible elements such as additional parking, storage, signs and alarms.

Please complete the attached worksheet, and prepare a site and floor plan of the existing and proposed accessibility improvements along the accessible route to the area of alteration that shall be submitted to the Building Division in duplicate, prior to completing your plan review. One copy of the approval or denial of the form will be returned to the applicant.

Please note that this is not a request for hardship but is subject to approval by the Building Official.

Additionally, barrier removal is ongoing obligation for ADA and this application does not exempt the applicant of any obligations to removing barriers in a reasonable time frame and by signing this report you understand that this 20% is for this addition/alteration alone.

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<sup>1</sup> Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded outside the area of alteration, structural repair, or addition.

# CONSTRUCTION HARDSHIP FORM

|  |   |
|--|---|
| <b>Project Address:</b>  | <b>Application Number:</b>                                |
| <b>Project Description/Location:</b>   | <b>Permit Valuation:</b><br>\$ _____                      |
| <b>Type:</b><br><input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition | <b>*Adjusted Cost of Accessible Up-grade:</b><br>\$ _____ |

## PATH OF TRAVEL REQUIREMENTS FOR AREA OF DEVELOPMENT

| Accessible Features   | Does existing feature meet accessibility standards of Chapter 11B of the current CBC? | Will this feature be replaced or altered to meet Chapter 11B of the current CBC? | If so, how much will be spent to make this feature accessible? |
|---|---|--|--|
| 1. Accessible entrance  |   |  | \$   |
| 2. Accessible route to the altered area                                   |   |  | \$   |
| 3. Accessible restroom for each sex or a unisex restroom serving the area |   |  | \$   |
| 4. Accessible telephones  |   |  | \$   |
| 5. Accessible drinking fountains  |   |  | \$   |
| 6. Other (Any of the below)   |   |  | \$   |
| A. Accessible parking spaces  |   |  | \$   |
| B. Signs  |   |  | \$   |
| C. Alarms   |   |  | \$   |
| D. Other:   |   |  | \$   |

|  |   |
|--|---|
| <b>Cost of All Features Provided (A)</b>     | Summary of costs of Accessible Features Nos. 1–6 provided above<br>\$ _____   |
| <b>Total Cost on Same Path of Travel (B)</b> | Construction cost for all proposed work on this permit application except Accessible Features Nos. 1–6 provided above. \$ _____ |
| <b>Percentage Upgrades Provided (A / B)</b>  | Cost of all Features Provided / Total Cost on Same Path of Travel.<br>_____ %   |

**Description of Access Features Provided:**

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**Hardship request:**

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**Applicant Certification**

I certify that the above information is true and correct to the best of my knowledge and belief

|                   |  |                  |  |
|-------------------|--|------------------|--|
| <b>Signature:</b> |  | <b>Date:</b>     |  |
| <b>Name:</b>      |  | <b>Company:</b>  |  |
| <b>Title:</b>     |  | <b>Address:</b>  |  |
| <b>Agent for:</b> | <input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer<br><input type="checkbox"/> Contractor | <b>Phone No.</b> |  |

**For Building Official Use Only**

|                     |               |              |
|---------------------|---------------|--------------|
| <b>Approved by:</b> | <b>Title:</b> | <b>Date:</b> |
|                     |               |              |

\*If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken **within three years** of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

1 Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded **outside the area of alteration**, structural repair, or addition.

# CONSTRUCTION HARDSHIP FORM

|   |  |
|---|--|
| <b>Project Address:</b> 123 Hope St, Eureka   | <b>Application Number:</b> No. B1409-241                       |
| <b>Project Description/Location:</b><br>Office tenant improvement (2,040 SF) at 5th floor   | <b>Permit Valuation:</b><br>\$ 120,000.00                      |
| <b>Type:</b><br><input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition | <b>*Adjusted Cost of Accessible Up-grade:</b><br>\$ 100,000.00 |

## PATH OF TRAVEL REQUIREMENTS FOR AREA OF DEVELOPMENT

| Accessible Features   | Does existing feature meet accessibility standards of Chapter 11B of the current CBC? | Will this feature be replaced or altered to meet Chapter 11B of the current CBC? | If so, how much will be spent to make this feature accessible? |
|---|---|--|--|
| 1. Accessible entrance  | No  | Yes  | \$ 2,400.00  |
| 2. Accessible route to the altered area                                   | No  | Partial  | \$ 8,500.00  |
| 3. Accessible restroom for each sex or a unisex restroom serving the area | No  | Yes  | \$ 8,000.00  |
| 4. Accessible telephones  | N/A   | N/A  | \$   |
| 5. Accessible drinking fountains  | N/A   |  | \$   |
| 6. Other (Any of the below)   |   |  | \$   |
| A. Accessible parking spaces  | No  | Yes  | \$ 1,100.00  |
| B. Signs  | No  |  | \$   |
| C. Alarms   | N/A   |  | \$   |
| D. Other:   |   |  | \$   |

**EXAMPLE**

|  |   |
|--|---|
| <b>Cost of All Features Provided (A)</b>     | Summary of costs of Accessible Features Nos. 1-6 provided above<br>\$ <u>20,000.00</u>  |
| <b>Total Cost on Same Path of Travel (B)</b> | Construction cost for all proposed work on this permit application except Accessible Features Nos. 1-6 provided above. \$ <u>100,000.00</u> |
| <b>Percentage Upgrades Provided (A / B)</b>  | Cost of all Features Provided / Total Cost on Same Path of Travel.<br><u>20</u> %   |

**Description of Access Features Provided:**

New entrance landing, new accessible fixtures for the restrooms, property mark and identify the accessible parking area, and 27 cubic yards of concrete (189 feet of sidewalk)

**Hardship request:**

345 lineal feet of exterior sidewalk that exceeds 2.08% cross slope which is 3.4% - 3.6%. Without this request approval the project will not be able to happen due to lack of finances. Please see attached implementation plan and my justification for approval.

**Applicant Certification**

I certify that the above information is true and correct to the best of my knowledge and belief

|                   |  |                  |                          |
|-------------------|--|------------------|--------------------------|
| <b>Signature:</b> |  | <b>Date:</b>     | 9/12/2014                |
| <b>Name:</b>      | John Smith   | <b>Company:</b>  | John's Smithing & Wesson |
| <b>Title:</b>     | Architect of Record  | <b>Address:</b>  | 123 Huckleberry Lane     |
| <b>Agent for:</b> | <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer<br><input type="checkbox"/> Contractor | <b>Phone No.</b> | 555-555-5555             |

**For Building Official Use Only**

|                     |               |              |
|---------------------|---------------|--------------|
| <b>Approved by:</b> | <b>Title:</b> | <b>Date:</b> |
|                     |               |              |

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