



**Application for Unreasonable Hardship to Disabled Access Requirements (Form A)**  
*(For Existing Buildings Where Cost of Construction does not exceed \$139,934.00 (rev. 1-2013) Sec. 1134B.2.1 Exc. 1)*

Project Address:	Plan Check #
Project Description:	Total Construction Cost (project valuation) \$ _____

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.**

Access Features item Provide description below	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 remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Restrooms	_____	_____	\$ _____
6. Public telephones if provided	_____	_____	\$ _____
7. Drinking fountains if provided	_____	_____	\$ _____
8. Other (parking, etc.)	_____	_____	\$ _____
Total Cost of access features provided (A) .....			\$ _____
Total 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 _____			

**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 _____