



CONSTRUCTION HARDSHIP FORM FOR PROJECTS THAT EXCEED THE VALUATION THRESHOLD

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 **existing buildings** or facilities undergo alterations, structural repairs, or additions, an accessible path of travel shall be provided to the specific area of construction.

When the adjusted construction cost¹ of **alterations, structural repairs, or additions to existing buildings and facilities within three years of the original alteration** exceeds a valuation threshold of \$170,466 (2020) **and the Building Official determines the cost of full compliance to be an unreasonable hardship**, the cost of compliance with Section 11B-202.4 of the 2019 California Building Code shall be a minimum of 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 altered area (see definition of accessible route Section 202 & 11B-206.2.1 for more information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex or a single accessible unisex restroom;
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition;
5. Accessible drinking fountains, if provided; and
6. When possible, additional accessible elements such as additional parking, signs, storage, 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 request for hardship 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.



CONSTRUCTION HARDSHIP FORM FOR PROJECTS THAT EXCEED THE VALUATION THRESHOLD

Project Address:				Application No.					
Project Description/Location:				Permit Valuation: \$					
Type <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition				¹ Adjusted Cost of Construction: \$					
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION									
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	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
2. Accessible route to the altered area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
3. Accessible restroom for each sex or a unisex restroom serving the area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
4. Accessible telephones	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
5. Accessible drinking fountains	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
6. Other (Any of the below)									
A. Accessible parking spaces	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
B. Signs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
C. Alarms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
D. Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.						\$		
Total Cost on Same Path of Travel (B)	*Cost of Proposed Construction and Cost of Preceding Alterations.						\$		
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.						%		
Description of Access Features Provided:									
Hardship Request:									
Applicant Certification									
I certify that the above information is true and correct to the best of my knowledge and belief.									
Signature:	Date:			Company:					
Name: (print)				Address:					
Title:				City, State Zip:					
Agent for:	<input type="checkbox"/> Owner	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Contractor	Phone No.:				
For Building Official Use Only									
Approved by:		Title:			Date:				

*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.



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Project Address: 123 Hope Street	Application No. B1409-241
Project Description/Location: Office tenant improvement (2,040 SF) at 5th Floor Suite No. 502 Type <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition	Permit Valuation: \$ 180,000 ¹Adjusted Cost of Construction: \$ 144,000

PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
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
2. Accessible route to the altered area	NO	PARTIAL	\$ 26,000
3. Accessible restroom for each sex serving the area	NO	YES	\$ 8,000
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
B. Signs	NO		\$
C. Alarms	N/A		\$
D. Other:			\$
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		\$ 37,500
Total Cost on Same Path of Travel (B)	*Cost of Proposed Construction and Cost of Preceding Alterations.		\$ 144,000
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		26%

Description of Access Features Provided:

New entrance landing, new accessible features for the restrooms, properly mark and identify the accessible parking area, and 27 cubic yards of concrete (289 feet of new sidewalk)

Hardship Request: 345 lineal feet of exterior sidewalk that exceeds 2.08% cross slope which is 3.4% - 3.8%. 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.

Signature:	<i>John Smith</i>	Date:	4/1/16
Name: (print)	John Smith	Company:	John's Smithing and Wesson
Title:	Architect of Record	Address:	123 Broadway
Agent for:	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	City, State Zip:	Oroville, CA 95965
		Phone No.:	530-000-0000

For Building Official Use Only

Approved by: _____ Title: _____ Date: _____

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