



**Community Development
 Building Division
 One North San Antonio Road
 Los Altos, California 94022-3087
 (650) 947-2752
 Fax (650) 947-2734**

APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION TO DISABLED ACCESS REQUIREMENTS

Please print legibly or type

PROJECT ADDRESS:	
OWNER:	PHONE NUMBER:
APPLICANT:	PHONE NUMBER:

It is requested that this project be granted an exception from the requirements of the 2010 California Building Code Chapter 11B, Division IV accessibility, as specifically noted below:

A. Section 1134B.2.1. Exception Application to existing buildings where the total valuation of all construction performed at this tenant space over the last three years does not exceed the valuation threshold amount. **Valuation Threshold Amount \$143,303.00 (As of Jan. 2014)**

The specific accessibility features that create a hardship may be exempted but not all the accessibility features. The area of alteration itself must fully comply.

Access Features:

Item (Provide description below)	Does this feature meet the accessibility provision of the 2010 CBC?	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 to area of remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Sanitary Facilities	_____	_____	\$ _____
6. Public Telephones (if provided)	_____	_____	\$ _____
7. Drinking Fountains (if provided)	_____	_____	\$ _____
8. Other (parking, etc.) Specify	_____	_____	\$ _____
Total cost of access feature provided (A) \$			_____
Total cost of this project and all other work performed over the last 3 years in this tenant space (B)* \$			_____
Percentage of total cost of project (20% minimum): (A+B)x100 %			_____

Description of access features to be provided:

Alterations performed over the last three years in this tenant space*:

Permit Number	Date	Valuation	Was 20% of project cost spent on access features?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Include cost of other work performed over the last 3 years in total valuation B above unless 20% of valuation of individual remodel has already been expended on access features (provide documentation including any previously approved Unreasonable Hardship forms).

B. Specific Exceptions (Do not use this portion if Part A has been completed).

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 increased the cost of construction by _____%.

The impact on financial feasibility of the project, if the requested exception is not approved is _____.

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

THE FOLLOWING INDIVIDUALS PROVIDED INFORMATION LISTED ABOVE IN PART A OR B

Architect/Designer			Owner/Tenant		
Address:			Address:		
City:	State	Zip Code	City:	State	Zip Code
Signature Required		Date:	Signature Required		Date:

FOR JURISDICTION USE ONLY

Date Received:	Received by:
----------------	--------------

Findings and decisions of the Enforcing Official:

- Request Granted.
- Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of 2010 CBC. Access features Listed in Part A of this form shall be provided as part of this permit.
- Specific Exception(s) request is approved based on Section(s) _____. All other access features shall be provided as specified in Title 24.
- Ratification required. This decision must be ratified by the Board of 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 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:
--	----------------------------------	-------