



# DEPARTMENT OF RESOURCE MANAGEMENT

## Building Division

1855 Placer Street, Suite 102

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### APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION TO DISABLED ACCESS REQUIREMENTS

(Rev: 06-22-20)

(Projects less than or equal to \$166,157)

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<sup>1</sup> of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration exceeds a valuation threshold of \$166,157.00, the cost of compliance with Section 11B-202.4 exception 8 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 area of alteration, structural repair, or addition (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 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 unreasonable hardship request will be returned to the applicant.

Please note that this request for hardship is subject to approval by the Building Official and a ratification process by the access appeals board.

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 Valuation

Date: \_\_\_\_\_ APN #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Project Description: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Project Address: \_\_\_\_\_

CBC 11B-202.4 regulates accessibility requirements for existing public and commercial buildings. All new work shall comply with current code provisions. However, projects that are less than or equal to a construction cost valuation of **\$108,200.00** need only apply an additional 20% (minimum) of the construction costs to existing features in order to make them accessible.

**The following costs shall include detailed estimates for all elements and shall be attached to this form:**

	Does this feature meet the 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?
1. An Accessible Entrance (door, threshold, approach).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
2. Path of travel within building/facility to area of remodel.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
3. Elevator.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
4. Accessible Sanitary Facilities.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
5. Accessible Telephones (when provided)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
6. Accessible Drinking Fountains (when provided)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
7. 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"/>	\$ _____
A. Total cost of access features provided (Sum of costs of Accessible Features 1-7 provided above)			\$ _____
B. Total cost of construction (Construction cost for all proposed work on this permit application)			\$ _____
C. Percentage of total cost of project: $(A \div B) \times 100\%$			\$ _____

Description of Access Features Provided: \_\_\_\_\_

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<b>Applicant Certification</b>			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:		Date:	Phone #:
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	Company:	
<b>For Building Official Use Only</b>			
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Signature:			Date: