



CITY OF LOS ALAMITOS

DOCUMENTATION OF UNREASONABLE HARDSHIP

Purpose: When improvements are made to structures, Section 11B-202.4 of the 2016 California Building Code (CBC) may allow for an exception in-lieu of bringing the entire structure up to compliance with current code standards for accessibility requirements. CBC 11B-202.4, Exception 8, states that projects with a construction less than the current (based on ENR Construction Cost Index Amount) valuation threshold eligible to provide disabled access upgrades equivalent to at least 20% of the cost of construction.

To Apply: The owner/applicant/architect shall complete and submit this form to Plan Check staff, who will determine if the exemption may be granted.

VALUATION THRESHOLD AMOUNT: \$166,157.00

YEAR: 2019

<input type="checkbox"/> Findings of unreasonable hardship for projects under the current Valuation Threshold. (CBC Sec. 202 & 11B-202.4 Except 8) <input type="checkbox"/> Other _____ _____	Distribution: <input type="checkbox"/> Owner <input type="checkbox"/> Petitioner <input type="checkbox"/> Inspection <input type="checkbox"/> Plan Check <input type="checkbox"/> File <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
1. Job Address: _____ Suite No: _____	
2. Property Owner: _____ Address _____ _____ Ph(____) _____	Project Info: P.C.# _____ Permit #: _____ Use: _____ Stories: _____
3. Petitioner: _____ Position/Relationship: _____ Address: _____ _____ Ph(____) _____	
4. Total cost of construction contemplated..... \$ _____	
Identify all the required code compliant accessibility features. Provide an estimate of the cost for each item for full compliance.	
<input type="checkbox"/> Path of travel from public way to building entrance (ramps, walks, etc).....	\$ _____
<input type="checkbox"/> Door <input type="checkbox"/> Landing.....	\$ _____
<input type="checkbox"/> Path of travel to altered area.....	\$ _____
<input type="checkbox"/> Sanitary facilities (bathrooms).....	\$ _____
<input type="checkbox"/> Parking.....	\$ _____
<input type="checkbox"/> Path of travel to the drinking fountain.....	\$ _____
<input type="checkbox"/> Drinking fountain(s).....	\$ _____
<input type="checkbox"/> Path of travel to public phone(s).....	\$ _____
<input type="checkbox"/> Public phone (s).....	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> _____	\$ _____
Total cost of providing compliance: \$ _____	

5. Identify the accessibility features and equivalent facilities, which ***will be provided or brought into compliance*** as required by Code. Provide an estimate of the cost of each item:

- | | | |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |
| 5. | _____ | \$ _____ |
| 6. | _____ | \$ _____ |
| 7. | _____ | \$ _____ |
| | Total | \$ _____ |

Additional Information _____

6. Describe the impact of required access improvements on financial feasibility of the project:

7. Describe the nature of the accessibility which would be gained or lost: _____

8. Describe the nature of the use of the facility under construction and its availability to disabled persons:

9. Fill out this section if the path of travel from the disabled parking spaces to the tenant space is not accessible. List projects (tenant improvements, additions, remodels, etc.) performed within the previous three years where no disabled access improvement was performed in conjunction with the project.

<u>Project Description</u>	<u>Date Building Permit Issued</u>	<u>Cost of Construction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The petitioner understands that although the City may approve this request of unreasonable hardship and the proposed equivalent access, the City reserves the right to require additional access compliance upon receiving a complaint of inadequate access at this location. I further acknowledge that if the exception is approved, I will expend no less than 20% of the valuation of the project to improve accessibility as required by Section 11B-202.4 of the California Building Code, exceptions 8 and 9.

10. Petitioner's signature: _____ Date: _____

11. Owner's or Authorized Agent signature: _____ Date _____

FOR CITY USE ONLY

- | | |
|--|----------|
| 1. Total cost of proposed construction..... | \$ _____ |
| 2. Cost of disabled access improvements..... | \$ _____ |

Approved The above named project has been granted an unreasonable hardship exemption from the requirements of the State of California CCR-Title 24 (Regulations for the Accommodation for the Disabled pursuant to CBC Section 11B-202.4.

Denied The above named project has been denied an unreasonable hardship exemption under CBC Section 11B-202.4. Reason (s) _____

Date of Approval/Denial

Permit Number

(Plan Check Staff)

Signature