



Building & Safety Services
 2401 Crow Canyon Road
 San Ramon, CA 94583
 Office: (925) 973-2580
 Fax: (925) 838-2821
 www.sanramon.ca.gov

Application for Unreasonable Hardship Exception to Disabled Access Requirements

(Please print legibly or type.)

Project Address: _____ **Plan File Number:** _____
Owner: _____ **Telephone (Include Area Code):** _____
Applicant: _____ **Telephone (Include Area Code):** _____

It is requested that the above named project be granted an exception from the requirements of the State of California Title 24 accessibility, as specifically noted below.

A. Section 1134B General Exception: Applicable to existing buildings where the construction cost at this tenant space over the last 3 years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted but not all the accessibility features. The area of alteration itself may not be exempted.			Valuation Threshold Amount \$136,060 (For 2012)
Access Features Item <i>(Provide description below)</i>	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? <i>(Attach documentation)</i>
1. Path of travel to entrance	_____	_____	\$
2. Entrance	_____	_____	\$
3. Path of travel within building/facility to area of remodel	_____	_____	\$
4. Elevator	_____	_____	\$
5. Sanitary facilities	_____	_____	\$
6. Public telephone <i>(if provided)</i>	_____	_____	\$
7. Drinking fountain <i>(if provided)</i>	_____	_____	\$
8. Other -Parking, etc. <i>(Specify)</i>	_____	_____	\$
Total Cost of access features provided (A)			\$
Total cost of construction 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) x 100			%

Description of access features to be provided:

Alterations performed over the last three years in this tenant space. Include in total valuation B above unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation).

<u>Permit Number</u>	<u>Date</u>	<u>Description</u>	<u>Valuation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

<u>Exceptions Requested</u>	<u>Code Section/Exception</u>	<u>Cost of Making Features Accessible</u> <u>(Attach documentation)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description:

The cost of all construction contemplated is \$ _____

The access feature increases the cost of construction by *Percentage of construction cost*: _____

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

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

For City Use Only

Date Received _____ Received By _____
 Findings and decisions of the Enforcing Official:

- Request Granted**
- General Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of Title 24. Access feature 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.

Name of Enforcing Official (Please print)	Signature of Enforcing Official	Date
_____	_____	_____