



Access Upgrade Compliance Package (For Existing Buildings and Facilities)

- Step 1: Completely fill out both pages of the Access Checklist and check all appropriate boxes.**
Fill out any additional forms as specified on the Access Checklist. If you are submitting a revision to a previously approved permit, fill out page 1 of the Access Checklist only (Note: a revision is considered to be a slight modification to the original approved permit drawing set, not new or additional work). The original approved plans (or a copy of the original) are required to be brought back for reference in addition to 2 sets of the proposed revisions. **The Access Checklist shall be imprinted on the plans.**
- Step 2: Filing an Unreasonable Hardship Request (UHR)**
The UHR is required to be filled out if there are areas that will not be in compliance with the access laws at the end of your project due to financial, physical, or other constraints that create unreasonable costs in proportion to the scope of work and estimated construction cost of your proposed project. The UHR is a request only and can be denied. **If an UHR is not required to be filed, skip to Step 3.** Submit a new UHR with each new application. **The UHR shall be imprinted on the plans.**
- Step 3: Submittal**
Clearly describe all work on the permit application and follow all instructions as above. Submit permit application and plans [with applicable forms imprinted on plan sheets] to the Building and Safety Services Division.

IMPORTANT NOTIFICATION

- Construction Cost - Field Conditions**
 1. Construction cost shall be based on the Marshall and Swift Construction Cost Index. The Building and Safety Services Division may accept bona-fide contract prices upon review and approval.
 2. The cost is used to determine the level of accessibility upgrade. In general, projects with construction costs (excluding accessibility upgrades) above the valuation threshold are required to be upgraded to a level not exceeding 20% of the project cost. Priority shall be given to accessible elements in the following order, an accessible entrance, an accessible route to the altered area, at least one accessible restroom for each sex, accessible telephones, accessible drinking fountains, accessible parking and accessible signs.
 3. Construction cost will be verified during plan check and inspection stages by the Building and Safety Service Division. In the event that the cost has to be adjusted above the valuation threshold, then the design may be required to provide additional access compliance.
 4. The design professional shall verify existing field conditions and confirm that the information provided on the plans is accurate to the best of their knowledge. A Stop Work Order or Correction Notice may be issued, or the project delayed, if the plans do not reflect the actual field conditions.
- Americans with Disabilities Act (ADA)**
Two federal laws, the Americans with Disabilities Act (ADA) and the federal Fair Housing Act, are currently in effect. They impose new federal disability access requirements on construction projects. Building and Safety Division does not enforce federal law and will not be checking plans for compliance with these requirements. It is your responsibility to make sure that your plans are in conformance with federal law.

Form C: ACCESS 20% RULE

BACKGROUND

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 cost¹ of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration does not exceed a valuation threshold of **\$170,466.00**, the cost of compliance with Section 11B-202.4 of the 2019 California Building Code shall be limited to 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 in the 2019 California Building Code, 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.

Required Forms

- ✓ Complete the attached application, 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 the plan review. One copy of the approval or denial of the form will be returned to the applicant. See page 2 for a Sample Application.
- ✓ Note that this is not a request for hardship but is subject to approval by the Chief 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.
- ✓ Provide a complete narrative description of your project including the estimated construction costs. Letter must be on a company letterhead and prepared by the contractor.

Project Address: 123 Hope Street	Permit No.: 17-1234
Project Description/Location: Office tenant improvement (2,040 SF) at 5th floor Suite No. 502	Permit Valuation: \$ 120,000.00
Type: <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition	*Adjusted Cost of Proposed Construction: \$ 100,000.00

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	\$ 2,400.00
2. Accessible route to the altered area	NO	PARTIAL	\$ 8,500.00
3. Accessible restroom for each sex or a unisex restroom	NO	YES	\$ 8,000.00
4. Accessible telephones	N/A	N/A	
5. Accessible drinking fountains	N/A	N/A	
6. Other (Any of the below)			
A. Accessible parking spaces	NO	YES	\$ 1,100.00
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.		\$ 20,000.00
Total Cost on Same Path of Travel (B)	Construction cost for all proposed work on this permit application except Accessible Features Nos. 1-6 provided above.		\$ 100,000.00
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		20 %

Description of Access Features Provided: New entrance landing, new accessible fixtures for the restrooms, properly mark and identify the accessible parking area, and 27 cubic yards of concrete (189 feet of 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: mm/dd/yyyy	Company: John Smith and Associates
Name: (print) John Smith	Address: 123 Broadway	
Title: Architect of Record	City, State Zip: San Ramon, CA. 94583	
Agent for: <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.: (925) 555-1212	

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.

ACCESS CHECKLIST:

For ALL tenant improvement projects in commercial use spaces, this checklist is required to be reproduced on the plan set and signed.

1. Proposed use of the project is _____
(e.g. Retail, Office, Restaurant, etc.)

2. Address of the project is _____

3. Describe the area of remodel, including which floor:

The construction cost of this project *excluding* accessibility upgrades is \$_____, which is (Check one) more than less than the accessibility threshold amount of **\$170,466.00** based on the “2020 ENR Construction Cost Index” (In accordance with the 2019 California Building Code Chapter 2 definition of *VALUATION THRESHOLD*, the 2020 valuation threshold is \$170,466.00).

Conditions below must be fully documented by accompanying drawings

4. Read **A** through **F** below carefully and check the most applicable box (**one box only**):

<input type="checkbox"/> A: All existing conditions serving the area of remodel fully comply with access requirements. No further upgrades are required.
<input type="checkbox"/> B: All existing conditions serving the area of remodel that do not fully comply with access requirements will be fully upgraded with this project. The upgrade of items which are not fully compliant shall be detailed on the plans.
<input type="checkbox"/> C: Proposed project is less than the threshold or falls under CBC 11B-202.4 Ex. 8; Partial upgrades, including Equivalent Facilitation will be provided up to 20% of the project value as itemized on Form C. Priority of upgrades are to be considered in the order listed on page 2 of the D.A. Checklist. Fill out Hardship request form(s) for non-fully complying items, including for Equivalent Facilitation items. Checking box C means there are still non-complying items serving the area of remodel.
<input type="checkbox"/> D: Access features will either fully comply or be provided with Code defined Equivalent Facilitation. Submit an Unreasonable Hardship Request (UHR) for the Equivalent Facilitation items.
<input type="checkbox"/> E: Consisting only of Barrier Removal, Notice of Accessibility Violation (NOV) Compliance or Exempted Work; Fill out Form F.
<input type="checkbox"/> F: Minor revision to previously approved permit drawings only. (Note: This shall NOT be used for new or additional work) Provide previous approved permit application here: _____ Description of revision: _____ _____

Project Address:		Permit No.:	
Project Description/Location:		Permit Valuation: \$ _____	
Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed 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			\$
2. Accessible route to the altered area			
3. Accessible restroom for each sex or a unisex restroom			
4. Accessible telephones			
5. Accessible drinking fountains			
6. Other (Any of the below)			
A. Accessible parking spaces			
B. Signs			
C. Alarms			
D. Other:			
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)	Construction cost for all proposed work on this permit application except Accessible Features Nos. 1-6 provided above.		
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.

¹Adjusted 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.

Note: Upgrades below are listed in priority based on CBC Chapter 11B		Existing Fully Complying	Upgrade to Full Compliance	Partial Upgrade/ Hardship	Equivalent Facilitation/ Hardship	Hardship	None existing and not required by Code	Barrier Removal/ NOV	Location of detail(s)- include detail no. & drawing sheet (do not leave this part blank!). Also clarification comments can be written here.
1. One accessible entrance serving the area of remodel. Note: This should be a primary entrance. Additional upgrade may be required if it is not.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. An accessible route to the area of remodel									
2a. path of travel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b. ramps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2c. elevator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2d. stairs (if no elevator)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2e. other: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. At least one accessible restroom for each sex serving the area of remodel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Accessible public pay phone.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Accessible drinking fountains (hi-low).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Signage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Visual Alarm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Others	Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Path from Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	