



# ACCESSIBILITY UPGRADE REQUIREMENTS FOR EXISTING NONRESIDENTIAL BUILDINGS



COMMUNITY DEVELOPMENT DEPARTMENT • 345 N EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8561  
www.stocktonca.gov/CDD/building

Use this form to document accessibility compliance and/or request an *unreasonable hardship* exemption for existing nonresidential buildings undergoing additions, alterations, or structural repairs. This form is subject to review and approval by the Building Division.

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Permit Valuation: \_\_\_\_\_ Permit #: **BP** \_\_\_\_\_

1. Adjusted Construction Cost\*: \_\_\_\_\_

\*The Adjusted Construction Cost includes all costs directly related to the construction of the project, including labor, material, equipment, services, utilities, contractor financing, contractor overhead and profit, and construction management costs. The adjusted construction cost shall not include: project management fees and expenses, architectural and engineering fees, testing and inspection fees, and utility connection or service district fees. The adjusted construction cost also shall not include the cost of access features.

2. Total cost of construction within the previous 3 years (page 2): \_\_\_\_\_

3. **Total Cost** (add Items 1 & 2 above): \_\_\_\_\_

4. Current Valuation Threshold: \_\_\_\_\_ (valid through 12/31/2024)

5. Check the item below that applies to your project: When the Total Cost (item 3 above) exceeds the Current Valuation Threshold (item 4 above) go to item #6 below. When the Total Cost does not exceed the Current Valuation Threshold go to item #7 below. When the Total Cost exceeds the Current Valuation Threshold, and the cost of full compliance is an *unreasonable hardship*, as defined, go to item #8 below. If the accessible elements servicing the area of alteration are fully compliant, go to item #9 below.

6.  I understand that the existing primary entrance, accessible route, at least one set of restrooms, public phones (if any), drinking fountains (if any) and signs must be brought up to full compliance.

7.  I understand that only 20% of the total cost of construction ( \_\_\_\_\_ ) be spent on accessible upgrades. Itemize the proposed upgrades in the Cost Table to follow.

8.  I am requesting an *unreasonable hardship* exemption and understand that, **if approved**, a minimum of 20% of the total cost of construction ( \_\_\_\_\_ ) be spent on accessible upgrades. Outline the hardship request on page 5 and itemize the proposed upgrades in the Cost Table to follow.

9.  I **certify** that the existing primary entrance, accessible route, at least one set of restrooms, public phones (if any), drinking fountains (if any), and signs servicing the altered area comply with the current State of California Title 24 Disabled Access Standards.

### REQUIRED SIGNATURES

*I hereby affirm that the information provided on this form is true to the best of my knowledge. By signing below I acknowledge that I understand that this form documents compliance with the California Building Code requirements only, the limited disabled access upgrades shown on this form will not limit or absolve my liability under the Americans with Disability Act.*

#### Property Owner / Lessee:

Name:	Signature:	Date:
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#### Design Professional:

Name:	Signature:	Date:
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**Access Compliance for Existing Buildings**  
*Declaration of Past Alterations, Remodels, or Additions*  
*(Applicable when the path of travel to the altered area is not fully compliant)*

This form is to be used when:

- A. The cost of addition, alteration, or structural repair without the cost of access features does not exceed the current valuation threshold and the existing path of travel items per CBC 11B-202.4 are not fully compliant.
- B. If an area has been altered, within the past three years, without providing an accessible path of travel to that area, the total cost of alterations to areas on that path of travel shall be considered in determining whether the cost of making the path of travel accessible under this project is disproportionate.

I, \_\_\_\_\_ owner or lessee of the project space referenced on Page 1  have or  have not, performed alteration(s), remodel(s), or addition(s) to the above space within the past three years of the date of this permit application.

If "have" is checked, state below the date(s) and the cost(s) of the pervious alteration(s):

Permit #:	<u>BP</u>	Date:	_____	Cost:	_____
Permit #:	<u>BP</u>	Date:	_____	Cost:	_____
Permit #:	<u>BP</u>	Date:	_____	Cost:	_____
					<b>Total:</b> _____

**Property Owner or Lessee:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Cost Table**

If the box in item 7 or 8 on page 1 has been checked, fill in the “Costs” column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total exceeds the amount from item 7 or 8 above, unless full compliance is achieved without the need to spend the full amount. Complete the “Detail / Sheet #” column indicating where the upgrades can be found in the project plan set. The cost table shall be reviewed and approved by Building Division staff.

1	PRIMARY ENTRANCE TO ALTERED AREA	COSTS	DETAIL / SHEET #
	A. Change of Door		
	B. Floor & Ground Surfaces		
	C. Hardware		
	D. Kick plate		
	E. Maneuvering & Strike-Side Clearances		
	F. Signs and Identification		
	G. Other (specify):		
	Subtotal:		
2	ACCESSIBLE ROUTE TO ALTERED AREA		
	A. Ramps		
	B. Lifts		
	C. Elevators		
	D. Walks/Curbs/Grading		
	E. Doors/Hardware		
	F. Signs and Identification		
	G. Other (specify):		
	Subtotal:		
3	RESTROOMS SERVING ALTERED AREA		
	A. Enlarge Restroom		
	B. Alter Toilet Compartment		
	C. Doors		
	D. Replacement or Relocation of Fixtures		
	E. Replacement or Relocation of Accessories		
	F. Signs and Identification (Braille)		
	G. Grab Bars (bars and backing)		
	H. Other (specify):		
	Subtotal:		

4	PUBLIC TELEPHONES	COSTS	DETAIL / SHEET #
	A. Provide accessible telephones		
	B. Other (specify):		
	Subtotal:		
5	DRINKING FOUNTAINS	COSTS	DETAIL / SHEET #
	A. Replace drinking fountain		
	B. Relocate existing drinking fountain		
	C. Provide alcove		
	D. Add wing walls or detection rails		
	E. Other (specify):		
	Subtotal:		
6	PARKING, STORAGE, ALARMS	COSTS	DETAIL / SHEET #
	A. Provide accessible parking stall(s)		
	B. Overlay Stall / Re-Grade, Max. 2% Slope		
	C. Re-Stripe		
	D. Signs and Identification		
	E. Curb Ramp		
	F. Provide alarms		
	G. Provide accessible storage facilities		
	Subtotal:		
	<b>TOTAL:</b>		

**Additional Explanation/Comments:**

## Unreasonable Hardship Exemption Request

If the box in item 8 above has been checked, complete this form.

California Building Code Section 11B-202.4, Exception 8 states, in part:

*When the adjusted construction cost, as defined, exceeds the current valuation threshold, as defined, and the enforcing agency determines the cost of compliance with Section 11B-202.4 is an unreasonable hardship, as defined, full compliance with Section 11B-202.4 shall not be required. Compliance shall be provided by equivalent facilitation or to the greatest extent possible without creating an unreasonable hardship; but in no case shall the cost of compliance be less than 20 percent of the adjusted construction cost of alterations, structural repairs or additions. The details of the finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency and shall be subject to Chapter 1, Section 1.9.1.5, Special Conditions for Persons with Disabilities Requiring Appeals Action Ratification.*

### **Definition:**

**UNREASONABLE HARDSHIP.** *When the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:*

- 1. The cost of providing access.*
- 2. The cost of all construction contemplated.*
- 3. The impact of proposed improvements on financial feasibility of the project.*
- 4. The nature of the accessibility which would be gained or lost.*
- 5. The nature of the use of the facility under construction and its availability to persons with disabilities.*

*The details of any finding of unreasonable hardship shall be recorded and entered in the files of the enforcing agency.*

**Provide justification below for how compliance with the path of travel upgrade requirements of CBC 11B-202.4 would create an *unreasonable hardship* based on the 5 criteria above:**