



CITY OF CONCORD
**APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION
 TO DISABLED ACCESS REQUIREMENTS**

PLEASE PRINT IN INK OR TYPE.

☞ **ADDRESSES** (Business/Job Site, Property Owner/Petitioner, and Architect/Contractor)

BUSINESS NAME _____

JOB ADDRESS _____

	PROPERTY OWNER / PETITIONER	ARCHITECT / CONTRACTOR
NAME	_____	_____
ADDRESS	_____	_____
CITY STATE ZIP	_____	_____
DAYTIME PHONE	_____	_____
E-MAIL ADDRESS	_____	_____

☞ **REQUEST FOR EXEMPTION**

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 and is not an exemption from compliance with the Americans with Disabilities Act Guidelines/Requirements.

SECTION 1134B GENERAL EXCEPTION. Applicable to existing buildings where the construction cost at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility feature that creates a hardship may be exempted but not all the accessibility features. The area of alteration itself may not be exempted.

Valuation threshold amount is \$128,410.86 as of January 2010.

ACCESS FEATURE	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?	VALUATION. Attach a separate sheet for access features and construction costs.
1. Path of travel from parking lot to entrance	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P=Partial	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. Path of travel from public sidewalk	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Parking	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. Entry: <input type="checkbox"/> Ramp <input type="checkbox"/> Lading <input type="checkbox"/> Door	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Elevator	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. Sanitary facilities	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Public telephones, if provided	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Public fountains, if provided	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Other, specify:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> P	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

Total Cost of Construction for this Project	\$
Valuation A. Total cost of providing access features.....	\$
Valuation B. Total cost of construction last three years.....	\$
Access compliance features percent of construction costs	%

☞ **DESCRIPTION OF FEATURES PROVIDED**

Application for Unreasonable Hardship Exception to Disabled Access Requirements

ALTERATIONS PERFORMED OVER THE LAST THREE YEARS IN THIS TENANT SPACE

Include cost of other work performed over the last three years as specified in Valuation B in Section 2 of this application, unless 20% of valuation of individual remodel has already been expended on access feature.

Provide documentation below, including any previously approved Application for Unreasonable Hardship Exception forms.

PERMIT NUMBER	DATE	VALUATION	Was 20% of costs of project spent on access features?
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

The individual signing this application certifies the data submitted represents the cumulative construction costs on the facility or suite over the preceding three-year period.

SIGNATURE TITLE DATE

NOTE: Appeal of the Determination below may be submitted to the Chief Building Official.

FOR JURISDICTION USE ONLY

DETERMINATION. This request is:

- Granted. This request is approved based on Section 1134B2.1 of Title 24. Access features listed in Section 2 of this application shall be provided as part of this permit.
- Granted with Specific Exceptions. This request is approved based on the Title 24 Section(s) listed below. All other access features shall be provided as specified in Title 24.
- Denied. If you disagree with this determination you may seek appeal through the Chief Building Official.

TITLE 24 SECTION(S):

CHIEF BUILDING OFFICIAL

SIGNATURE

NAME

DATE

RECOMMENDED BY

SIGNATURE

NAME

DATE