



City of Rancho Cucamonga
BUILDING AND SAFETY SERVICES DEPARTMENT

10500 Civic Center Drive • Rancho Cucamonga CA 91730
 Tel: (909) 477-2710 • Fax: (909) 477-2711 • www.CityofRC.us

**APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION
 TO DISABLED ACCESS REQUIREMENTS**

Please print legibly or type:

Project Address	Plan Check Number
Owner	Owner Telephone Number
Applicant	Applicant Telephone Number

It is requested that the above named project be granted an exception from the accessibility requirements of the latest California Building Code, as specifically noted below:

A. Section 1134B General Exception Applicable to existing buildings where the construction cost at this tenant space over the past three 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 be exempted.

Valuation Threshold Amount \$136,060.00 Value for January 2011
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Access Features Item	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? Attach documentation
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 Telephones	_____	_____	\$ _____
7. Drinking fountains	_____	_____	\$ _____
8. Other (Parking, signage, etc) specify _____	_____	_____	\$ _____
Total cost of access features provided (A)			\$ _____
Total cost of construction of this project and all other work performed over the last 3years 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). If not applicable, please indicate below.

Permit Number	Date	Description	Valuation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 exception from specific accessibility features.

Exception Requested	Code Section/Exception	Cost of making features accessible. Attach Documentation
		\$
		\$
		\$
Total		\$

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 this project, if requested exception in 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	City/State/Zip		
Signature	Date	Signature	Date

FOR JURISDICTION 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 features 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.
- Ratification required. This decision must be ratified by the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear your request.
- Request Denied.** If you disagree with this determination, you may seek an appeal through the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request.

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

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