



APPLICATION FOR UNREASONABLE HARDSHIP

General Information	
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 **2016 California Building Code**, as specifically noted below:

A. § 11B-202.4 General Exception 8: 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.

Valuation Threshold Amount Beginning **January 2019** is **\$166,157.00**

Access Features	a. Does this feature meet the latest edition of Title 24?	b. If not, is this feature going to be made accessible as part of this permit?	If so to either a. or b., what is the cost of making feature accessible? Attach documentation.
1. Path of travel to entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
2. Entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
3. Path of travel within building/facility to area of remodel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
4. Elevator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
5. Sanitary Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
6. Public Telephones	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
7. Drinking Fountains	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
8. Other (parking, signage, etc.) Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Total cost of access features provided in Part A			\$ _____
Total cost of construction of this project and all other work performed over the last 3 years in this tenant.			\$ _____
* Space Part B			\$ _____
Percentage of total cost of project (20% minimum): (A / B) x 100			\$ _____

Description of Access Features to be Provided

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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 (provided 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 features.



CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive | P.O. Box 807 | Rancho Cucamonga, CA 91729-0807 | 909.477.2700 | www.CityofRC.us

Exception Requested	Code Section/Exception	Cost of Making Features Accessible <i>Attach Documentation</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Description
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>The cost of all construction contemplated is: \$ _____</p> <p>The Access Feature increases the cost of construction by percentage of construction cost: \$ _____</p> <p>The impact on financial feasibility of this project, if requested exception is not approved is: \$ _____</p> <p>The facility is used by the general public for the purpose of: \$ _____</p>

The following individuals provided information listed above in **Part A** or **Part B**.

Architect / Designer: _____

Address: _____ City/State/Zip: _____

Signature: _____ Date: _____

Owner / Tenant: _____

Address: _____ City/State/Zip: _____

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 §11B-202.4. 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: _____ Signature: _____ Date: _____