

# City of Novato

## Community Development Department – Building Division

### **Disabled Access Hardship Application Form**

Per CBC Section 11B-202 – Accessibility for Existing Buildings

Permit Application#: \_\_\_\_\_ Project Description: \_\_\_\_\_ Date: \_\_\_\_\_

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

I, \_\_\_\_\_, as the applicant for construction at the above site, hereby request approval for unreasonable hardship for disabled access requirements per Title 24 CCR 11B-202.4 Exception 8.

For purposes of this exception, an unreasonable hardship may exist when the cost of providing an accessible entrance, path of travel, sanitary facilities, drinking fountains, and public phones is disproportionate to the cost of the project; that is, where it exceeds 20 percent of the cost of the project without these features. Furthermore, the cost of the project without these features must be less than the ENR US20 Cities average construction cost index (\$150,244 for 2016).

The obligation to provide access may not be evaded by performing a series of small alterations under separate permit to areas served by a single path of travel if those alterations could have been performed as a single undertaking. 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 if travel accessible is disproportionate.

### **INSTRUCTIONS**

As applicant for this project, you must provide the information requested on page 2 of this application for City review of your request for "Unreasonable Hardship". All requested estimates for construction shall be completed by the licensed contractor chosen to perform the work on this project. Information and estimates shall be accurate and complete; incomplete applications will delay processing.

#### **I. Please provide the names of all persons responsible for this project.**

##### **Contractor:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

##### **Property Owner:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

##### **Applicant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

##### **Tenant:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

**II. UNREASONABLE HARDSHIP DETERMINATION:**

- 1. Total cost of proposed construction (w/o disabled access features) ..... \$ \_\_\_\_\_  
(An estimate itemizing the cost of construction may be required.)
- 2. Estimated cost of accessible features needed to provide full compliance ..... \$ \_\_\_\_\_  
(An estimate itemizing the cost of each accessible feature may be required.)
- 3. Access features which will **not** be provided and reason: \_\_\_\_\_

(Provide additional sheets if needed)

**III. ACCESSIBLE FEATURES TO BE PROVIDED:**

- 1. An unreasonable hardship exemption requires the applicant to apply a minimum of 20% of the total cost in Item #1 of Section II above toward the removal of architectural barriers to the disabled.  
Enter **20%** of Item #1 in Section II above \$ \_\_\_\_\_
- 2. The 20% figure identified above shall be used to provide disabled accessible features in the building. The list below prioritizes how this money is to be allocated, item "A" being the highest priority, "F" being the lowest. **Please provide, on a separate sheet, a cost estimate which itemizes the cost of features to be provided within each of the priority items listed below.** The sum total of these itemizations shall be listed below.
  - A. An accessible building entrance (includes route from accessible parking space).....\$ \_\_\_\_\_
  - B. An accessible route to altered area (inside building).....\$ \_\_\_\_\_
  - C. An accessible restroom for each sex.....\$ \_\_\_\_\_
  - D. Accessible telephones.....\$ \_\_\_\_\_
  - E. Accessible drinking fountains, and.....\$ \_\_\_\_\_
  - F. When possible, additional elements such as parking, storage and alarms.....\$ \_\_\_\_\_

**Total** (should be greater than or equal to item III 1.): \$ \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**Applicant's signature:** \_\_\_\_\_

<b>FOR CITY USE ONLY</b>	
<b>Application is :</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>
By _____ Chief Building Official	Date: _____
Notes: _____	