



Unreasonable Hardship for Accessible Features at Existing Buildings

(projects exceeding \$170,466)

Building Permit Application Number _____ Owner's Name _____
Phone Number _____

Project Description _____
Project Address _____

CBC 11B-202.4 regulates accessibility requirements for existing public and commercial buildings. All new work shall comply with current code provisions. However, if it is determined that there is an unreasonable hardship, as defined in Chapter 2, Section 202, 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 following costs shall include detailed estimates for all elements and shall be attached to this form:

- A. Cost of Construction for the proposed project without upgrades to existing accessible features \$ _____
- B. Cost of full compliance for complete accessibility upgrades \$ _____

The impact of proposed accessible improvements on financial feasibility of the project.

The nature of the accessibility which would be gained or lost.

The nature of the use of the facility under construction and its availability to persons with disabilities.

0.20 x (amount in Line A)= \$ _____

This is the minimum amount to be spent on accessible elements in the order of priority listed on the next page

	Currently complies?	If not, will this feature comply?	Cost of compliance
1. Entrance (door, threshold, approach)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
2. Route to the altered area	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
3. At least one accessible restroom for each sex	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
4. Accessible telephones (when provided)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
5. Accessible drinking fountains (when provided)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
6. Additional elements such as parking, storage and alarms	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____

Note: If an accessible element does not fully comply, partial upgrades and/or equivalent facilitation may be provided in order to achieve the greatest access. Include detailed plans to correspond with all proposed work.

Requested by:

Print Name: _____ Signature _____ Date _____

owner agent tenant Phone Number _____

For Staff Use

Accepted Denied by: _____ on: _____