

**DISABLED ACCESS UPGRADE
COMPLIANCE INSTRUCTIONS PACKAGE
(For Existing Buildings only)**



CITY OF
**PALO
ALTO**

<u>This package contains:</u>	Page
Unreasonable Hardship Request Form (20% Rule, for projects LESS than \$ 156,162 valuation)	1
Unreasonable Hardship Request Form (For projects that EXCEED \$ 156,162 valuation)	4
Approval of Equivalent Facilitation Request Form	8
Approval of Technical Infeasibility Request Form	10

Instructions:

1. Complete the applicable form
2. Scan/Reproduce the completed form(s) onto the plans prior to submittal



Development Services
Building Division

285 Hamilton Avenue
Palo Alto, CA 94301
650.329.2496

UNREASONABLE HARDSHIP REQUEST

**20% Rule for projects that do NOT EXCEED
the Valuation Threshold**

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel must be provided to the specific area of construction.

When the adjusted construction cost¹ of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration does not exceed a valuation threshold of **\$156,162** the cost of compliance with Section 11B-202.4 of the 2013 California Building Code shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the area of alteration, structural repair, or addition (see definition of accessible route Section 202 & 11B-206.2.1 for more information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex serving the area of alteration, structural repair or addition;
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition;
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition; and
6. When possible, additional accessible elements such as additional parking, storage, signs and alarms.

Please complete the attached worksheet, and prepare a site and floor plan of the existing and proposed accessibility improvements along the accessible route to the area of alteration that shall be submitted to the Building Division in duplicate, prior to completing your plan review. One copy of the approval or denial will be returned to the applicant of the unreasonable hardship request.

Please note that this is not a request for hardship but is subject to approval by the Building Official.

Additionally, barrier removal is ongoing obligation for ADA and this application does not exempt the applicant of any obligations to removing barriers in a reasonable time frame and by signing this report you understand that this 20% is for this addition/alteration alone.

¹ Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded outside the area of alteration, structural repair, or addition.


Project Address:		Application No.	
Project Description/Location:		Permit Valuation:	
Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed Construction:	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
1. Accessible entrance			
2. Accessible route to the altered area			
3. Accessible restroom for each sex or a unisex restroom serving the area			
4. Accessible telephones			
5. Accessible drinking fountains			
6. Other (Any of the below)			
A. Accessible parking spaces			
B. Signs			
C. Alarms			
D. Other:			
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		
Total Cost on Same Path of Travel (B)	Construction cost for all proposed work on this permit application except Accessible Features Nos. 1-6 provided above.		
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		
Description of Access Features Provided:			
Hardship Request:			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:		Date: / /	Company:
Name: (print)		Address:	
Title:		City, State Zip:	
Agent for:	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	
For Building Official Use Only			
Approved by:	Title:	Date:	/ / /

*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 of travel accessible is disproportionate.

EXAMPLE FORM

Project Address: 123 Hope Street		Application No. B1409-241	
Project Description/Location: Office tenant improvement (2,040 SF) at 5th floor Suite No. 502		Permit Valuation: \$120,000.00	
Type: <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed Construction: \$100,000.00	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
1 Accessible entrance	NO	YES	\$ 2,400.00
2 Accessible route to the altered area	NO	PARTIAL	\$8,500.00
3 Accessible restroom for each sex serving the area	NO	YES	\$ 8,000.00
4 Accessible telephones	N/A	N/A	
5 Accessible drinking fountains	N/A		
6 Other (Any of the below)			
E. Accessible parking spaces	NO	YES	\$ 1,100.00
F. Signs	NO		
G. Alarms	N/A		
H. Other:			
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		\$20,000.00
Adjusted cost of Proposed Construction (B)	Construction cost for all proposed work on this permit application except Accessible Features Nos 1-6 provided above		\$100,000.00
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		20%
Description of Access Features Provided:			
New entrance landing, new accessible fixtures for the restrooms, properly mark and identify the accessible parking area, and 27 cubic yards of concrete (189 feet of sidewalk)			
Hardship Request: 345 lineal feet of exterior sidewalk that exceeds 2.08% cross slope which is 3.4% - 3.8%. Without this request approval the project will not be able to happen due to lack of finances. Please see attached implementation plan and my justification for approval.			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:	John Smith	Date: 09/12/2014	Company: Johns' Smithing & Wesson
Name: (print)	John Smith	Address:	123 Huckleberry Lane
Title:	Architect of Record	City, State Zip:	Oroville, CA, 95965
Agent for:	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	530-000-0000
For Building Official Use Only			
Approved by:	Title:	Date:	/ /

*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 of travel accessible is disproportionate.


 Gary Layman
 Director of Professional
 Practice Standards


 Michael Mankin
 CASI Communications Chair



Development Services
Building Division
285 Hamilton Avenue
Palo Alto, CA 94301
650.329.2496

UNREASONABLE HARDSHIP REQUEST

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel must be provided to the specific area of construction.

When the adjusted construction cost¹ of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration exceeds a valuation threshold of **\$156,162.00**, the cost of compliance with Section 11B-202.4 of the 2013 California Building Code shall be a minimum of 20% of the adjusted construction cost of alterations, structural repairs or additions.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the area of alteration, structural repair, or addition (see definition of accessible route Section 202 & 11B-206.2.1 for more information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex serving the area of alteration, structural repair or addition;
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition;
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition; and
6. When possible, additional accessible elements such as additional parking, storage, signs and alarms.

Please complete the attached worksheet, and prepare a site and floor plan of the existing and proposed accessibility improvements along the accessible route to the area of alteration that shall be submitted to the Building Division in duplicate, prior to completing your plan review. One copy of the approval or denial will be returned to the applicant of the unreasonable hardship request.

Please note that this request for hardship is subject to approval by the Building Official and a ratification process by the access appeals board.

Additionally, barrier removal is ongoing obligation for ADA and this application does not exempt the applicant of any obligations to removing barriers in a reasonable time frame and by signing this report you understand that this 20% is for this addition/alteration alone.

¹ Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded outside the area of alteration, structural repair, or addition.

Project Address:		Application No.	
Project Description/Location:		Permit Valuation:	
Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed Construction:	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
1. Accessible entrance			
2. Accessible route to the altered area			
3. Accessible restroom for each sex or a unisex restroom serving the area			
4. Accessible telephones			
5. Accessible drinking fountains			
6. Other (Any of the below)			
A. Accessible parking spaces			
B. Signs			
C. Alarms			
D. Other:			
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		
Total Cost on Same Path of Travel (B)	Construction cost for all proposed work on this permit application except Accessible Features Nos. 1-6 provided above.		
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		
Description of Access Features Provided:			
Hardship Request:			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:		Date: / /	Company:
Name: (print)			Address:
Title:			City, State Zip:
Agent for:	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor		Phone No.:
For Building Official Use Only			
Approved by:		Title:	Date: / /

*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 of travel accessible is disproportionate

REQUIREMENTS FOR IMPLEMENTATION PLAN AND JUSTIFICATION FOR APPROVAL

Projects with Adjusted Construction Costs Above the Valuation Threshold: The 20-percent disproportionate cost limitation does not apply to projects with adjusted construction costs above the valuation threshold currently at **\$150,244**. These projects must comply with the path of travel upgrade requirements, whatever the cost, to provide a single accessible path of travel to the specific area of alteration. **However, Section 11B-202.4 Exception 8 provides:**

- “When the adjusted construction cost exceeds the current valuation threshold, as defined in Chapter 2, Section 202, and the enforcing agency determines the cost of compliance with Section 11B-202.4 is an unreasonable hardship, as defined in Chapter 2, Section 202, full compliance with Section 11B-202.4 shall not be required.”

- A finding of **UNREASONABLE HARDSHIP** may be made when the enforcing agency (City of Palo Alto Building Division) finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of all construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility which would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities.

- “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 details of the finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency and shall be subject to Chapter 1, Section 1.9.1.5, Special Conditions for Persons with Disabilities Requiring Appeals Action Ratification.”

- The adjusted construction cost shall not include the cost of alterations to path of travel elements.

Finding of Unreasonable Hardship: A finding of unreasonable hardship is appropriate only when the cost of full compliance is significantly above the 20-percent disproportionate cost limitation and would make the project financially infeasible. A finding of unreasonable hardship may be made by the enforcing agency and should be based upon a detailed project-specific analysis. For projects within DSA’s jurisdiction, a finding of unreasonable hardship must be approved by the access supervisor and the regional manager.

Three Year History: For areas that have been previously altered without providing an accessible path of travel to those areas, the cost of any subsequent alterations to areas served by the same path of travel during a preceding three-year period shall be considered in determining whether the cost of making the path of travel is disproportionate.

ADJUSTED CONSTRUCTION COST

Costs Included: For the purposes of 11B-202.4, the adjusted construction cost for a project shall include:

- All direct or “hard” costs directly associated with the contractor’s construction of the project.
- All fees and reimbursable expenses paid to construction managers, if any.

The direct or “hard” costs shall not be reduced by the value of components, assemblies, building equipment or construction not directly associated with accessibility or usability.

Cost Not Included: The adjusted construction cost shall not include:

- Project management fees and expenses.
- Architectural and engineering fees.
- Testing and inspection fees.
- Utility connection or service district fees.

EXAMPLE FORM

Project Address: 123 Hope Street		Application No. B1409-241	
Project Description/Location: Office tenant improvement (2,040 SF) at 5th floor Suite No. 502		Permit Valuation: \$180,000.00	
Type: <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed Construction: \$144,000.00	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
1 Accessible entrance	NO	YES	\$ 2,400.00
2 Accessible route to the altered area	NO	PARTIAL	\$26,000.00
3 Accessible restroom for each sex serving the area	NO	YES	\$ 8,000.00
4 Accessible telephones	N/A	N/A	
5 Accessible drinking fountains	N/A		
6 Other (Any of the below)			
E. Accessible parking spaces	NO	YES	\$ 1,100.00
F. Signs	NO		
G. Alarms	N/A		
H. Other:			
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		\$37,500.00
Total Cost on Same Path of Travel (B)	Cost of Proposed Construction and Cost of Preceding Alterations.		\$144,000.00
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		26%
Description of Access Features Provided:			
New entrance landing, new accessible fixtures for the restrooms, properly mark and identify the accessible parking area, and 27 cubic yards of concrete (289 feet of sidewalk)			
Hardship Request: 345 lineal feet of exterior sidewalk that exceeds 2.08% cross slope which is 3.4% - 3.8%. Without this request approval the project will not be able to happen due to lack of finances. Please see attached implementation plan and my justification for approval.			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:	<i>John Smith</i>	Date: 09 /12/2014	Company: Johns' Smithing & Wesson
Name: (print)	John Smith	Address:	123 Broadway
Title:	Architect of Record	City, State Zip:	Oroville, CA, 95965
Agent for:	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	530-000-0000
For Building Official Use Only			
Approved by:	Title:	Date: / /	

*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 of travel accessible is disproportionate.

**CITY OF PALO ALTO
BUILDING DIVISION**



CITY OF
**PALO
ALTO**

**APPROVAL OF EQUIVALENT
FACILITATION REQUEST**

(Part 1 of 2)

For Projects with an **Adjusted Construction Cost Exceeding the Current Valuation Threshold** and requesting approval of designs, products or technologies alternative to the prescriptive details of the Disabled Access Regulations as per CBC 11B-103.

1. Site Address: _____ 2. Floor: _____
 3. Permit Application No.: _____ 4. Request No.: _____
 5. Existing Use: _____ 6. Proposed Use: _____
 7. Existing Occupancy: _____ 8. Proposed Occupancy: _____
 9. Description of proposed work or path of travel upgrade for which equivalent facilitation is requested: _____

CBC 11B-103, nothing in these requirements prevents the use of designs, products, or technologies as alternatives to those prescribed, provided they result in substantially equivalent or greater accessibility or usability. See CBC Chapter 2, section 202; *Equivalent Facilitation*

We request that the following be approved as an equivalent facilitation to the prescriptive regulations. This equivalency will provide equal or greater accessibility and usability. This equivalency provides for the maximum independence of the persons with disabilities while presenting the least risk of harm injury or other hazards to such persons or others.

10. Detailed description of the requested equivalency. (Provide details, documents and drawings if required) _____

11. This Equivalent Facilitation is addressed by:

- Information Sheet DA- _____ Administrative Bulletin AB- _____
 AB-005 Local Equivalency
 Other _____

12. Owner Name (Print): _____ (Sign) _____ Date: _____

13. Architect's Name: (Print) : _____ (Sign) _____ Date: _____

14. Applicant's Name (Print) : _____ (Sign) _____ Date: _____

- Tenant Agent

15. Applicant's Address: _____

16. Applicant's Phone: _____ Applicants Email: _____

APPROVAL OF EQUIVALENT FACILITATION REQUEST

(Part 2 of 2)

FOR THE BUILDING DIVISION STAFF USE ONLY

This equivalent facilitation request is:
 APPROVED **DENIED**

Plans reviewed by (print name): _____

Signature of the Plans Examiner: _____ Date: _____

Approved for the following reason(s): _____

Denied for the following reason(s): _____

*Signature of the CASp/ Plans Examiner: _____ Date: _____

If your Request for Approval of Equivalent Facilitation has been denied, the plans examiner shall inform you of the reasons for denying that request.

CITY OF PALO ALTO BUILDING DIVISION



**APPROVAL OF TECHNICAL
INFEASIBILITY REQUEST**
(Part 1 of 2)

**THIS FORM MUST BE
REPRODUCED ON PLANS**

To be used where it is technically infeasible to meet the prescriptive requirements of the code within the scope of work of an alteration or within an existing path of travel to the area of work of an alteration or addition as per CBC section 11B-202.3

- 1. Site Address: _____
- 2. Floor: _____
- 3. Permit Application No.: _____
- 4. Request No.: _____
- 5. Existing Use: _____
- 6. Proposed Use: _____
- 7. Existing Occupancy: _____
- 8. Proposed Occupancy: _____
- 9. Description of proposed alteration element or path of travel upgrade for which technical infeasibility approval is requested:

CBC 11B-202.3, In alterations, where the enforcing authority determines compliance with applicable requirements is technically infeasible, the alteration shall provide equivalent facilitation or comply with the requirements to the maximum extent feasible. See CBC Chapter 2, section 202; *Technically Infeasible*

- 10. This alteration is technically Infeasible due to:
 - It would require removal or alteration of a load bearing member that is an essential part of the structural frame
 - other existing physical or site constraints

11. Detailed description of the technical infeasibility. (Provide details, documents and drawings if required or requested by staff)

12. Compliance with the regulations will be provided to the maximum extent feasible; (give description) _____

(For the re-use of this form.) I have verified that the above stated compliance is still in effect and is the maximum degree of compliance possible. Applicant initials _____ and date _____.

13. Owner's Name (Print): _____ (Sign) _____ Date: _____

14. Architect's Name: (Print): _____ (Sign) _____ Date: _____

15. Applicant's Name (Print): _____ (Sign) _____ Date: _____

- Tenant Agent

16. Applicant's Address: _____

17. Applicant's Phone: _____ Applicants Email: _____

APPROVAL OF TECHNICAL INFEASIBILITY REQUEST

(Part 2 of 2)

FOR THE DEPARTMENT OF BUILDING INSPECTION STAFF USE ONLY

This technical infeasibility request is:

APPROVED (FOR THIS PERMIT ONLY) **DENIED**

Plans reviewed by (print name): _____

Signature of the Plans Examiner: _____ Date: _____

Approved for the following reason(s): _____

Denied for the following reason(s): _____

*Signature of the CASp/ Plans Examiner: _____ Date: _____

If your Request for Approval of Technical Infeasibility has been denied, the plans examiner shall inform you of the reasons for denying that request.

City of Palo Alto
Development Center, First Floor
285 Hamilton Ave.