



ACCESSIBILITY UNREASONABLE HARDSHIP FORM

ACCESSIBLE REQUIRED ELEMENTS FOR ALTERATIONS/ADDITIONS/REPAIRS

City of Lathrop
Building Department

390 Towne Centre Drive – Lathrop, CA 95330
Email: PermitOffice@ci.lathrop.ca.us
Phone #: (209) 941-7270

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 cost of alterations, structural repairs, or additions to existing buildings and facilities within three years of the original alteration does not exceed the valuation threshold*, the cost compliance with **Section 11B-202.4** of the current California Building Code (CBC) shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions.

Check ONE of the following three options, which applies to this request:

- ☐ A. This project does not exceed the valuation threshold* per CBC §11B-202.4 Exc. 8
- ☐ B. This project exceeds the valuation threshold* per CBC §11B-202.4 Exc. 8
- ☐ C. This project contains elements for which documentation is provided showing that full compliance with the applicable accessibility requirements is technically infeasible per CBC §11B-202.3 Exc. 2

Project Address		Plan Check Number	
1. Describe the use of the subject facility:			
2. Cost of construction proposed under this permit: (Excluding accessibility upgrades as allowed by CBC 11B-202.4)		\$	
3. List the total valuation (cost) for each project along the same path of travel** over the last three years: (The summation of the costs below combined with the current proposed cost, item #2, above, may trigger option B requirements.)			
Permit Number:	Project Description:		Project Cost (W/O access features)
			\$
			\$
			\$
4. Total cost of construction over the last three years plus proposed cost of this project:			\$
5. 20% of total construction cost (0.20 X Line 4)			\$
6. Accessible Elements:	Is element accessible?		Is element to be altered?
Accessible Route	Y	N	Y
Parking	Y	N	Y
Primary Entrance	Y	N	Y
Restrooms (M and F)	Y	N	Y
Telephones	Y	N	Y
Drinking Fountains	Y	N	Y
Signage	Y	N	Y
Total of proposed improvements along the path of travel: (Attach detailed cost estimate)			\$
7. Total cost of making building alterations which would achieve full compliance			\$
8. Specify existing non-complying accessibility features for which a hardship is requested:			
9. Note: For option A: Describe how existing accessible elements meet full compliance on a separate sheet. Field verification shall be required to confirm full compliance with no worked listed—zero cost for full compliance.			

*Division of the State Architect | ** Path of Travel as defined in CBC Ch. 2 includes toilet & bathing facilities, telephones, drinking fountains and signs serving area of work



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Additional Information for Option B

Describe how equivalent facilitation will be provided for features identified, in #8, above:
(Continue on separate sheet as needed)

For Option C Only

On a separate page:

1. Provide a description for each element that meets the 2019 Code definition of Technically Infeasible.
2. Describe why full access compliance is technically infeasible for each element.
3. If applicable, describe the legal constraint that would preclude complete access compliance.

Any request for an unreasonable hardship must address all of the above-listed criteria for the applicable option.

Emphasis must be placed on the elements that provide the greatest improvements to disabled access.

Disproportionate cost must be established to qualify for a hardship.

All details of any unreasonable hardship finding will be recorded and kept on file by the City and are subject to ratification through an appeals process.

THE FOLLOWING SIGNATURES ARE REQUIRED FOR ALL APPLICATIONS

Signatures: I hereby acknowledge that the above is true to the best of my knowledge. As the owner of the property or tenant space, or an authorized agent representing the owner, by signing below I am acknowledging that I understand that although the project complies with the California Building Code requirements, the limited disabled access upgrades shown on this form will not limit or absolve my liability under the Americans with Disability Act.

Licensed Professional:

Name: _____ Business Name: _____

License #: _____ Email: _____ Phone #: _____

Signature: _____ Date: _____

Property Owner:

Name: _____ Phone #: _____

Signature: _____ Date: _____