



# ACCESSIBILITY UNREASONABLE HARDSHIP EXEMPTION FORM

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION  
 ALBERT SALVADOR, P.E., C.B.O., BUILDING OFFICIAL  
 10300 TORRE AVENUE • CUPERTINO, CA 95014-3255

SITE ADDRESS		APN	DATE
CITY	ZIP	BUILDING PERMIT NUMBER	
DESCRIPTION OF WORK:			

Check one:

- Option A.** This project does NOT exceed the valuation threshold per 2019 CBC 11B-202.4 Exception 8 and as shown at the [Division of State Architect](#) website.
- Option B.** This project does exceed the valuation threshold per 2019 CBC 11B-202.4 Exception 8 and as shown at the [Division of State Architect](#) website.
- Option C.** This project contains elements that make it technically infeasible to achieve full compliance with the applicable accessibility requirements due to Technical Infeasibility per 2019 CBC 11B-202.3 Exception 2 or due to Legal Constraints. *Documentation must be provided to support Option C.*

## ANALYSIS

<b>1. Total Project Construction Cost.</b> What is the cost of construction proposed under this permit? <i>Exclude the cost of accessibility upgrades as allowed by CBC 11B-202.4</i>			
<b>2. Projects During Last Three Years at Site.</b> For each project along the same Path of Travel over the last three years at this Project Address, list the Permit Number, Project Description, and Project Cost. <i>Per CBC Chapter 2, Path of Travel includes toilet and bathing facilities, telephones, drinking fountains, and signs serving the area of work.</i>			
PERMIT #	PROJECT DESCRIPTION		<i>excluding access features</i> PROJECT COST
			\$
			\$
			\$
<b>2a.</b>			SUBTOTAL: \$
<b>3.</b> Add lines 1 and 2a. <i>This sum may trigger Option B requirements.</i>			TOTAL: \$
<b>4.</b> Enter 20% of the total construction cost			.20 X Line 3: \$
<b>5. Accessible Elements of Project Property.</b> For each element listed below at the project property, indicate: Is the element accessible now? Will the element be altered? What is the estimated cost of the alteration? If there is no plan to alter an element, leave the cost field BLANK.			
ELEMENT ALONG PATH OF TRAVEL	IS ELEMENT ACCESSIBLE NOW?	WILL ELEMENT BE MADE ACCESSIBLE?	WHAT IS ESTIMATED COST OF IMPROVEMENT?
<b>5a.</b> Parking	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5b.</b> Route from Parking to Entrance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5c.</b> Primary Entrance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5d.</b> Restrooms (Male and Female)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5e.</b> Telephones	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5f.</b> Drinking Fountains	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5g.</b> Signage	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>6. Total Cost of Proposed Accessibility Improvements Along Path of Travel:</b> Add lines 5a through 5g. <i>Attach detailed cost estimate.</i>			TOTAL: \$
<b>7.</b> What is the <b>Total Cost of Improvements Needed to Achieve Full Compliance?</b> <i>Attach detailed cost estimate.</i>			\$

Continued >

8. Specify existing non-complying accessibility features for which a hardship is requested:

**FOR OPTION B ONLY**

9. Describe how equivalent facilitation will be provided for the features identified above in #8: *Continue on separate sheet as needed*

**FOR OPTION C ONLY** *On a separate sheet:*

10. Provide a description for each element that meets the 2019 Code definition of “technically infeasible.”

11. Describe why full access compliance is technically infeasible for each element.

12. If applicable, describe the legal constraint that would preclude complete access compliance.

**NOTES TO APPLICANT**

- Address all of the above-listed criteria for the selected option in your request for an unreasonable hardship.
- Place emphasis on the elements that provide the greatest improvements to disabled access.
- A 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.

**REQUIRED SIGNATURES**

**ARCHITECT OR ENGINEER OF RECORD INFORMATION:** I certify that the above noted information is true and correct.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm address: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

----- FOR DEPARTMENT USE ONLY -----

- The above named project has been denied an unreasonable hardship exemption under 2019 CBC Section 11B-202.4.
- The above named project has been granted an unreasonable hardship exemption from the requirements of the State of California CCR-Title 24 (Regulation for the Accommodation of the Disabled) pursuant to 2019 CBC Section 11B-202.4.

COMMENTS:

Building Official Designee (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_