



**SAN JOAQUIN COUNTY  
COMMUNITY DEVELOPMENT DEPARTMENT**

1810 E. HAZELTON AVE., STOCKTON, CA 95205-6232  
PHONE: 209/468-3121 FAX: 209/468-3163

## **CONSTRUCTION HARDSHIP FORM**

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 a valuation threshold of **\$166,157.00** the cost of compliance with Section 11B-202.4 of the 2016 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 of the form will be returned to the applicant.

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.



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<b>Project Address:</b>	<b>Application No.</b>
<b>Project Description/Location:</b> Type <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition	<b>Permit Valuation: \$</b> <b>(Cost of Construction + Cost of Accessible Features)</b>  <b>Cost of Proposed Construction: \$</b>

**PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION**

Building Elements	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?	
			Full Compliance	Partial Compliance
1. Entrance			\$	\$
2. Path of travel to area of alteration			\$	\$
3. Sanitary facilities (for each sex or a unisex restroom serving the area)			\$	\$
4. Public telephones			\$	\$
5. Drinking fountains			\$	\$
6. Other (Any of the below)				
A. Parking spaces			\$	\$
B. Signs			\$	\$
C. Alarms			\$	\$
D. Other:			\$	\$
Total Cost of Accessible Features : (A) - Full Compliance (B) - Partial Compliance	Summary of costs of Accessible Features Nos. 1-6 provided above.		\$	\$
Cost of Proposed Construction (C)	Construction cost for all proposed work on this permit application <b>except</b> Accessible Features Nos. 1-6 provided above.		\$	\$
Percentage Upgrades: Full Compliance (A) / (C) Partial Compliance (B)/(C) – <b>To Be Provided</b>	Cost of accessible features as a percentage of total project cost. ( <b>Note:</b> If (A)/(C) is less than 20%, all features must be accessible).		(A)/(C): _____%	(B)/(C): _____%

**Description of Access Features To Be Provided:**


**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:
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# 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		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	N/A	
6 Other (Any of the below)			
E. Accessible parking spaces	NO	YES	\$ 1,100.00
F. Signs	N/A		
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 <b>except</b> 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: John's 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.