



**SAN JOAQUIN COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT**

1810 E. HAZELTON AVE., STOCKTON, CA 95205-0232
PHONE: 209/468-3121 FAX: 209/468-3103

DOCUMENTATION FOR UNREASONABLE HARDSHIP

Job Address _____ Date _____

Project Name _____ Permit Valuation: \$ _____

B.P. No. _____ APN _____ Occupancy Classification . _____

Owner _____ Applicant _____

1. **Total Cost of Construction:** \$ _____
a. Ground Floor \$ _____ b. Basement \$ _____ c. Other floors () \$ _____

The **Total Cost of Construction** is the cost of construction without access features and may exclude demolition, unattached fixtures and cases, and cosmetic and finish work that normally would not require a building permits. This cost may also exclude the cost of heating, ventilation, air conditioning, re-roofing, and electrical work not involving placement of switches and receptacles per CBC Section 3112A(a). Exception 4.

2. Cost of any alterations within the previous three years: \$ _____
3. Total Cost (add costs in 1 and 2 above): \$ _____
4. Current Valuation Threshold: \$ _____ (to be filled by BID staff).
5. When the Total Cost (item 3 above) exceeds the Current Valuation Threshold (item 4 above) **and** the alteration occurs on an accessible floor (ground floor or any floor that is accessible by a complying elevator), go to item No. 8 below.
6. When the Total Cost exceeds the Current Valuation Threshold (item 4 above) **and** the alteration occurs on the floor above or below the ground floor of a nonelevator building, skip to item No. 9 below.
7. When the Total Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) for the **ground floor** and/or **nonaccessible floor** alterations, go to item No. 9 below.
8. € I understand that the existing primary entrance, path-of-travel, at least one set of complying restrooms, public phone, or drinking fountains (if any) must be brought up to full compliance
9. € I understand that only 20 percent of the **Total Cost of Construction** (i.e., \$ _____) be spent on upgrading the primary entrance, path-of-travel, restrooms, public phones (if any), and drinking fountains (if any); and, when possible, parking, storage, and alarms. (**Go to the Cost Table.**)

I agree to comply. Signature _____ Date _____

C.B.O. Approval: Signature _____ Date _____

Cost Table

Fill in **COSTS** column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continued until the total equals or exceeds the amount from line 9 above. If an item causes the total amount to exceed the amount from line 9 of the worksheet, you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 9 above. The cost table shall be reviewed and approved by B.O. staff.

Amount from line 9 of the worksheet \$ _____

1 F/P	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	DOOR	
_____	A. Change of door _____	_____
_____	B. Threshold _____	_____
_____	C. Hardware _____	_____
_____	D. Kick plate _____	_____
_____	E. Strike-side clearance _____	_____
_____	F. Other _____	_____
	_____	_____
	_____	_____
	SIGNS AND IDENTIFICATION	
_____	G. Sign at building entrance _____	_____
_____	H. Sign in building lobby _____	_____
	I. Other _____	_____
	_____	_____
	Subtotal	_____
2 F/P	PATH OF TRAVEL	
	CHANGE OF ELEVATION(S)	
_____	A.. Ramps _____	_____
_____	B. Lifts _____	_____
_____	C. Elevators _____	_____
_____	D. Others _____	_____
	_____	_____
	_____	_____
	DOORS	
_____	E. Change of door _____	_____
_____	F. Threshold _____	_____
_____	G. Hardware _____	_____
_____	H. Kick plate _____	_____
_____	I. Strike-side clearance _____	_____
_____	J. Signs and Identification (Braille) _____	_____
_____	K. Other _____	_____
	_____	_____
	Subtotal	_____

3. F/P	RESTROOMS SERVING REMODELED AREA	
_____	A. Enlarge restroom _____	_____
_____	B. Enlarge door(s) _____	_____
_____	C. Strike side clearance _____	_____
_____	D. Door symbols _____	_____
_____	E. Signs and Identification (Braille) _____	_____
_____	F. Replacement or Relocation of fixture (specify)	_____
_____	1. _____	_____
_____	2. _____	_____
_____	3. _____	_____
_____	4. _____	_____
_____	G. Replacement of Relocation of accessories (specify)	_____
_____	1. _____	_____
_____	2. _____	_____
_____	3. _____	_____
_____	4. _____	_____
_____	H. Grab bars (bars and backing) _____	_____
_____	I. Other _____	_____
	_____	_____
	_____	_____
	Subtotal	\$ _____
4 F/P	PUBLIC TELEPHONES	
_____	A. _____	_____
_____	B. _____	_____
	Subtotal	\$ _____
5 F/P	DRINKING FOUNTAINS	
_____	A. Replace drinking fountain _____	_____
_____	B. Relocate existing drinking fountain _____	_____
_____	C. Provide alcove _____	_____
_____	D. Add wing walls and/or floor treatment _____	_____
_____	E. Other _____	_____
	Subtotal	\$ _____
6 F/P	PARKING, STORAGE, ALARMS	
_____	A. _____	_____
_____	B. _____	_____
_____	C. _____	_____
_____	D. _____	_____
	Subtotal	\$ _____
	TOTAL	\$ _____

F = Fully complying

P = Partially complying

D.A. CHECKLIST

The address of the project is _____

For ALL tenant improvement projects in commercial use spaces, this check list is required to be reproduced on the plan set and signed

1. The proposed use of the project is _____ (e.g. Retail, Office, Restaurant, etc.)
2. Described the area of remodel, including which floor: _____
3. The construction cost of this project *excluding* disabled access upgrades is \$_____, which is (check one) ☐ more than / ☐ less than the Accessibility Threshold amount of **\$119,958.65** based on the “2007 ENR Construction Cost Index” (The cost index & threshold are updated annually).
4. Is this a City project and/or does it receive public funding? Check one: ☐ Yes / ☐ No Note: If Yes, then see Step 3 on the Instructions page for additional forms required.

Conditions below must be fully documented by accompany drawings

5. Read **A** through **G** below carefully and check the most applicable box (**one box only**):

<input type="checkbox"/> A: All existing conditions serving the area of remodel fully comply with access requirements. No further upgrades are required.
<input type="checkbox"/> B: All existing conditions serving the area of remodel that do <u>not</u> fully comply with access requirements <u>will be</u> fully upgraded with this project.
<input type="checkbox"/> C: Proposed project (<i>check one</i>) <u>is less than the threshold</u> / <u>is over the threshold & falls under CBC1134B.2.1 Ex. 2; Partial</u> upgrades, including Equivalent Facilitation will be provided up to 20% of the project value as itemized on Form C. Priority of upgrades are to be considered in the order listed on p. 2 of the D.A. Checklist. Fill out Hardship request form(s) for non-fully complying items, including for Equivalent Facilitation items. Check box C means there are still non-complying items serving the area of remodel.
<input type="checkbox"/> D: Access features will either fully comply or be provided with Code defined Equivalent Facilitation. Submit and Unreasonable Hardship Request (UHR) for the Equivalent Facilitation items.
<input type="checkbox"/> E: Hardship appeal to be filed with Access Appeals Commission (AAC). Note: Plan check of items not under AAC consideration will continue while resolution of AAC decision is sought.
<input type="checkbox"/> F: Consisting only of Barrier Removal, Notice of Accessibility Violation (NOV) Compliance or Exempted Work; Fill out Form F.
<input type="checkbox"/> G: Minor revision to previously approved permit drawings only. (Note: This shall <u>NOT</u> be used for new or additional work) Provide previous approved permit application here: _____ Description of revision: _____ _____