



## UNREASONABLE HARDSHIP FORM

**PURPOSE:** The purpose for this form is to request an unreasonable hardship exception to accessibility requirements where full accessibility cannot be provided along the accessible path of travel to the existing building or facility.

### UNREASONABLE HARDSHIP EXCEPTION REQUEST FOR EXISTING BUILDINGS

Check ONE of the following three options that is applicable to this request:

- ☐ **A)** This project **does not** exceed the valuation threshold\* per 2022 CBC §11B-202.4 Ex. #8; or
- ☐ **B)** This project exceeds the valuation threshold\* per 2022 CBC §11B-202.4 Ex. #8; or
- ☐ **C)** This project contains elements for which documentation is provided showing that full compliance with the applicable accessibility requirements is technically infeasible due to either Technical Infeasibility, per 2022 CBC §11B-202.3 Ex. #2, or due to Legal Constraints.

\* Valuation threshold may be found on the [DSA website](#).

| For Options A, B and C                                                                                       |                        |                      |                           |                                     |                    |
|--------------------------------------------------------------------------------------------------------------|------------------------|----------------------|---------------------------|-------------------------------------|--------------------|
| Project Address                                                                                              |                        |                      | Permit Number             |                                     |                    |
| 1. Describe the use of the facility under construction and its availability to persons with disabilities:    |                        |                      |                           |                                     |                    |
| 2. Total cost of all proposed construction under this permit (excluding access features)                     |                        |                      |                           |                                     | \$                 |
| 3. 20% of total construction cost (0.20 X item #2)                                                           |                        |                      |                           |                                     | \$                 |
| 4. Accessible Elements:                                                                                      | Is element accessible? |                      | Is element to be altered? |                                     | Cost of alteration |
| Primary Entrance                                                                                             | Y                      | N                    | Y                         | N                                   | \$                 |
| Accessible Route                                                                                             | Y                      | N                    | Y                         | N                                   | \$                 |
| Restrooms (M and F)                                                                                          | Y                      | N                    | Y                         | N                                   | \$                 |
| Telephones                                                                                                   | Y                      | N                    | Y                         | N                                   | \$                 |
| Drinking Fountains                                                                                           | Y                      | N                    | Y                         | N                                   | \$                 |
| Parking, Signage, Storage, Alarms                                                                            | Y                      | N                    | Y                         | N                                   | \$                 |
| <b>Total of proposed improvements along the path of travel:</b> (Attach detailed estimate)                   |                        |                      |                           |                                     | \$                 |
| 5. Total cost of building alterations which would achieve full compliance                                    |                        |                      |                           |                                     | \$                 |
| 6. List the total valuation (cost) for each project along the same path of travel over the last three years: |                        |                      |                           |                                     |                    |
| Permit Number:                                                                                               |                        | Project Description: |                           | Project Cost (w/o access features): |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
| 7. List all fully compliant accessibility improvements (shown on the plans) that will be provided:           |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
| 8. List existing non-compliant accessibility features for which a hardship is requested:                     |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
| 9. Describe how each altered element, in item #8 above, will provide equivalent facilitation:                |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |
|                                                                                                              |                        |                      |                           |                                     |                    |

**For Option C Only**

On a separate page:

1. Provide a description for each element that meets the 2022 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.

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

**Disproportionate cost must be established to qualify as a hardship.**

All details of any unreasonable hardship finding will be recorded and kept on file by the County.

**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 will comply with the California Building Code requirements, the limited disabled access upgrades shown on this form will not reduce or absolve my liability under the Americans with Disabilities Act.**

|            |        |             |        |
|------------|--------|-------------|--------|
| Applicant: | Print: | Designer:   | Print: |
|            | Sign:  |             | Sign:  |
| Owner:     | Print: | Contractor: | Print: |
|            | Sign:  |             | Sign:  |

**STAFF USE ONLY**

**Building Division approval will be based on the following:**

| Hardship Request reviewed under Option (circle one):                                                                                                                                                                                    |   |                                                                                    | A     | B | C |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------|-------|---|---|
| Y                                                                                                                                                                                                                                       | N | Access upgrades limited to 20% of construction cost (2022 CBC § 11B-202.4 Ex. #8.) |       |   |   |
| Y                                                                                                                                                                                                                                       | N | Access upgrades exceeding 20% of construction cost                                 |       |   |   |
| Y                                                                                                                                                                                                                                       | N | Approval includes equivalent facilitation                                          |       |   |   |
| <input type="checkbox"/> Description of equivalent facilitation provided complies with 2022 CBC definition found in §202.                                                                                                               |   |                                                                                    |       |   |   |
| <input type="checkbox"/> Exceptions granted pertain to the 2022 CBC requirements detailed in item #9, above.                                                                                                                            |   |                                                                                    |       |   |   |
| <input type="checkbox"/> Full compliance with applicable accessibility requirements has been determined by the Building Official to be Technically Infeasible per 2022 CBC §11B-202.3 Ex. #2, or Unreasonable due to Legal Constraints. |   |                                                                                    |       |   |   |
| Additional Comments:                                                                                                                                                                                                                    |   |                                                                                    |       |   |   |
|                                                                                                                                                                                                                                         |   |                                                                                    |       |   |   |
|                                                                                                                                                                                                                                         |   |                                                                                    |       |   |   |
|                                                                                                                                                                                                                                         |   |                                                                                    |       |   |   |
|                                                                                                                                                                                                                                         |   |                                                                                    |       |   |   |
|                                                                                                                                                                                                                                         |   |                                                                                    |       |   |   |
| APPROVAL BY:                                                                                                                                                                                                                            |   |                                                                                    | Date: |   |   |
|                                                                                                                                                                                                                                         |   |                                                                                    |       |   |   |