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CITY OF SAUSALITO

Community Development Department 420 Litho Street • Sausalito, California 94965 Telephone: (415) 289-4128 Fax: (415) 339-2256 www. www.sausalito.gov

Disabled Access Hardship Application Form

Per CBC Section 11B-202.4 – Path of Travel Requirements for Alterations.

Permit Application#: ______ Use: ______ Date: _____

Project Address:	APN:
	, as the applicant for construction at the above site, hereby request bled access requirements per CCR Title 24 Part 2, section 11B-202.4.
path of travel, sanitary facilities, drinking for that is, where it exceeds 20 percent of the project without these features must be less to 2020). The obligation to provide access may permit to areas served by a single path of travillar area has been altered without providing that area, or a different area on the same path total cost of alterations of the areas on that provided that area is a served by a single path of travillar area.	ble hardship may exist when the cost of providing an accessible entrance, puntains, and public phones is disproportionate at the cost of the project; cost of the project without these features. Furthermore, the cost of the han the ENR US20 Cities average construction cost index (\$170,466 for y not be evaded by performing a series of small alterations under separate wel if these alterations could have been performed in a single undertaking an accessible path of travel to that area, and subsequent alterations of h of travel are undertaken within three years of the original alteration, the path of travel during the proceeding three-year period shall be combined that path of travel accessible is disproportionate.
	INSTRUCTIONS
of your request for "Unreasonable Hardshi	
Contractor:	Property Owner:
Firm	Firm
Address	Address
Phone	Phone
Signature	Signature
Applicant:	Tenant:
Firm	Firm
Address	Address
Phone	Phone
Signature	Signature

II.	UNREASONABLE HARDSHIP DETERMINATION:
1.	Total cost of proposed construction (including access features within area of work)\$ (An estimate itemizing the cost of construction shall be attached.)
2.	Estimated cost of access features needed to provide full compliance for the building\$
	(An estimate itemizing the cost of construction feature shall be attached.)
3.	Access features which will not be provided and reason:
III.	(Provide additional sheets if needed) ACCESSIBLE FEATURES TO BE PROVIDED:
1.	An unreasonable hardship exemption requires the applicant to apply a minimum of 20% of the total cost in item #1 of section II above toward the removal of architectural barriers to the disabled.
	Specify 20% of Item #1 in Section II above: \$
2.	The 20% figure identified above shall be used to remove access barriers in the building outside the area of improvement. The list below prioritizes how this money is to be allocated, item "A" being the highest priority, "F" being the lowest. Please provide, on a separate sheet, a cost estimate which itemizes the
	<u>cost of features to be provided within each of the priorities listed below.</u> The total of these itemizations shall be listed below.
Δ	An accessible entrance\$
В.	
C.	
	Accessible telephones\$
E.	
	When possible, additional elements such as storage and alarms\$
	Total (should be greater than or equal to item III 1.):
I decla	are under penalty of perjury that the foregoing is true and correct.
Applic	cant's signature:Date:
=	FOR CITY USE ONLY
Applic	cation is: Approved Not Approved
Ву	Date
	Chief Building Official
Notes:	