



# CITY OF SAUSALITO

Community Development Department  
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## Disabled Access Hardship Application Form

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

Permit Application#: \_\_\_\_\_ Use: \_\_\_\_\_ Date: \_\_\_\_\_

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

I \_\_\_\_\_, as the applicant for construction at the above site, hereby request approval for unreasonable hardship for disabled access requirements per CCR Title 24 Part 2, section 11B-202.4.

For purpose of this exception, an unreasonable hardship may exist when the cost of providing an accessible entrance, path of travel, sanitary facilities, drinking fountains, and public phones is disproportionate at the cost of the project; that is, where it exceeds 20 percent of the cost of the project without these features. Furthermore, the cost of the project without these features must be less than the ENR US20 Cities average construction cost index (**\$170,466 for 2020**). The obligation to provide access may not be evaded by performing a series of small alterations under separate permit to areas served by a single path of travel if these alterations could have been performed in a single undertaking. 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 of the areas on that path of travel during the proceeding three-year period shall be combined in determining whether the cost of making that path of travel accessible is disproportionate.

### INSTRUCTIONS

As applicant for this project, you must provide the information requested on page 2 of this application for City review of your request for “Unreasonable Hardship”. All requested estimates for construction shall be completed by the licensed contractor chosen to perform the work on this project. Information and estimates shall be accurate and complete; incomplete applications will delay processing.

#### **I. Please provide the names of all persons associated with this project.**

##### **Contractor:**

Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

##### **Property Owner:**

Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

##### **Applicant:**

Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

##### **Tenant:**

Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

