



ACCESSIBILITY HARDSHIP FORM

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY

PERMIT NO.: _____

PROPERTY ADDRESS

Site Address: _____ Permit Number: _____

Commercial: Tenant name, and Suite Number: _____

TYPE OF USE:

Commercial: _____

PROJECT TYPE:

Alteration/Remodel/Tenant Improvement Addition Structural Repair New

Check one:

OPTION A: This project does **NOT** exceed the valuation threshold per 2019 CBC 11B-202.4 Exception 8 and as shown at the Division of State Architect website. (Worksheet next page.)

OPTION B: This project **DOES** exceed the valuation threshold per 2019 CBC 11B-202.4 Except ion 8 and as shown at the Division of State Architect website. (Worksheet on next page.)

The provisions of Section 11B202.4 Exception 8, apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings, or public housing. When existing building or facilities undergo alterations, additions or repairs; an accessible path of travel shall be provided to the specific area of construction.

OPTION A: When the adjusted construction cost¹ of alterations, additions, or structural repairs to existing buildings and facilities within three years of the original alteration does **NOT** exceed the current year valuation listed at the Division of the State Architect (for the year 2020 is: \$170,466.00), the cost of compliance with Section 11B-202.4 of the 2019 California Building code (CBC) shall be limited to 20% of the adjusted cost of construction¹ of alterations, additions, or structural repairs.

OPTION B: When the adjusted construction cost¹ of alterations, additions, or structural repairs to existing buildings and facilities within three years of the original alteration **DOES** exceed the current year valuation threshold (for the year 2020 is: \$170,466.00), and the Building Official determines the cost of full compliance to be an unreasonable hardship, the cost of compliance with Section 11B-202.4 of the CBC shall be a minimum of 20% of the adjusted cost¹ alterations, additions, or structural repairs. Additionally, barrier removal is an ongoing obligation for ADA and this application does not exempt the applicant of any obligations to removing barriers in a reasonable timeframe and by signing this form and worksheet you understand that this 20% is for this addition/alteration/ structural repair alone.

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 altered area (see definition of accessible route Section 202 & 11B206.2.1 2019 CBC for more Information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex or a single accessible unisex restroom;
4. Accessible telephones, if provided, serving the area of alteration, addition, or structural repair;
5. Accessible drinking fountains, if provided, and;
6. When possible, additional accessible elements such as parking, signs, and alarms.

Please complete and submit 2 (two) copies of:

- This form with the attached worksheet signed.
- A site plan of the existing conditions and the proposed accessibility improvements along the accessible route to the area of alteration, addition, or structural repair.
- A floor plan of the existing conditions and the proposed accessibility improvements to the area of alteration, addition, or structural repair.

This hardship request is subject to approval by the Building Official. Once approved a copy will be returned to at permit issuance.

*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 receding three-year period shall be considered in determining whether the cost of making that path of travel is disproportionate.

¹ Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded outside the area of alteration, addition, or structural repair.



ACCESSIBILITY HARDSHIP FORM WORKSHEET

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OFFICE USE ONLY
 PERMIT NO.: _____

1. Total Project Construction Cost¹. What is the cost of construction proposed under this permit? *Exclude the cost of accessibility upgrades as allowed by CBC 11B-202.4 (adjusted cost of construction¹)* **Stated valuation from the permit application:** _____

2. Projects During the Last Three (3) Years at Site (To be completed by City of Larkspur Staff). For each project along the same Path of Travel over the last three years at this Site Address, list the permit number, project description, and project cost. Per CBC Chapter 2, Path of Travel includes toilet and bathing facilities, telephones, drinking fountains, and signs serving the area of work. (Add below, use separate sheet if necessary) [Initials: _____ Date: _____]

PERMIT #	PROJECT DESCRIPTION	PROJECT COST

2a. Last 3 years: **SUBTOTAL:**

3. Add lines 1 and 2a. (This sum may trigger OPTION B requirements) **TOTAL:**

4. Enter 20% of the total adjusted construction cost¹. **.20 X Line 3:**

5. Accessible Elements of Project Property. For each element listed below at the site address, indicate: Is the element accessible now? Will the element be made accessible? What is the estimated cost of construction of the element? If no plan to alter an element leave cost field blank.

ELEMENT ALONG PATH OF TRAVEL	IS ELEMENT ACCESSIBLE NOW?	WILL ELEMENT BE MADE ACCESSIBLE?	WHAT IS THE COST OF IMPROVEMENT?
5a. Accessible Entrance			
5b. Accessible route to the altered area			
5c. Accessible restroom for each sex or a unisex restroom serving the area			
5d. Accessible telephones			
5e. Accessible drinking fountains			
5f. Accessible parking spaces			
5g. Signs			
5h. Alarms			
5i. Other:			

6. Total Cost of Proposed Accessibility Improvements Along Path of Travel: Add lines 5a. - 5i. **TOTAL:**

7. Percentage of Upgrades Cost to Project Construction Cost¹: Divide line 6 by line 1 (line6/line1)

Description of Access Features Provided:

Hardship Request:

SIGNATURE

I certify that the above information is true and correct to the best of my knowledge and belief. By signing below I acknowledge that I understand that although the project is in compliance with the California Building Code requirements, the limited disabled access upgrades shown on this form will not limit or absolve my liability under the Americans with Disability Act (ADA).

 SIGNATURE of Property Owner or Authorized Agent PRINT NAME DATE

 SIGNATURE of Design Professional PRINT NAME DATE