



UNREASONABLE HARDSHIP DETERMINATION FOR COMMERCIAL ALTERATION PROJECTS

INFORMATION
GUIDELINE

29

January 2014

CITY OF ESCONDIDO • BUILDING DIVISION • 201 N. BROADWAY, ESCONDIDO, CA 92025 • (760) 839-4647

UNREASONABLE HARDSHIP DETERMINATION FOR COMMERCIAL ALTERATION PROJECTS

When the total construction cost of **alterations, structural repairs, or additions to existing buildings and facilities** does not exceed a valuation threshold of **\$143,303**, (for all improvements occurring within the previous three years), and the enforcing agency finds that full compliance with the requirements for disabled access upgrades serving the area of alteration, structural repair, or addition creates an "unreasonable hardship," an exception can be granted to allow for less than full compliance for the upgrades. A determination for "unreasonable hardship," as detailed in Code Section 11B-202.4(8), can be requested when the cost of providing the disabled access upgrades is disproportionate to the total construction cost; that is, where it exceeds 20% of the cost of the project without these upgrades. Under this determination, upgrades will still need to be made, but only to the point where the upgrade costs are disproportionate (i.e. 20% of the total construction cost will be required to be spent toward these upgrades).

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 building entrance and an accessible path of travel to this entrance from the public sidewalk and the disabled parking space.
2. An accessible route of travel from the accessible building entrance to the area of alteration, structural repair, or addition.
3. At least one accessible restroom for each sex serving the area of alteration, structural repair, or addition.
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition.
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition.
6. Additional accessible elements such as parking, storage, and alarms.

Your plan reviewer will provide additional information regarding the "unreasonable hardship" determination if you choose to apply for this for your project.

The second page of this Information Bulletin is an example of the findings that must be provided for a project where an "unreasonable hardship" determination is made. See the following blank form for [Unreasonable Hardship to Disabled Access Requirements \(Form A\)](#).



City of Escondido
 Building Division
 201 N. Broadway
 Escondido, CA 92025
 (760) 839-4647

Application for Unreasonable Hardship Exception to Disabled Access Requirements (Form A)

(For existing Buildings Where the Cost of Construction does not exceed \$143,303 (rev. 1-2014) Sec. 11B-202.4(8))

Please print legibly or type.

Project Address: 989 S. Center Ave Permit Number B99-23567
 Project Description: Office Tenant Improvement Total Construction Cost (project permit valuation)
\$ 75,000

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create hardship may be exempted but not all of them.

Access Features Item <i>Provide description below</i>	Does this feature meet the latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making feature accessible? <i>(Documentation may be required)</i>
The area of alteration itself may not be exempted.			
1. Path of travel to entrance	YES		\$ _____
2. Entrance	YES		\$ _____
3. Path of travel within building/facility to area of remodel	YES		\$ _____
4. Elevator	NA		\$ _____
5. Sanitary facilities	No	YES	\$ 18,000
6. Public Telephones <i>If provided</i>	NA		\$ _____
7. Drinking fountains <i>If provided</i>	NA		\$ _____
8. Other (Parking, etc.)	YES		\$ _____
Total cost of access features provided (A)			\$ 18,000
Total cost of construction (B)			\$ 75,000
(A÷B) x 100% (20% minimum expenditure is required)			% 24%
Has the same tenant space been improved in the last three years? If yes, provide valuation. If not, enter "NO".			No
Description of access features to be provided: <u>Provide accessible men's and women's restrooms</u>			

Applicant Information

I certify that the above noted information is true and correct.

Name (print) <u>John Smith</u>	Signature <u>John Smith</u>
Firm Address <u>203 N. Broadway, Suite 234</u>	Position <u>Project Architect</u>
<u>Escondido, CA 90000</u>	Phone <u>1-888-888-0000</u>

FOR DEPARTMENT USE ONLY

Approved by _____	Title _____	Date _____
Denied by _____	Title _____	Date _____



City of Escondido
 Building Division
 201 N. Broadway
 Escondido, CA 92025
 (760) 839-4647

Application for Unreasonable Hardship Exception to Disabled Access Requirements (Form A)

(For existing Buildings Where the Cost of Construction does not exceed **\$136,050** (rev. 1-2012) Sec. 1134B.2.1 Exc. 1)

Please print legibly or type.

Project Address: _____

Permit Number _____

Project Description: _____

Total Construction Cost (project permit valuation)
 \$ _____

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create hardship may be exempted but not all of them.

Access Features Item <i>Provide description below</i>	Does this feature meet the latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making feature accessible? <i>(Documentation may be required)</i>
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The area of alteration itself may not be exempted.

- | | | | |
|---|-------|-------|----------|
| 1. Path of travel to entrance | _____ | _____ | \$ _____ |
| 4. Entrance | _____ | _____ | \$ _____ |
| 3. Path of travel within building/facility to area of remodel | _____ | _____ | \$ _____ |
| 4. Elevator | _____ | _____ | \$ _____ |
| 5. Sanitary facilities | _____ | _____ | \$ _____ |
| 6. Public Telephones <i>If provided</i> | _____ | _____ | \$ _____ |
| 7. Drinking fountains <i>If provided</i> | _____ | _____ | \$ _____ |
| 8. Other (Parking, etc.) | _____ | _____ | \$ _____ |

Total cost of access features provided (A) \$ _____

Total cost of construction (B) \$ _____

(A÷B) x 100% (20% minimum expenditure is required)..... % _____

Has the same tenant space been improved in the last three years? If yes, provide valuation. If not, enter "NO". _____

Description of access features to be provided: _____

Applicant Information

I certify that the above noted information is true and correct.

Name (print) _____	Signature	_____
Firm Address _____	Position	_____
_____	Phone	_____

FOR DEPARTMENT USE ONLY

Approved by _____	Title _____	Date _____
Denied by _____	Title _____	Date _____