# Accessibility Unreasonable Hardship Application

PLAN CHECK # _____

| PROJECT ADDRESS: | Number: | Street: | | City: San Jose | Zip: |
|---|---|---|---|---|---|

| TYPE OF USE check one: | ☐ Residential  ☐ Office  ☐ Retail  ☐ Lab  ☐ Manufacturing  ☐ Speculative  ☐ Service Station |
|---|---|
| | ☐ Bar/Restaurant  ☐ Clinic  ☐ Storage  ☐ Wholesale Food  ☐ Other: _____ |

Check one:

☐ **Option A.** This project does NOT exceed the valuation threshold per 2022 CBC 11B-202.4 Exception 8 and as shown at the Division of State Architect website.

☐ **Option B.** This project does exceed the valuation threshold per 2022 CBC 11B-202.4 Exception 8 and as shown at the Division of State Architect website.

☐ **Option C.** This project contains elements that make it technically infeasible to achieve full compliance with the applicable accessibility requirements due to Technical Infeasibility per 2022 CBC 11B-202.3 Exception 2 or due to Legal Constraints. *Documentation must be provided to support Option C.*

## ANALYSIS

| 1. **Total Project Construction Cost.** What is the cost of construction proposed under this permit? *Exclude the cost of accessibility upgrades as allowed by CBC 11B-202.4* | $ |
|---|---|

**2. Projects During Last Three Years at Site.** For each project along the same Path of Travel over the last three years at this Project 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.*

| PERMIT # | PROJECT DESCRIPTION | *excluding access features* PROJECT COST |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| **2a.** | SUBTOTAL: | $ |
| **3.** Add lines 1 and 2a. This sum may trigger Option B requirements. | TOTAL: | $ |
| **4.** Enter 20% of the total construction cost | .20 X Line 3: | $ |

**5. Accessible Elements of Project Property.** For each element listed below at the project property, indicate: Is the element accessible now? Will the element be altered? What is the estimated cost of the alteration? If there is no plan to alter an element, leave the cost field BLANK.

| ELEMENT ALONG PATH OF TRAVEL | IS ELEMENT ACCESSIBLE NOW? | WILL ELEMENT BE MADE ACCESSIBLE? | WHAT IS ESTIMATED COST OF IMPROVEMENT? |
|---|---|---|---|
| **5a.** Parking | ☐ No  ☐ Yes | ☐ No  ☐ Yes | $ |
| **5b.** Route from Parking to Entrance | ☐ No  ☐ Yes | ☐ No  ☐ Yes | $ |
| **5c.** Primary Entrance | ☐ No  ☐ Yes | ☐ No  ☐ Yes | $ |
| **5d.** Restrooms (Male and Female) | ☐ No  ☐ Yes | ☐ No  ☐ Yes | $ |
| **5e.** Telephones | ☐ No  ☐ Yes | ☐ No  ☐ Yes | $ |
| **5f.** Drinking Fountains | ☐ No  ☐ Yes | ☐ No  ☐ Yes | $ |
| **5g.** Signage | ☐ No  ☐ Yes | ☐ No  ☐ Yes | $ |
| **6. Total Cost of Proposed Accessibility Improvements Along Path of Travel:** Add lines 5a through 5g. Attach detailed cost estimate.   TOTAL: | | | $ |
| **7.** What is the **Total Cost of Improvements Needed to Achieve Full Compliance?** Attach detailed cost estimate. | | | $ |

*Continued >*

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**8.** Specify existing non-complying accessibility features for which a hardship is requested:

**FOR OPTION B ONLY**

**9.** Describe how equivalent facilitation will be provided for the features identified above in #8: Continue on separate sheet as needed

**FOR OPTION C ONLY**   On a separate sheet:

**10.** Provide a description for each element that meets the 2022 Code definition of "technically infeasible."

**11.** Describe why full access compliance is technically infeasible for each element.

**12.** If applicable, describe the legal constraint that would preclude complete access compliance.

## NOTES TO APPLICANT

- Address all of the above-listed criteria for the selected option in your request for an unreasonable hardship.
- Place emphasis on the elements that provide the greatest improvements to disabled access.
- A disproportionate cost must be established to qualify for a hardship.
- All details of any unreasonable hardship finding will be recorded and kept on file by the City and are subject to ratification through an appeals process.

## REQUIRED SIGNATURES

- I hereby affirm that the information provided on this form is true to the best of my knowledge. As the owner or authorized agent of the property or tenant space, 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.

● SIGNATURE of Property Owner or Authorized Agent       PRINT Name                                    DATE

● SIGNATURE of Design Professional                              PRINT Name                                    DATE