

## **CITY OF ISLETON Building Division** 101 2<sup>nd</sup> Street Isleton, CA 95641

## APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION TO DISABLED REQUIREMENTS

Please print legibly or type							
Project Address:	Pe	ermit #:		Valuati	on:		
Owner:	Те	Telephone:					
Applicant:	Те	Telephone:					
Architect/Designer:	Te	Telephone:					
Email:	En	Email:					
s requested that the above named project be granted an			-	xception	from the		
quirements of the State of California Title 24 Accessibility  Threshold Exception Calculation	as note	a below	<b>'-</b>				
BC Section 11B-202.4 Exception 8: Exception 8 is applica	able to e	xisting	Valu	ation Th	reshold Amount		
uildings undergoing alterations, additions and structural repa	,466.00*						
providing an accessible path of travel to the specific are	old based on the						
nd/or additions shall be limited to 20 percent of the adjusted state of the adjusted construction cost (ACC) is under	Janua	January 1981 ENR US20 Cities					
hreshold Amount and, if over the Valuation Threshold Amo				Aver	age CCI		
nall be cost of compliance be less than 20 percent.							
A		В		С	D		
		s this			If answered NO und		
rimary Accessible Path of Travel Features as listed in CBC	hapter the latest			ed NO,	column B, provide		
ection 11B-202.4 that are required to comply with Chapter 1B				is this	cost of making featu accessible? Attach		
ID .	edition of Title- 24, CBC			e going made	cost documentation		
		Chapter 11B?		liant to			
	·			s part of			
			this permit?				
A. Dath of Tax all from D. His Birth of Man decisions	YES	NO	YES	NO	Φ.		
Path of Travel from Public Right of Way to primary entrance.					\$		
B. Primary Entrance of the Building or Facility.					\$		
A. Path of travel within building/facility to area of alteration.					\$		
B. Elevator					\$		
At least one accessible restroom for each sex serving the					\$		
area of alteration, or a single accessible unisex restroom.							
Accessible telephones serving the area of alteration, if provided.					\$		
Accessible drinking fountains serving the area of					\$		
alteration, if provided		<u> </u>					
Additional Accessible Elements:					\$		
A. Parking serving the area of alteration, if parking exists or being provided.					\$		
B. Signs serving the area of alteration.			<del>                                     </del>		\$		
C. Storage serving the area of alteration, if provided			1 -		\$		
D. Notification Alarms serving the area of alteration.					\$		
. Total cost for full compliance					\$		
·							
Total cost of all features to be provided under this permit. Provided under this permit.							
2 table C of the access features being provided.			•		\$		
. The Adjusted Construction Cost (ACC) for all proposed							
<u>except</u> the accessible features noted above in Column construction cost is to include cost of subsequent alteration							
on the same path of travel that have been undertaken with							
alteration. The cost shall be considered in determining wh							
of travel accessible is disproportionate. List subsequent alt	\$						
ercentage of total cost of project: (B ÷ C) X 100					%		

B. Subsequent Alterations												
		_					_,					
	n documentation of p				-	. , , ,	•					
permit numbers under which the UHE was approved. Include the cost of subsequent alterations of that area or a different area on the same path of travel that have been undertaken within the last 3 years of the original alteration. This												
	•				ie last 3	3 years of the origi	nal alteration. This					
may require a Reco	ords Retrieval Reques	st for rec	ords in the las	st 3 years.								
Δ.	В		С			E	F					
Α	В		C	D		% of ACC	F					
Permit #	Title of Proje	ct	Adjusted	Cost o	f all	towards	Remaining					
T GIIIII #	Title of Froje	Cl	Constructio			accessible	Valuation not					
			Cost (ACC			features listed	meeting 20%					
			0001 (7100)	listed per		in the	provisions					
				Colum		approved UHE	p					
						form						
			\$	\$			\$					
			\$	\$			\$					
			\$	\$			\$					
Sum of remaining va	aluation under colum	n F:										
	cluded in Table A on						\$					
D. Description of access features provided under this permit												
•	In choosing which accessible elements to provide, priority shall be given to those elements that will provide the greatest											
access as listed in Table A items 1 through 6.												
☐ See attached												
The following indivi		e informa	tion on this	form								
E. Responsible Pa												
Name of Architect/D	Designer:			Name of Owr	ner:							
A 1 1												
Address:			'	Address:								
City ::	Ctoto	7:		201								
City:	State:	Zip:	'	City: State: Zip:								
Signature:	D	ate:		Signature: Date:								
olgitature.	D	aic.	`	Signature.								
Email:	Email:											
	Liliali.											
			<u> </u>									
For City Use Only:												
Date Received:		Re	ceived by:									
Findings and Decision	ons											
□ See attached												
Decision												
-	nted: It is determine			•								
	ull compliance shall r				-	• •						
_	t possible without cre	-		•			-					
	of the Adjusted Co											
	ion 11B-202.4 of Titl	e 24 Part	2. Access to	eatures listed	on this	s form will be sno	wn on the plans as					
part of this peri				( D '' I I' O (	··· · · ·							
<u>-</u>	ed: Findings and dete		•	•		nall be subject to r	atification through					
an appeals pro	cess. Appeals must l	be applied	t for within 30	days of this	denial.							
Name of Plans Examiner Signature of Plans Examiner					 Date							
riame di Fians Examinei Signature di Plans Examinei D					Dale							
Chief Building O	Official	Signatu	re of Chief Bu	ilding Official	 I	Date						
orner banding O	Building Official Signature of Chief Building Official			•	Date							