



777 Cypress Ave.
 Redding CA 96001
 (530) 225-4013 – Fax (530) 225-4360

APPLICATION FOR HARDSHIP EXCEPTION TO ACCESSIBILITY WORKSHEET

VALUATION THRESHOLD AMOUNT: \$170,466.00
 (AS OF JANUARY 1, 2020)

The following individuals provided information listed below. It is requested that the project listed below be granted an exception from the requirements of the State of California Title 24 accessibility as specifically noted below:

Please print legibly or type

| | | |
|----------------------|--------------------------------------|----------|
| Project Address | Plan Check Number | |
| Owner/Tenant | Telephone <i>(Include Area Code)</i> | |
| Address | City /State | Zip Code |
| Signature (Required) | Date | |
| Architect/Designer | Telephone <i>(Include Area Code)</i> | |
| Address | City /State | Zip Code |
| Signature (Required) | Date | |

Please list alterations performed over the last three years in this tenant space and provide the valuation of all work performed excluding the cost of accessibility upgrades.

| Permit Number | Date | Description | Valuation |
|---------------|-------|-------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | | | |
|---|---------------------------------|--|-------------|
| FOR CITY USE ONLY | Date Received | | Received By |
| Findings and Decisions of the Enforcing Official | | | |
| <input type="checkbox"/> Request granted. <input type="checkbox"/> General Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of Title 24. Access features listed in Part I of this form shall be provided as part of this permit. <input type="checkbox"/> Specific Exception(s) request is approved based on Section(s) _____. All other access features shall be provided as specified in Title 24. <input type="checkbox"/> Ratification required. This decision must be ratified by the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the Board can hear the request. <input type="checkbox"/> Request denied. If you disagree with this determination, you may seek an appeal through the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the Board can hear the request. | | | |
| Name of enforcing official <i>(please print)</i> | Signature of enforcing official | | Date |

Part I - Fill out this part if under the Valuation Threshold Amount (January 1, 2020 : \$170,466.00).

Section 1134B General Exception — Applicable to existing buildings where the construction cost over the last three years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted, but not all the accessibility features.

| Access Features | 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? (Attach Documentation) |
|---|---|--|---|
| Item <i>(provide description below)</i> | | | |
| 1. An accessible entrance. (i.e. Public way to front door, including parking) | _____ | _____ | \$ _____ |
| 2. Path of travel within building/facility to area of remodel. | _____ | _____ | \$ _____ |
| 3. Elevator. | _____ | _____ | \$ _____ |
| 4. Sanitary facilities. | _____ | _____ | \$ _____ |
| 5. Public telephones <i>(if provided)</i> . | _____ | _____ | \$ _____ |
| 6. Drinking fountains <i>(if provided)</i> . | _____ | _____ | \$ _____ |
| 7. Other <i>(specify)</i> . | _____ | _____ | \$ _____ |
| Total cost of accessible features provided (A) | | | \$ _____ |
| Total cost of construction of this project and all other work performed over the last three years, excluding the cost of accessibility upgrades in this tenant space (B) | | | \$ _____ |
| Percentage of the cost of the project without those features (20% minimum): $(A \div B) \times 100$ | | | _____ |
| Description of accessible features to be provided from above. | | | |

Part II - Fill out this part if over the Valuation Threshold Amount and/or requesting exception from Part I.

Specific Exceptions: This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

| Exceptions Requested | Code Section/Exception | Cost of Making Features Accessible (Attach Documentation) |
|-----------------------------|-------------------------------|--|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total | | \$ _____ |

Description of hardship

The cost of all construction contemplated is \$ _____

The accessible feature increases the cost of construction by *percentage of construction cost* _____

The impact on financial feasibility of the project if the requested exception is not approved is _____

The facility is used by the general public for the purpose of _____