



UNREASONABLE HARDSHIP REQUEST

For Projects with an Adjusted Construction Cost Exceeding the Current Valuation Threshold and Requesting Exceptions to Disabled Access Regulations as per section 11B 202.4 exception 8, Title 24 (Page 1 of 2)

1. Site Address: _____
2. Floor: _____
3. Permit Application No.: _____
4. Hardship Request No.: _____
5. Existing Use: _____
6. Proposed Use: _____
7. Existing Occupancy: _____
8. Proposed Occupancy: _____
9. Description of proposed work which triggers access compliance upgrades: _____

CBC Section 11B-202.4, exception 8. When the adjusted construction cost exceeds the current valuation threshold, and the Department determines that the cost of compliance with section 11B-202.4 is an unreasonable hardship ...full compliance shall not be required. Compliance shall be provided by equivalent facilitation or to the greatest extent possible without creating an unreasonable hardship. In no case shall the cost of compliance be less than 20% of the adjusted construction cost.

We request that this project be granted an exception from the following specified requirements of Title 24 Part 2 of the California Code of Regulations because compliance would create an unreasonable hardship as defined in Section 202 of Title 24.

10. The access feature(s) that will not be provided is (are) :

- | | |
|--|---|
| <input type="checkbox"/> a. Accessible Entrance. | <input type="checkbox"/> b. An accessible route to the area of remodel. |
| <input type="checkbox"/> c. Accessible restrooms. | <input type="checkbox"/> d. Accessible public pay phones. |
| <input type="checkbox"/> e. Accessible drinking fountain. | <input type="checkbox"/> f. Accessible signage. |
| <input type="checkbox"/> g. Visual alarms, storage and additional parking. | |

11. Detailed description of the accessible feature(s) that will not be provided. What is the condition now? Note location on the plans or provide attachments if necessary. _____

12. Total adjusted cost of construction for the project: _____

13. A. Cost of the accessible feature(s), which will not be provided: _____

B. Percentage of total cost shown on Line 12 (divide line 13 by line 12): _____

14. Reference drawings and give a description of how compliance will be provided to the maximum extent possible:

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15. Applicant's Name (Print): _____
 Owner Tenant Agent

Applicant's Signature: _____

16. Applicant's Address: _____

FOR THE BUILDING DEPARTMENT STAFF USE ONLY

This exception for unreasonable hardship is:

GRANTED FOR THIS PERMIT ONLY AND-REQUIRES CBO APPROVAL

DENIED*

Based on Section(s): _____ of the San Pablo Building Code.

Plans reviewed by (print name): _____

Signature of the Plans Examiner: _____ Date: _____

Denied for the following reason(s): _____

*Signature of the Group Supervisor: _____ Date: _____

*(needed only when Denied)

All Unreasonable hardship requests will be submitted to the Chief Building Official for ratification unless it is denied.

If your Unreasonable Hardship Request is denied, the plans examiner shall inform you of the reasons for denying that request. In addition, the plans examiner's group supervisor shall provide you with a second opinion regarding the denial. If the Department denies your request for an Unreasonable Hardship, you may file an appeal with the Chief Building Official.

Please submit appeals in person to:

Community Development Department Building Services
1000 Gateway Avenue, San Pablo, CA 94806
Main: 510-215-3030
Fax: 510-215-3014
www.SanPabloCA.gov