



City of Colton

659 N. La Cadena Dr.
 909-370-5079 P.
 909-783-0875 F.
 www.coltonca.gov

**APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION TO
 DISABLED ACCESS REQUIREMENTS**

HARDSHIP DOCUMENTATION NO.: _____

PLAN CHECK NO.: _____ DATE: _____

BUSINESS NAME

PETITIONER/PROJECT OWNER	ARCHITECT/CONTRACTOR
JOB ADDRESS	ADDRESS
PHONE	PHONE

It is requested that the above named project be granted an exception from the requirements of the State of California Title 24 accessibility, as specifically noted below and is not an exemption from compliance with the American With Disabilities Act Guidelines/Requirements

A. Section 11B-202.4 General Exception. Applicable to existing buildings where the construction cost at this tenant space over the last 3 years does not exceed the valuation threshold amount. The specific accessibility feature that creates a hardship may be exempted but not all the accessibility features. The area of alteration itself may not be exempted. Refer to http://www.dgs.ca.gov/dsa/Programs/progAccess/threshold.aspx for current threshold amount.	Valuation Threshold	
	Amount:	\$170,466.00
	Time Period:	1/1/2020 to 12/31/2020

PRIORITY LEVEL	ACCESS FEATURES	MEETS THE LATEST EDITION OF TITLE 24? (y=YES; n=No; P=Partial)			IF NOT, WILL IT BE MADE ACCESSIBLE AS PART OF THIS PERMIT?			ATTACH A SEPARATE COST ESTIMATE SHEET FOR ACCESS FEATURES AND CONSTRUCTION COSTS	
		Y	N	P	Y	N	P		
1	A <input type="checkbox"/> Entry <input type="checkbox"/> Ramp <input type="checkbox"/> Landing <input type="checkbox"/> Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	B Accessible Parking Space(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	B Path of Travel from Parking Lot to Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	B Path of Travel from Public Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	B Path of travel - Within Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	C Sanitary Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	D Public Telephones, if Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	E Assessable Drinking Fountains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	F Elevator <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	F Other (Specify): <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Total cost of all construction for this project:							
		Total cost of providing access features (A):							
		*Total cost of construction last 3 years):							
		Access compliance features % of construction cost:							#DIV/0!

Description of feature(s) provided:



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HARDSHIP DOCUMENTATION NO. 0

PLAN CHECK NO. 0 DATE: 0

Alterations performed Over the Last Three Years. *included cost of other work performed over the last 3 years in total valuation B (see page 1) unless 20% of valuations of individual remodel has already been expended on access features. Provide documentation below, including any previously approved Unreasonable Hardship Forms.

ALTERATIONS PERFORMED OVER THE LAST THREE YEARS IN THIS TENANT SPACE

PERMIT NUMBER	DATE	VALUATION	WAS 20% OF PROJECT COST SPENT ON ACCESS FEATURES?	TOTAL COST
TOTAL				0

The individual signing this request certifies the data submitted represents the cumulative construction costs on the facility or suite over the preceding three year period.

 PETITIONER SIGNATURE DATE

FOR JURISDICTION USE ONLY

- REQUESTED GRANTED

- GENERAL UNREASONABLE HARDSHIP EXCEPTION REQUEST IS APPROVED BASED ON SECTION 11B-202 OF TITLE 24. ACCESS FEATURES LISTED IN PARTS OF THIS FORM SHALL BE PROVIDED AS PART OF THIS PERMIT

- SPECIFIC EXCEPTION(S) REQUESTED IS/ARE APPROVED BASED ON SECTION(S) _____ ALL OTHER ACCESS FEATURES SHALL BE PROVIDED AS SPECIFIED IN TITLE 24

- REQUEST DENIED. IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY SEEK AN APPEAL THOROUGH THE CHIEF BUILDING OFFICIAL.

Ramon Hernandez

 BUILDING OFFICIAL (Please print)

 RECOMMENDED BY; (Please print)

 SIGNATURE

 DATE

 SIGNATURE



"RESPONSE"
TO UNREASONABLE HARDSHIP EXCEPTION TO DISABLED ACCESS
REQUIREMENTS

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Plan Check Number: _____ 0
Date: _____ 0

Project Name: _____
Project Address: _____ 0
Document No. _____ 0

Action Taken:

Comments:

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Action Taken By:
City of Colton Building Official, Ramon Hernandez,CBO _____