ONE TWIN PINES LANE,
SUITE 110
BELMONT, CA 94002
(650) 595-7422
www.belmont.gov

Community Development Permit Center

UNREASONABLE HARDSHIP FORM

The State of California requires that non-residential buildings, when altered, remodeled, or repaired, must be made accessible to persons with physical disabilities (California Code of Regulations, Title 24 Part 2). This requirement pertains to area/s of specific alteration, repair or addition and includes the following areas:

- An accessible entrance.
- An accessible route to the altered area;
- At least one accessible restroom for each sex;
- Accessible telephones;
- Accessible drinking fountains; and
- When possible, additional accessible elements such as parking, storage and alarms.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the order above.

Where the cost of the work does not exceed the current threshold established by DSA **($186,172.00)** and the cost of providing access is disproportional to the cost of the work, access shall be provided to the extent possible without incurring disproportionate cost, provided the Building Official finds that compliance with this requirement creates an unreasonable hardship. Disproportionate cost occurs when the cost of the above alterations necessary to make these features accessible exceeds 20% of the cost of the project without those features. (2019 California Building Code Section CBC 11B-202.4 Exception 8).

If you believe a finding of unreasonable hardship should be made for you specific project and conditions, please complete the following part of this handout.

1. Project Description (include specific uses, size, functions, number of employees, etc):
   _____

2. Project Address:_____

3. Property Owner's Name: _____

   Address:_____

4. Architect's Names: _____

   Address:_____

5. The basis for a Finding of Unreasonable Hardship is: _____

_____

_____

6. Total Project cost and cost of required disable access features:

   Total Project Cost for all work contemplated (not including required access features) is: $ _____
   The total cost for all required disabled access features required under 11B-202.4 is: $ _____
   The percent of all required disabled access features to total project cost is: _____%

7. If a finding of unreasonable hardship is made, the applicant purposes to include the following Disabled access features long with the associated costs:

   a. _____ $ _____
   b. _____ $ _____
   c. _____ $ _____
   d. _____ $ _____
   e. _____ $ _____
   f. _____ $ _____
   g. _____ $ _____
   h. _____ $ _____

   Total cost of all proposed Disabled Access Features is: $ _____
   Percent of all proposed Access Features to Total Project Cost (minimum 20%) _____%

NOTE: The determination of unreasonable hardship from this documentation does not approve a blanket exemption from disabled access requirements; equivalent facilitation must be provided.

Submitted by (print name) _____ Title _____

Address: _____

Phone: _____ Email address: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Approved by: _____ Date: _____

Conditions of Approval, is any: _____
_____
_____
_____
_____

Building Permit #: _____ Date Received: _____