



City/County of [NAME OF CITY]  
LARUCP INFORMATION BULLETIN DA-01



## Unreasonable Hardship Determination

Effective: 01-01-2011  
Revised: 01-31-2011

The purpose of this Information Bulletin is to alert designers, tenants and owners of public buildings, public accommodations, commercial buildings and publicly funded housing that exception to full compliance for disabled access upgrades as required by Chapter 11B of the 2010 California Building Code may be considered with a determination of unreasonable hardship from the Authority Having Jurisdiction.

When the total construction cost of **alterations, structural repairs, or additions** to existing buildings and facilities does not exceed a valuation threshold of **\$132,536.28** and the Authority Having Jurisdiction finds that full compliance with the requirements for disabled access upgrades serving the area of alteration, structural repair, or addition creates an "unreasonable hardship," an exception can be granted to allow for less than full compliance for the upgrades. This determination for "unreasonable hardship," as detailed in Section 1134B.2.1 of the 2010 California Building Code, can be requested when the cost of providing the disabled access upgrades is disproportionate to the total construction cost; that is, where it exceeds 20% of the cost of the project without these upgrades. Under this determination, upgrades will still need to be made, but only to the point where the upgrade costs are disproportionate (i.e. 20% of the total construction cost will be required to be spent toward these upgrades).

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

1. An accessible building entrance and an accessible path of travel to this entrance from the public sidewalk and the disabled parking space.
2. An accessible route of travel from the accessible building entrance to the area of alteration, structural repair, or addition.
3. At least one accessible restroom for each sex serving the area of alteration, structural repair, or addition.
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition.
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition.
6. Additional accessible elements such as parking, storage, and alarms.

The plan check staff reviewing your project can provide additional information regarding the "unreasonable hardship" determination.



City/County of [NAME OF CITY]

# Application for Unreasonable Hardship to Disabled Access Requirements



*(For existing buildings where cost of construction does not exceed \$132,536.28 (rev. 1-2011) Sec. 1134B.2.1 Exception 1)*

|  |   |
|--|---|
| Project Address:<br><b>333 W. Ocean Boulevard</b>          | Project #:<br><b>123456</b>                                   |
| Project Description:<br><b>Office tenant improvements.</b> | Total Construction Cost/Project Valuation<br>\$ <b>75,000</b> |

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. **The area of alteration itself may not be exempted.**

| Access features item<br>Provide description below  | Does this feature meet 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? ( <i>Documentation may be required</i> ) |
|--|--|---|--|
| 1. Path of travel to entrance  | YES  | _____   | \$ _____   |
| 2. Entrance to Building  | YES  | _____   | \$ _____   |
| 3. Path of travel within building / facility to area of remodel  | YES  | _____   | \$ _____   |
| 4. Elevator  | NA   | _____   | \$ _____   |
| 5. Restrooms   | NO   | YES _____   | \$ <b>18,000</b>   |
| 6. Public telephones if provided   | NA   | _____   | \$ _____   |
| 7. Drinking fountains if provided  | NA   | _____   | \$ _____   |
| 8. Other (parking, etc.)   | YES  | _____   | \$ _____   |
| Total cost of access features provided (A) .....   |  |   | \$ <b>18,000</b>   |
| Total cost of construction (B) .....   |  |   | \$ <b>75,000</b>   |
| (A ÷ B) x 100% (20% minimum expenditure is required) .....   |  |   | <b>24%</b>   |
| Has the same tenant performed work in the same tenant space, within the last three years?                    |  |   | <b>NO</b>  |
| Description of access features to be provided <b><i>Provided accessible men's and women's restrooms.</i></b> |  |   |  |

### APPLICANT INFORMATION

I certify that the above noted information is true and correct.

Name (print) John Smith Signature John Smith  
Firm address 201 N. Figueroa Street, Suite #110, Los Angeles, CA 90012 Position Architect

### FOR DEPARTMENT USE ONLY

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Denied by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



City/County of [NAME OF CITY]

# Application for Unreasonable Hardship to Disabled Access Requirements



*(For existing buildings where cost of construction does not exceed \$132,536.28 (rev. 1-2011) Sec. 1134B.2.1 Exception 1)*

|                      |   |
|----------------------|---|
| Project Address:     | Project #:  |
| Project Description: | Total Construction Cost/Project Valuation<br>\$ _____ |

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. **The area of alteration itself may not be exempted.**

| Access features item<br>Provide description below   | Does this feature meet 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? <i>(Documentation may be required)</i> |
|---|--|---|--|
| 1. Path of travel to entrance   | _____  | _____   | \$ _____   |
| 2. Entrance to Building   | _____  | _____   | \$ _____   |
| 3. Path of travel within building / facility to area of remodel                                 | _____  | _____   | \$ _____   |
| 4. Elevator   | _____  | _____   | \$ _____   |
| 5. Restrooms  | _____  | _____   | \$ _____   |
| 6. Public telephones if provided  | _____  | _____   | \$ _____   |
| 7. Drinking fountains if provided   | _____  | _____   | \$ _____   |
| 8. Other (parking, etc.)  | _____  | _____   | \$ _____   |
| Total cost of access features provided (A) .....  |  |   | \$ _____   |
| Total cost of construction (B) .....  |  |   | \$ _____   |
| (A ÷ B) x 100% (20% minimum expenditure is required) .....                                      |  |   | _____  |
| Has the same tenant performed work in the same tenant space, within the last three years? _____ |  |   |  |
| Description of access features to be provided _____   |  |   |  |
| _____   |  |   |  |

### APPLICANT INFORMATION

I certify that the above noted information is true and correct.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Firm address \_\_\_\_\_ Position \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Denied by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_