



**County of Santa Clara**  
County Government Center, East Wing  
70 West Hedding Street, 7th Floor  
San José, California 95110

**Department of Planning and Development**  
Development Services Division - Building Section  
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## **APPLICATION FOR UNREASONABLE HARDSHIP** **EXCEPTION TO DISABLED ACCESS REQUIREMENTS**

Submit two copies of application, including site plan/floor plans, showing the proposed accessible features upgrade on 11"x17" min. sheets.

PROJECT ADDRESS:	_____	PERMIT #:	_____
OWNER NAME:	_____	PHONE NUMBER:	_____
APPLICANT NAME:	_____	PHONE NUMBER:	_____
PROJECT DESCRIPTION:	_____		

**PART 1:** CBC 11B-202.4, Applies to existing buildings where the total valuation of all construction performed at this tenant space over the last three years does not exceed the valuation threshold **\$ 203,611.00 as of January 2025**, taken from the following link: <https://www.dgs.ca.gov/DSA/News/Page-Content/Division-of-the-State-Architect-News-List-Folder/Valuation-Threshold-Update-for-2025?search=Threshold>

An unreasonable hardship exists when the cost of providing an accessible entrance, path of travel, sanitary facilities, public phones and drinking fountains is disproportionate to the cost of alteration exceeds 20% of the project cost without these features.

**Upgrades shall be dedicated to access features in the following order until the 20% additional cost limit is reached or all applicable access features serving area of alteration comply with 2022 CBC provisions:**

**PROVIDE ITEMIZED TIME & MATERIAL COST ESTIMATE OF DISABLED ACCESS IMPROVEMENTS REQUIRED FOR FULL ACCESS COMPLIANCE**

### **1. PRIMARY ENTRANCE/PATH OF TRAVEL TO ENTRANCE:**

NEW DOOR:	\$ _____	DOOR LEVER HARDWARE:	\$ _____
DOOR SIDESTRIKE CLEARANCE:	\$ _____	DOOR THRESHOLD:	\$ _____
LANDING AT ENTRY DOOR:	\$ _____	ACCESS SYMBOL SIGN:	\$ _____
DOOR KICKPLATE:	\$ _____	WALKWAY APPROACH:	\$ _____
VERTICAL ACCESS TO ENTRY DOOR:	\$ _____	OTHER:	\$ _____

### **EXTERIOR PATH OF TRAVEL FROM SIDEWALKS, STREETS, & PARKING AREAS TO ENTRANCE:**

DETECTABLE WARNINGS:	\$ _____	PATH OF TRAVEL CROSS SLOPE:	\$ _____
PATHWAY PROTRUDING:	\$ _____	PATH OF TRAVEL SLOPE:	\$ _____
OBSTRUCTIONS:	\$ _____	PEDESTRIAN RAMPS/HANDRAILS:	\$ _____
WALKWAY:	\$ _____	CURB/WHEELGUARDS:	\$ _____
OTHER:	\$ _____		

**TOTAL COST OF IMPROVEMENTS FOR PRIMARY ENTRANCE:** \$ \_\_\_\_\_

### **2. PATH OF TRAVEL TO AREA OF PROPOSED IMPROVEMENTS:**

#### **INTERIOR PATH OF TRAVEL FROM BUILDING ENTRANCE TO ALTERED AREA:**

DOOR LANDINGS:	\$ _____	ACCESS RAMP & HANDRAILS:	\$ _____
CLEAR SPACE ON EACH SIDE OF DOORWAYS:	\$ _____	STAIRWAY STRIPING & HANDRAILS:	\$ _____
DOOR LEVER HARDWARE ON PATH:	\$ _____	INTERIOR HALLWAY WIDTH/HEIGHT:	\$ _____
DOOR SIDE STRIKE CLEARANCE:	\$ _____	LIFTS:	\$ _____
OTHER:	\$ _____	ELEVATORS:	\$ _____
		SIGNS:	\$ _____

**TOTAL COST OF PATH OF TRAVEL IMPROVEMENTS:** \$ \_\_\_\_\_

### **3. RESTROOMS:**

ENLARGE ROOM:	\$ _____	MODIFY FIXTURES:	\$ _____
NEW DOOR:	\$ _____	DOOR LEVER HARDWARE:	\$ _____
DOOR ACCESS SIGNS:	\$ _____	GRAB BARS:	\$ _____
RELOCATE FIXTURES:	\$ _____	RELOCATE ACCESSORIES:	\$ _____
LAVATORY PIPE COVER:	\$ _____	PROVIDE 2ND RESTROOM:	\$ _____
OTHER:	\$ _____		

**TOTAL COST OF RESTROOM IMPROVEMENTS:** \$ \_\_\_\_\_

### **4. MISCELLANEOUS:**

DRINKING FOUNTAIN:	\$ _____	OTHER:	\$ _____
PUBLIC TELEPHONE:	\$ _____		

**TOTAL COST OF MISCELLANEOUS IMPROVEMENTS:** \$ \_\_\_\_\_

**5. PARKING:**

NEW STRIPING:	\$ _____	RESTRIPE EXISTING:	\$ _____
CURB RAMP:	\$ _____	DETECTABLE WARNINGS:	\$ _____
PARKING ENTRY/STALL SIGN:	\$ _____	PROVIDE VAN ACCESSIBLE PARKING:	\$ _____

**TOTAL COST OF DISABLED PARKING IMPROVEMENTS:** \$ \_\_\_\_\_

**6. STORAGE AND ALARMS:**

ACCESS TO STORAGE AREAS:	\$ _____	ALARMS:	\$ _____
OTHER:	\$ _____		

**TOTAL COST OF STORAGE AND ALARMS:** \$ \_\_\_\_\_

**A. IDENTIFY THE ACCESSIBILITY FEATURES WHICH WILL BE PROVIDED OR BROUGHT INTO COMPLIANCE AS REQUIRED BY CODE:**

- |          |          |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |
| 6. _____ | \$ _____ |
| 7. _____ | \$ _____ |

**TOTAL COST OF ACCESS FEATURE UPGRADES \$ \_\_\_\_\_**

**B. DESCRIBE THE NATURE OF THE USE OF THE FACILITY UNDER CONSTRUCTION AND ITS AVAILABILITY TO DISABLED PERSONS:**

\_\_\_\_\_

\_\_\_\_\_

**C. DESCRIBE THE IMPACT OF THE REQUIRED ACCESS IMPROVEMENTS ON FINANCIAL FEASIBILITY OF THE PROJECT:**

\_\_\_\_\_

\_\_\_\_\_

**D. PROPORTIONATE COST ANALYSIS: (attach documentation)**

<b>TOTAL COST OF ALL DISABLED ACCESS IMPROVEMENTS:</b>	\$ _____
<b>ADDITIONAL PROJECT COST DEDICATED TO ACCESS FEATURE UPGRADES (minimum 20%):</b>	\$ _____
<b>TOTAL COST OF PROJECT IMPROVEMENTS LESS DISABLED ACCESS FEATURES:</b>	\$ _____
<b>TOTAL COST OF IMPROVEMENTS AT THE SUBJECT SITE FOR THE LAST THREE YEARS*:</b>	\$ _____

Alterations performed over the last three years in this tenant space\*:

Permit number: \_\_\_\_\_ Date: \_\_\_\_\_ Valuation: \$ \_\_\_\_\_ Was additional 20% spent to upgrade access features? Y\_\_N\_\_

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Permit number: \_\_\_\_\_ Date: \_\_\_\_\_ Valuation: \$ \_\_\_\_\_ Was additional 20% spent to upgrade access features? Y\_\_N\_\_

**TOTAL COST OF IMPROVEMENTS FOR THE LAST THREE YEARS (without the 20% upgrade):** \$ \_\_\_\_\_

\*Include cost of work performed over the last three years in total valuation unless 20% additional cost dedicated to upgrades of access features (provide documentation including any previously approved unreasonable hardship forms).

**PART 2: Specific exceptions (do not use this portion if PART 1 has been completed)**

This part is applicable to projects in Existing Buildings that exceed the valuation threshold per CBC Section 11B-202, or some portions of New Construction where specifically allowed due to **Legal, or Physical Constraints**. California Title 24 access regulations allow the Authority Having Jurisdiction (AHJ) to approve certain exceptions and/or to approve equivalent facilitation in certain circumstances when a finding of unreasonable hardship is made. The following information is needed to assist the AHJ with your request.

Exceptions/ Equivalent facilitation requested	Code section/exception	Cost of accessibility upgrades (attach documentation)
		\$
		\$
		\$
	<b>TOTAL</b>	\$

A. DESCRIBE HOW THE PROPOSED FEATURES/EQUIVALENT FACILITATION WILL MEET THE EXCEPTIONS PROVISION OF THE REFERNCED CODE SECTION(S): (Attach letter for explanation if necessary)

B. DESCRIBE THE NATURE OF ACCESS WHICH WOULD BE GAINED OR LOST:

C. DESCRIBE THE NATURE OF THE USE OF THE FACILITY UNDER CONSTRUCTION AND ITS AVAILABILITY TO DISABLED PERSONS:

D. DESCRIBE THE IMPACT OF THE REQUIRED ACCESS IMPROVEMENTS ON LEGAL OR PHYSICAL CONSTRAINTS OF THE PROJECT:

E. PROPORTIONATE COST ANALYSIS: (attach documentation)

<b>TOTAL COST OF ALL DISABLED ACCESS IMPROVEMENTS:</b>	\$ _____
<b>ADDITIONAL PROJECT COST DEDICATED TO ACCESS FEATURE UPGRADES (minimum 20%):</b>	\$ _____
<b>TOTAL COST OF PROJECT IMPROVEMENTS LESS DISABLED ACCESS FEATURES:</b>	\$ _____
<b>TOTAL COST OF IMPROVEMENTS AT THE SUBJECT SITE FOR THE LAST THREE YEARS*:</b>	\$ _____

Alterations performed over the last three years in this tenant space\*:

Permit number: \_\_\_\_\_ Date: \_\_\_\_\_ Valuation: \$ \_\_\_\_\_ Was additional 20% spent to upgrade access features? Y\_\_N\_\_

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TOTAL COST OF IMPROVEMENTS FOR THE LAST THREE YEARS (without the 20% upgrade): \$ \_\_\_\_\_

\*Include cost of work performed over the last three years in total valuation unless 20% additional cost dedicated to upgrades of access features (provide documentation including any previously approved unreasonable hardship forms).

I CERTIFY THAT THE VALUE OF ALL PROPOSED CONSTRUCTION COVERED BY THE PERMIT APPLICATION IS TRUE AND ACCURATE. AS THE OWNER OF THE PROPERTY, OR TENANT SPACE, OR AN AUTHORIZED AGENT REPRESENTING THE OWNER, BY SIGNING BELOW I AM ACKNOWLEDGE THAT I UNDERSTAND THAT ALTHOUGH THE PROJECT IS IN COMPLIANCE WITH CALIFORNIA BUILDING CODE REQUIREMENTS, THE LIMITED DISABLED ACCESS UPGRADES SHOWN ON THIS FORM WILL NOT LIMIT OR ABSOLVE MY LIABILITY UNDER THE AMERICAN'S WITH DISABILITY ACT.

NAME OF APPLICANT/DESIGN PROFESSIONAL/CONTRACTOR

SIGNATURE

DATE

**FOR OFFICE USE ONLY**

FINDINGS AND DECISIONS OF ENFORCING OFFICIAL:

☐ REQUEST GRANTED

☐ REQUEST DENIED

SIGNATURE OF ENFORCING OFFICIAL

DATE