



UNREASONABLE HARDSHIP REQUEST CONSTRUCTION VALUATION FORM

Town of Paradise
Community Development Department
Building Resiliency Center
6295 Skyway
Paradise, CA 95969
(530) 872-6291 x411

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel must be provided to the specific area of construction.

When the adjusted construction cost¹ of **alterations, structural repairs, or additions to existing buildings and facilities** including alterations done without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within 3 years of the original alteration, does not exceed a valuation threshold of **\$200,399.00** the cost of compliance with Section 11B-202.4 exception 8 of the 2022

California Building Code, compliance shall be provided to the greatest extent possible without exceeding 20% of the adjusted construction cost of alterations, structural repairs or additions.

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 entrance;
2. An accessible route to the area of alteration, structural repair, or addition (see definition of accessible route Section 202 & 11B-206.2.1 for more information on accessible routes and site arrival points);
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; and
6. When possible, additional accessible elements such as additional parking, storage, signs and alarms.

Please complete the attached worksheet and prepare a site and floor plan of the existing and proposed accessibility improvements along the accessible route to the area of alteration that shall be submitted to the Building Division in duplicate, prior to completing your plan review. One copy of the approval or denial of the unreasonable hardship request will be returned to the applicant.

Please note that this request for hardship is subject to approval by the Building Official and a ratification process by the access appeals board.

Additionally, barrier removal is an ongoing obligation for ADA and this application does not exempt the applicant of any obligations to removing barriers in a reasonable time frame and by signing this report you understand that this 20% is for this addition / alteration alone.



UNREASONABLE HARDSHIP REQUEST CONSTRUCTION VALUATION FORM

Town of Paradise
Community Development Department
Building Resiliency Center
6295 Skyway
Paradise, CA 95969
(530) 872-6291 x411

Required for any renovation, structural repair, alterations and additions to existing buildings, including those identified as historic buildings.

(For Existing Buildings Where Cost of Construction Does not Exceed \$195,358.00.)
2022 California Building Code section 11B-202 with Exceptions

Project Address: _____

Permit No. _____

Project Description: _____

Construction Cost: \$ _____

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. Specific accessibility features that create a hardship may be exempted. **(The area of alteration shall comply)**

Access Features (in order of priority)	Complies to current requirements	Cost to comply with current code requirements	Proposed accessible items to be brought into compliance (in order of priority)
1. An accessible entrance	__ Yes __ No	\$ _____	_____
2. An accessible route to the altered area, including parking	__ Yes __ No	\$ _____	_____
3. At least one accessible restroom for each gender	__ Yes __ No	\$ _____	_____
4. Accessible telephones	__ Yes __ No	\$ _____	_____
5. Accessible drinking Fountains	__ Yes __ No	\$ _____	_____
6. When possible, additional accessible elements such as storage and alarms	__ Yes __ No	\$ _____	_____
A. Total cost of access features		\$ _____	_____
B. Cost of proposed construction		\$ _____	_____
C. Hardship upgrades within last 3 years		\$ _____	_____
D. 20% of amount on line B		\$ _____	_____
E. Line D amount – Line C amount =		\$ _____	_____

ALL ITEMS LISTED ABOVE MUST BE INCORPORATED INTO SUBMITTED PLANS AND DETAILED APPROPRIATELY

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: _____

This document shall be part of the Building plans and shall be entered in the job file of the enforcing agency