

Application for Unreasonable Hardship to Disabled Access Requirements (Form "B")
(For new or existing buildings/facilities due to financial, legal, or physical constraints)

Project Address: _____ Plan Check # _____

Project Description: _____ Total Construction Cost: \$ _____

It is requested that the above project be granted exemption(s) from the requirements of the State of California Title 24, Accessibility Regulations, based on code section(s) as listed below:

Access Features Item	Code Section/Exception	Cost of Making Features Accessible (Documentation may be required)
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
		Total \$ _____

Description of Hardship: (attach letter if necessary)

The cost of all construction contemplated.....\$ _____

The access feature(s) increase the cost of construction by.....\$ _____

The impact on financial feasibility of the project if the requested exemption(s) is not approved is: _____

The facility is used by the general public for the purpose of: _____

The facility is available to persons with disabilities by: _____

Equivalent facilitation provided (if any): _____

Applicant Information

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

Name (print) _____ Signature _____

Firm Address _____ Position _____

For Department Use Only

Item(s) _____ exemption approved based on section(s) _____ All other access features are not exempted.

Approved By _____ Title _____ Date _____

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