



**CITY OF TUSTIN
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION**

**Application for Unreasonable Hardship
To Disabled Access Requirements**

Fee Paid (Y/N) \$300
Receipt No. _____
Date Submitted _____

Plan Check No.: _____ Total Cost of Proposed Project: \$ _____

Project Description: _____

Project Address: _____

Owner/Applicant: (print): _____ Telephone No.: _____

CBC Section 11B-202.4 Exception 8: Applicable to existing buildings where total valuation of all construction performed does not exceed **\$203,611** within the past three years of the original alteration in the same area or on a same path of travel. The specific accessibility features that create a hardship may be exempted. A description of access features to be provided shall be listed in the appropriate section below, and a detailed cost estimate for all elements shall be attached to this form.

Accessibility Feature:	Is this feature accessible?	If not, is this feature going to be made accessible?	If so, the cost of making the feature accessible is:
1. Primary path of travel to the altered area	Y N	Y N	\$
2. An accessible entrance to the altered area	Y N	Y N	\$
3. An accessible route within building/facilities to the altered area	Y N	Y N	\$
4. One accessible restroom for each sex	Y N	Y N	\$
5. Elevator along accessible route	Y N	Y N	\$
6. Public telephones serving the altered area	Y N	Y N	\$
7. Drinking fountains serving the altered area	Y N	Y N	\$
8. Others (parking, etc.)	Y N	Y N	\$
9. Total cost of access features provided is: (add item 1 thru 8)			\$
10. 20% of total cost of proposed project is:			\$

Description of access features to be provided: (detailed cost estimate of elements to be made accessible shall be attached).

Owner/Applicant's Signature: _____ Date: _____

Your request for accessibility compliance due to unreasonable hardship is: _____ Not Approved _____ Approved

Note: The determination of an unreasonable hardship exception by this office does not allow for exemption from any part of the California Codes and Regulations Title 24 Disabled Accessibility requirements or Federal Americans with Disability Act laws.

Building Official (Print) _____ Signature _____ Date _____