Application for Unreasonable Hardship Determination for Accessibility Upgrades – Over Valuation Threshold  
BPC-032

Purpose: When improvements are made to existing commercial and multi-family structures, Section 202 of the current adopted version of the California Building Code (CBC) allows for an exception in-lieu of bringing the entire structure up to compliance with current code standards for accessibility. To qualify for the exemptions, an unreasonable hardship must exist, and the project’s total valuation (including the cumulative valuation projects within a 3 year period) must exceed the current year’s valuation threshold. Refer to PRMD policies 9-4-8 “Accessibility Detail Requirements on Tenant Improvement Plans”.

| VALUATION THRESHOLD AMOUNT: $156,162 | YEAR: 2017 |

To Apply: The owner/applicant shall have a design professional (licensed architect or civil engineer) complete and submit this form with the permit application. An accessibility site review will be completed and PRMD Plan Check staff will forward the hardship request to the Building Official for a determination. A review fee is required for this service.

PROJECT INFORMATION

Date                                      Site Address
Building Permit Number                   City                                      Zip
Owner                                      Applicant
Phone Number                                Phone Number

Definition of Unreasonable Hardship

CBC SECTION 202 Unreasonable Hardship exists when the enforcing agency finds that compliance with the building standards would make the specific work of the project affected by the building standard unfeasible, based on an overall evaluation of the following factors:

1. The cost of providing access
2. The cost of all construction contemplated
3. The impact of proposed improvements on financial feasibility of the project
4. The nature of the accessibility which would be gained or lost
5. The nature of the use of the facility under construction and its availability to persons with disabilities

List applicable sections below for which either an unreasonable hardship exception or a request for equivalent facilitation is being requested:
<table>
<thead>
<tr>
<th>Chapter 11 Applicable Section</th>
<th>Requires Determination of Unreasonable Hardship</th>
<th>OR</th>
<th>Request for Equivalent Facilitation</th>
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**UNREASONABLE HARDSHIP DETERMINATION** (add additional sheets as required)

1. Total Cost of providing access (attach itemized cost estimate): $______________

2. Total project construction cost: $______________

3. Describe the impact of the proposed improvements on the financial feasibility of project:

   ____________________________________________________________

   ____________________________________________________________

4. Describe the nature of the access features that would be gained or lost:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

5a. What is the nature of the use of the facility under construction?

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

5b. What is the availability of facility or facilities to persons with disabilities?

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________
EQUIVALENT FACILITATION REQUESTED TO BE PROVIDED

Describe in detail, the means by which equivalent facilitation will be provided (reference applicable details on construction documents):

________________________________________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________________

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of ____________________________, 20____.

Owner/Applicant  (please print) Design Professional  (please print)

Signature Signature

Date Date

Note: The County will not check the plans for compliance with the Americans with Disabilities Act (ADA). It is the Owner’s responsibility to ensure compliance with these regulations. The County does not have any legal authority to enforce or interpret the ADA regulations with regard to private facility plan checks (except to the extent that it enforces Civil Code sections 54 and 54.1 as to facilities it owns or leases). Note, however, that the State of California has incorporated many, but not all, of the ADA provisions into Title 24 effective April 1, 1994.

An application for a hardship exception has been filed with this office. The following action was taken:

☐ The above named project has been denied an unreasonable hardship exemption for the following reason(s):

________________________________________________________________________________________________________________________________________________________________________________________________________________________

☐ The above named project has been granted an unreasonable hardship exemption from the requirements of the State of California CCR-Title 24 (Regulation for the Accommodation for the Disabled) pursuant to the current adopted version of the CBC.

Conditions of Approval:

________________________________________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________________________________________________________________________

Date of Approval/Denial BLD Permit Number

________________________________________________________________________________________________________________________________________________________________________________________________________________________

Building Official/Signature

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