



DEPARTMENT OF ECONOMIC

PART I

AND COMMUNITY DEVELOPMENT
BUILDING DIVISION
(650) 829-6670 option 1
FAX (650) 829-6672

ACCESS COMPLIANCE FORM

Project address _____

Permit number _____

CALIFORNIA BUILDING CODE SECTION 11B-202. Accessibility for existing buildings.

All existing buildings and facilities, when alterations, structural repairs or additions are made to such buildings or facilities, shall comply with all provisions of Division I for New buildings, except as modified by this Division. These requirements shall apply only to the area of specific alteration, structural repair or addition, and shall include: the primary entrance, the path of travel to the area of work, restrooms serving the area of work, drinking fountains and public telephones serving the area.

Exception: Where the total cost of the project does not exceed the current valuation threshold ([Access Compliance Reference Materials \(ca.gov\)](#)) and the cost of providing these features is in excess of 20% of the project valuation, access shall be provided to the maximum extent possible without incurring disproportionate cost. Please use the Access Compliance Documentation Forms parts I & II to document compliance.

To assist the applicant, the City of South San Francisco provides three options to verify compliance. Each option has unique characteristics where one may be more beneficial than another depending on the scope of work, timing of construction, and expertise of the individuals involved.

Please read all of the options and select the one that best suits this project; subject to approval by the Building Official.

- Option One**
The building Owner, Project Architect or Designer meets with the Senior Inspector prior to completing the working drawings to identify obstructions that may exist and require alteration. *This would involve a prearranged appointment with the Senior Inspector and the principals involved to discuss the scope of the project and identify significant obstructions. This will have positive impact on the turn-a-round time for plan review approval; reduce overall cost of the project.*
- Option Two**
Allow the Project Architect or Designer to work with the City Plans Examiner during the plan review process to work out the details necessary to approve the drawings and issue the permit. *This is the way it is normally done.*
- Option Three**
An inspection after the permit is issued will be performed at the site during construction. *This option is reserved for the small projects where documenting compliance in the standard manor would create a hardship for the applicant, or where for some reason the construction has been completed. This option may result in construction being altered to meet compliance.*

I, the undersigned, certify that I have read and understand the significance and possible ramifications of the option that I have selected.

Signature of the property owner or their representative

Title of responsible party

Date

Access Compliance Form - Part I

ITEMIZED COST ESTIMATE OF ACCESS IMPROVEMENTS REQUIRED FOR FULL COMPLIANCE

1. PRIMARY ENTRANCE

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> NEW DOOR | \$ _____ | <input type="checkbox"/> LEVER HARDWARE | \$ _____ |
| <input type="checkbox"/> DOOR SIDE CLEARANCE | \$ _____ | <input type="checkbox"/> DOOR THRESHOLD | \$ _____ |
| <input type="checkbox"/> ACCESS SIGN | \$ _____ | <input type="checkbox"/> DOOR KICKPLATE | \$ _____ |
| <input type="checkbox"/> OTHER | \$ _____ | | |

COST OF IMPROVEMENTS FOR PRIMARY ENTRANCE \$ _____

2A. PATH OF TRAVEL

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> ENTRY DOOR LANDING | \$ _____ | <input type="checkbox"/> ACCESS RAMP | \$ _____ |
| <input type="checkbox"/> CURB RAMP | \$ _____ | <input type="checkbox"/> RAMP HANDRAILS | \$ _____ |
| <input type="checkbox"/> LEVEL SIDEWALK | \$ _____ | <input type="checkbox"/> CURB/WHEEL GUARDS | \$ _____ |
| <input type="checkbox"/> OTHER | \$ _____ | | |

COST OF IMPROVEMENTS FOR PATH OF TRAVEL \$ _____

2B. PARKING

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> NEW STRIPING | \$ _____ | <input type="checkbox"/> RESTRIPE EXISTING | \$ _____ |
| <input type="checkbox"/> PARKING STALL SIGN | \$ _____ | <input type="checkbox"/> STRIPE VAN UNLOAD | \$ _____ |
| <input type="checkbox"/> OTHER | \$ _____ | | |

COST OF IMPROVEMENTS FOR PARKING \$ _____

3. RESTROOMS

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> ENLARGE ROOM | \$ _____ | <input type="checkbox"/> MODIFY FIXTURES | \$ _____ |
| <input type="checkbox"/> NEW DOOR | \$ _____ | <input type="checkbox"/> LEVER HARDWARE | \$ _____ |
| <input type="checkbox"/> DOOR SIGNS | \$ _____ | <input type="checkbox"/> GRAB BARS | \$ _____ |
| <input type="checkbox"/> MOVE FIXTURES | \$ _____ | <input type="checkbox"/> RELOCATE ACCESS | \$ _____ |
| <input type="checkbox"/> 2ND RESTROOM | \$ _____ | <input type="checkbox"/> LAVY INSULATION | \$ _____ |
| <input type="checkbox"/> OTHER | \$ _____ | | |

COST OF RESTROOM IMPROVEMENTS \$ _____

4. TELEPHONE/DRINKING FOUNTAIN

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> NEW DRINKING FOUNTAIN | \$ _____ | <input type="checkbox"/> RELOCATE (E) FOUNTAIN | \$ _____ |
|--|----------|--|----------|

OTHER

\$ _____

NEW PUBLIC TEL.

\$ _____

RELOCATE (E) TEL.

\$ _____

COST OF TEL/DR. FOUNTAIN IMPROVEMENTS

\$ _____

ITEMIZED COST ESTIMATE OF ACCESS IMPROVEMENTS REQUIRED FOR FULL COMPLIANCE

5. ADDITIONAL ELEMENTS SUCH AS: ADDITIONAL PARKING, STORAGE, AND ALARMS.

MODIFY SWITCHED/OUTLETS/CONTROLS \$ _____

OTHER ACCESSIBLE FEATURES \$ _____

COST OF ADDITIONAL ELEMENT IMPROVEMENTS \$ _____

SUB-TOTAL FROM PAGE ONE \$ _____

TOTAL COST OF ALL ACCESS IMPROVEMENTS \$ _____

FOR OFFICIAL USE ONLY

Notes:

Total cost of all access improvements required. All items checked on Part I 1-5 will be required as part of this tenant improvement.

TOTAL COST OF ACCESS IMPROVEMENTS \$ _____

% OF COST FOR ACCESS IMPROVEMENT _____%



BUILDING DIVISION

PART II
APPLICATION FOR
UNREASONABLE HARDSHIP EXCEPTION

Date Received: _____ Accepted by: _____

DOCUMENTATION OF UNREASONABLE HARDSHIP

Project
Address: _____ Plan _____ Review _____ #: _____

Owner: _____ Telephone: _____

Applicant: _____ Telephone: _____

I HEREBY REQUEST AN UNREASONABLE HARDSHIP EXCEPTION for the public accommodation identified as follows:

I DECLARE that an unreasonable hardship exists and that compliance with the building standard would make the specific work of the project affected by the building standard unfeasible. In support of the application, the following information establishes the grounds for a hardship exception under 24 CCR 422(c):

1. State the cost of providing access. \$ _____
2. State the cost of all construction contemplated. \$ _____
3. Access feature(s) increases the cost of construction by: $(\#1 \div \#2) \times 100 = \%$ % _____
4. State the impact of proposed improvements on financial feasibility of the project.

5. State the nature of the use of the facility under construction and its availability to handicapped persons:

SSF Building Division
Hardship Exception Form

6. State the features to be provided that are equivalent to the access feature requested to be waived:

7. OFFICE USE ONLY: Items from Part 1 to be included in this project.

1. _____
2. _____
3. _____
4. _____
5. _____

I further acknowledge that if the exception being requested is for improvements along the route of travel for an alteration project of minor valuation (<\$209,208.00) or to alter an area previously exempt from accessibility requirements under California law, that I will expend no less than 20% of the valuation of the project (not including costs for requirements along access route) to improve access along the route of travel as required by 24 CCR 3112A (a) exceptions 1 and 2.

The following individuals provided information listed in the above section:

Architect

Owner(s)

Signature

Date

Approved City

Date