



CITY OF LAGUNA HILLS

BUILDING DEPARTMENT
 24035 EL TORO ROAD
 LAGUNA HILLS, CA 92653

949/707-2627

**APPLICATION FOR
 UNREASONABLE
 HARDSHIP EXCEPTION
 TO DISABLED ACCESS
 REQUIREMENTS**

PLEASE PRINT OR TYPE

PROJECT ADDRESS:	PLAN CHECK #:
OWNER/TENANT:	CONTACT PHONE#:
APPLICANT:	CONTACT PHONE #

It is requested that the above named project be granted an exception from the requirements of the State of California Title 24 accessibility, as specifically noted below:

A. 2016 CBC Section 11B-202.3 Exception 2 and 202.4, Exception 8: Applicable to existing buildings where the construction costs at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted, but not all the accessibility features. The area of alteration itself may not be exempted.

**Valuation Threshold
 Amount
 \$166,157.00
 Valid until January 2020**

Access Feature Item <i>In order of Priority</i>	Does this feature meet the latest edition of Title 24?	If not, is this feature going to be part of this permit?	Cost of making feature accessible. <i>Attach documentation</i>
1. Path of travel to entrance	_____	_____	\$ _____
2. Entrance	_____	_____	\$ _____
3. Path of travel within building/facility to area of remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Sanitary facilities	_____	_____	\$ _____
6. Public telephones, <i>if provided</i>	_____	_____	\$ _____
7. Drinking fountains, <i>if provided</i>	_____	_____	\$ _____
8. Other (Parking, etc) <i>Specify</i>	_____	_____	\$ _____
Total cost of access features provided (A)			\$ _____
Total cost of construction of this project and all other work performed over the last 3 years in this tenant space (B)			\$ _____
Percentage of total cost of project (20% minimum): A/B x 100%			_____ %

Description of features provided:

Alterations performed over the last three years in this tenant space. Include in total valuation B above unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation).

Permit Number	Date	Description	Valuation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. SPECIFIC EXCEPTIONS **DO NOT USE THIS PORTION IF PART A HAS BEEN COMPLETED**

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

Exceptions Requested	Cost Section/Exception	Cost of Making Features Accessible <i>Attach Documentation</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Description:

Cost of all construction contemplated is \$ _____

The access feature increases the cost of construction by *Percentage of construction cost* _____ %

The impact on financial feasibility of the project if the requested exception is not approved is:

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

The following individuals provided information listed above

Architect/Designer			Owner/Tenant		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Signature Required		Date	Signature Required		Date

FOR CITY USE

Date Received:	Received by:	
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	
Name of Enforcing Official:	Signature of Enforcing Official:	Date: