City of San Leandro
Division of Building & Safety
835 E 14th St, San Leandro, CA 94577
(510) 577-3405 www.SanLeandro.org

Declaration of
Accessibility Features Provided
As required in 2025 CBC 11B

Updated 2/2026

Per 2025 CBC 11B-202.4 Exception 8, Commercial Tenant Improvement projects must use up to 20% of their project valuation to provide accessibility features if their valuation is less than or equal to the Valuation Threshold. If it is above, full compliance with 11B-202.4 is required.	**Valuation Threshold:** **$209,208.00** **(as of January 2026)**

Project Address: _____ _____ **Project Valuation:** $ _____
Street # Street Name

Brief Description of Work: _____

☐Alteration ☐ Structural Repair ☐ Addition

Past Permit Number(s)**:** _____
(within last 3 years, if any)

• Is the structure *already* compliant with the accessibility features below?

	Accessibility Feature	If it **does *already*** comply, write "***Complies***" below	If it **does not**, circle "Yes" or "No" on if this feature will be upgraded as part of this permit.	If Yes, what will be the **cost** of the accessibility feature upgrades?
1	Approach and path of travel to entrance	_____	Yes or No	$ _____
2	Entrance	_____	Yes or No	$ _____
3	Path of travel within the building to the area of alteration	_____	Yes or No	$ _____
4	Elevator (if applicable)	_____	Yes or No	$ _____
5	Toilet and bathing facilities	_____	Yes or No	$ _____
6	Public telephones (if provided)	_____	Yes or No	$ _____
7	Drinking fountains (if provided)	_____	Yes or No	$ _____
8	Additional parking, alarms, other (specify)	_____	Yes or No	$ _____

Total Cost of Accessibility Feature Upgrades = A **$** _____

Total Cost of this Project and other work performed over the last three years at Tenant Space = B * $ _____

Percentage of 3-year Project Cost dedicated to Permit's Accessibility Feature Upgrades: (A/B) x 100 _____ %
(minimum 20%)

• Alterations *already* performed over the last 3 years at Tenant Space* ☐ Check if none done the last 3 years

Past Permit #	Past Permit Valuation	Past Accessibility Feature(s) Provided	Additional 20% spent for past upgrade?
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____

**Include cost of other work performed over last 3 years (per B) unless 20% additional cost dedicated to upgrades of accessibility features (provide documentation including any previously approved unreasonable hardship applications)*

• Describe which accessibility features will be provided or upgraded in this permit, and on which sheet numbers they can be found in the drawing set:

Accessibility Feature	Sheet(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following individuals provided the information listed above

Licensed Professional		Owner / Tenant	
Name:		Name:	
Email:		Email:	
Phone Number:		Phone Number:	
Signature:	Date:	Signature:	Date:

After you complete this form, submit its PDF as a Supporting Document when applying for a building permit.