ACCESSIBILITY UPGRADE WORKSHEET

Building Department
1088 College Ave.
St.Helena, CA 94574
(707) 967-2779

OFFICE USE ONLY
BUILDING PERMIT#:_____
RECEIVED BY:_____DATE REC: _____
PARENT PL#:_____PARENTBD#: _____

For additional information, forms & documents please visit us on the web at: Building Forms & Handouts | St Helena, CA (cityofsthelena.gov)

PROPERTY/WORK DESCRIPTION

Site Address:_____APN:_____
Project Name:_____Occupancy:_____Use: _____

PROPERTY OWNER

Owner Name:_____
Address:_____
City:_____**State:**_____**Zip:**_____**Email:**_____**Phone #:**_____

TENANT INFORMATION

Company Name:_____**Contact Person:**_____
Email:_____**Phone #:**_____

PRIMARY CONTACT

All communication from our office will be made to this person via email.

Contact Name:_____**Firm Name:**_____**License#:**_____
Email:_____**Phone #:**_____

1. **Total cost of construction**_____**(permit valuation minus the cost of access features, demo, unattached fixtures/cases, finish work not requiring permit)**

   A. Ground floor:_____**B. Basement:**_____**C. Other floors:** _____

2. **Total cost of construction within the past three years (see attached worksheet):** _____

3. **Total cost (add line 1 and line 2):**_____

   Total cost line 3:_____**X .20 =**_____**Obligation**

4. **Current cost threshold: $203,611.00**

5. **When the total cost line 3 total exceeds current cost threshold line 4, and the alternation is on the accessible floor (ground floor or any floor accessible by complying elevator), go to line 8.**

6. **When the total cost line 3 exceeds the current cost threshold line 4, and the alteration is on floors above or below a non-elevator building, go to line 9.**

7. **When the total cost of line 3 DOES NOT exceed the current cost threshold line 4, for the ground floor and/or non-accessible floor alterations, go to line 9**

8. **I understand that the existing primary entrance, path-of-travel, and at least one set of complying restrooms, public phones, and drinking foundations must be brought up to full compliance (if the cost of full compliance exceeds 20% of the actual cost of the project, the owner may apply for a Determination of Unreasonable Hardship. If a Determination of Unreasonable Hardship is approved 20% of the actual cost becomes the *minimum obligation.* The Chief Building Official will determine how much over the 20% minimum obligation constitutes a hardship.**

9. **I understand that 20% of the total cost must be spent on upgrading the primary entrance, path-of-travel, restrooms, public phones, and drinking fountains; and, when possible, parking storage, and alarms (see attached worksheet).**

10. **This building and site are fully accessible. If the inspection by the Building Division reveals non-compliance with current accessibility requirements, I will revise this worksheet and the plans and modify the scope of work so that the building and site are in full compliance.**

SIGNATURE

I certify that the information on this application is true and correct

Print Name:_____**Signature:**_____**Date:**_____

I represent the □ Owner □ Contractor □ Authorized Agent (Please provide a signed "Agent Authorization Form" or letter

Access Compliance for Existing Buildings

Declaration of Past Alterations, Remodels, or Alterations

This section is to be used when:

1. the cost of the alteration, remodel, or addition without the cost of access features does not exceed the current cost threshold
2. Alteration, remodel, or addition is made to the areas above or below the ground floor of a previously exempted non-elevator building of the following types:

   A. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square foot per floor

   B. Office of physicians and surgeons

   C. Shopping Centers

   D. Other buildings and facilities three stories or more, and more than 3,000 square feet per floor if a reasonable portion of services sought and used by the public are available on the accessible level.

☐ I,_____, owner or lessee of the project space ***have not*** performed alterations, remodels or additions within the past three years of building permit application.

☐ I,_____, owner or lessee of the project space ***have*** performed alterations, remodels or additions within the past three years of building permit application.

List dates and costs below of previous alterations, remodels, or additions (use separate page if necessary):

Date:_____ Cost:_____

Date:_____ Cost:_____

Date: _____ Cost:_____

Signature:_____ Date:_____

Determination of Unreasonable Hardship:

An unreasonable hardship exists when the enforcing agency finds that compliance with the building standard would make the specific work of the project by the building standard infeasible, based on an overall evaluation of the following:

1. the cost of providing access, 2. The cost of construction contemplated,3. The impact of proposed improvements on financial feasibility of the project, 4. The nature of the accessibility under construction and its availability to people with disabilities, 5. The nature of the use of the facility under construction and its availability to people with disabilities. The details of any finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency.

Technically Infeasible

Technically infeasible means, with respect to an alteration of a building or a facility, that it has little likelihood of being accomplished because existing structural conditions would require removing or altering a load-bearing member which is an essential part of the structural frame; or because other existing physical or site constraints prohibit modifications or addition of elements, spaces, or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.

PLAN SHEET PAGE	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	DOOR	
	CHANGE OF DOOR	
	THRESHOLD	
	HARDWARE	
	KICKPLATE	
	STRIKE-SIDE CLEARANCE	
	OTHER	
	PATH OF TRAVEL TO REMODELED AREA	
	CHANGE OF EVEVATIONS	
	RAMP	
	LIFTS	
	EVEVATORS	
	OTHER	
	DOORS	
	CHANGE OF DOOR	
	THRESHOLD	
	HARDWARE	
	KICK PLATE	
	STRIKE-SIDE CLEARANCE	
	OTHER	
	SIGNS AND IDENTIFCATION	
	SIGNS AT BUILDING ENTRANCE	
	SIGN IN BUILDING LOBBY	
	OTHER	

PLAN SHEET PAGE	**RESTROOMS SERVING REMODELED AREA**	COSTS
	ENLARGE RESTROOMS	
	ENLARGE DOORS	
	STRIKE SIDE CLEARANCE	
	DOOR SYMBOLS	
	SIGNS AND INDENTIFICATION (BRAILLE)	
	REPLACEMENT OR RELOCATION OF FIXTURES (SPECIFY) 1. 2. 3.	
	GRAB BARS	
	OTHER	
	PUBLIC TELEPHONE SERVING REMODELED AREA	
	MOUNTING HEIGHT	
	EQUIPMENT FOR HEARING IMPARED	
	DRINKING FOUNTAINGS SERVING REMODELED AREA	
	REPLACE DRINKING FOUNTAIN	
	RELOCATE EXISTING DRINKING FOUNTAIN	
	PROVIDE ALCOVE	
	ADD WING WALLS AND/OR FLOOR TREATMENT	
	OTHER	
	PARKING, STORAGE, ALARMS SERVICE REMODELED AREA	
	ADDITION OF ACCESSIBLE SPACES	
	ACCESS AISLE	
	SPACE SIGNAGE	
	TOW-AWAY SIGN AND/OR CURB CUTS	