



TOWN OF WARRENTON

Community Development Department

PO BOX 341
WARRENTON, VIRGINIA 20188
<http://www.warrentonva.gov>
TELEPHONE (540) 347-2405
FAX (540) 349-2414

Accessibility Certification Statement

Project Name: _____ Permit Number: _____

Project Address: _____

Owner: _____

Classification of Work (VEBC)

- ☐ **Level 1 Alteration (602)** Removal and replacement or the covering of existing material, element, equipment, or fixtures using new materials, elements, or fixtures that serve the purpose.
- ☐ **Level 2 Alteration (603)** Addition or elimination of any door or window, the reconfiguration or extension of any system, or the installation of any additional equipment, and shall apply where the work area is less than 50 percent of the building area.
- ☐ **Level 3 Alteration (604)** Level 3 alterations apply where the work exceeds 50 percent of the building area. Level 3 alterations shall comply with the applicable provisions of section 602, 603 and 604
- ☐ **Change of Occupancy (Chapter 7)** Any change in the occupancy classification of a building or structure. Any change in the purpose of or a change in the level of activity within a building or structure.

Level of Compliance

- ☐ The accessible route, restrooms, and drinking fountains are in full compliance with the accessibility requirements of the 2021 VUSBC and ICC A117.1-2017.
- ☐ The accessible route, restrooms, and drinking fountains will be in full compliance with the accessibility requirements of the 2021 VUSBC and ICC A117.1-2017 at the completion of this project.
- ☐ The cost of providing a fully accessible route to the area of a primary function, accessible bathrooms, and accessible drinking fountains exceeds 20% of the overall cost of construction affecting the primary function area. The following is a list of items that will be upgraded to increase accessibility, as shown on the plans. *Only applicable to alterations and upgrades to existing elements.

Total cost of the alterations affecting the primary function area \$ _____

20% of the cost of alterations affecting the primary function area \$ _____

Cost to provide fully accessible route, restrooms and drinking fountain \$ _____

Accessible Elements

Cost

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total

\$ _____

By signing this form, I certify that I am the owner of the property or the designer.

Printed Name Signature Date

Submit by email to: permittech@warrentonva.gov

Designer of Record Seal