



CITY OF FAIRFAX- VIRGINIA FIRE DEPARTMENT-CODE ADMINISTRATION

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Accessibility Compliance Form For Alterations to Existing Structures

Project Name: _____

Project Address: _____

Building Permit Number: _____

Accessibility Compliance Statement

Check the applicable box below:

☐ **Full Compliance:** The accessible route to the altered area, including exterior walkways, entrances, doors and hardware, restrooms, and drinking fountains, will be fully accessible and in compliance with the Virginia Uniform Statewide Building Code (USBC), the Virginia Existing Building Code (VEBC), the Virginia Construction Code (VCC), and all applicable accessibility standards adopted by the Commonwealth of Virginia.

☐ **Disproportionate Cost (20% Rule):** The cost of providing a fully compliant accessible route exceeds twenty percent of the total cost of the proposed alterations. In accordance with Virginia Uniform Statewide Building Code (USBC), the Virginia Existing Building Code (VEBC), the Virginia Construction Code (VCC), and all applicable accessibility standards adopted by the Commonwealth of Virginia. Accessibility upgrades will be provided up to the twenty percent cost threshold and will include the required elements serving the primary function area, such as restrooms and drinking fountains.

Estimated Cost of Alterations: \$ _____

Estimated Cost of Accessibility Improvements: \$ _____

Description of accessibility improvements to be provided:

Certification: I hereby certify that I am the designer or legal owner of the project identified above. I have reviewed the construction documents and affirm that the accessible route serving the altered area will comply with all applicable provisions of the Virginia Uniform Statewide Building Code (USBC), the Virginia Existing Building Code (VEBC), the Virginia Construction Code (VCC), and applicable accessibility standards.

Print Name: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____