



# Application for Unreasonable Hardship Exception to Disabled Access Requirements

420 Capitola Avenue, Capitola, Ca 95010  
Telephone (831) 475-7300 | Email:building@ci.capitola.ca.us

Please print legibly.

|                  |                                    |
|------------------|------------------------------------|
| Project Address: | Plan Check Number:                 |
| Owner:           | Telephone <i>Include Area Code</i> |
| Applicant:       | Telephone <i>Include Area Code</i> |

It is requested that the above-named project be granted an exception from the accessibility requirements of the 2022 California Building Code, as noted specifically below.

**A. Section 11B-202.4 General Exemption** Applicable to existing buildings where the construction cost 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 accessibility features. The area of alteration itself may not be exempted.

Valuation threshold amount:  
\$203,611 valid until 1/2026

| Access Feature                                                                                                         | Does this feature meet the latest edition of Title 24? | If not, is this feature going to be made accessible as part of this permit? | If so, cost of making feature accessible<br>Attach documentation |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------|
| 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 Phones <i>if provided</i>                                                                                    | _____                                                  | _____                                                                       | \$ _____                                                         |
| 7. H <sub>2</sub> O fountains <i>if provided</i>                                                                       | _____                                                  | _____                                                                       | \$ _____                                                         |
| 8. Other ( <i>Parking, signs</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 the total cost of project (20% minimum): (A/B) x 100%                                                   |                                                        |                                                                             | % _____                                                          |

Description of access features to be 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 features (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 | Code Section/Exception | Cost of Making Features Accessible<br><i>Attach Documentation</i> |
|----------------------|------------------------|-------------------------------------------------------------------|
| _____                | _____                  | _____                                                             |
| _____                | _____                  | _____                                                             |
| _____                | _____                  | _____                                                             |

Total \$ \_\_\_\_\_

Description:

The 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 exemption 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:                    |
| Signature <i>Required</i> : | Signature <i>Required</i> : |
| Date:                       | Date:                       |

### ***For City Use Only-***

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Findings and decisions of the Enforcing Official:

### **Findings**

☐ General Unreasonable Hardship Exception request is approved based on Section 11B-202.4 of the California Building Code. Access features listed in part A of this form shall be provided as part of this permit.

☐ Specific Exception(s) request is approval based on Section(s) \_\_\_\_\_. All other access features shall be provided as specified in the California Building Code.

☐ Ratification required. This decision must be ratified by the Board of Building Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request.

☐ **Request denied.** If you disagree with this determination, you may seek an appeal through the Board of Building Appeals and Advisors. An application must be completed, and a filing fee paid before the board can hear the request.

|                                                |                                 |       |
|------------------------------------------------|---------------------------------|-------|
| Name of enforcing official <i>Please Print</i> | Signature of enforcing official | Date  |
| <hr/>                                          | <hr/>                           | <hr/> |