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City of Victorville

Building Department

Building ◆ Business License ◆ Fire Prevention

Documentation of Unreasonable Hardship

CBC 11B-202.4, Exception 8 Finding of Unreasonable Hardship*

SECTION 1

Permit No: _____ Job Address: _____

SECTION 2

Property Owner: _____ Phone No.: (_____) _____

Address: _____

SECTION 3

Petitioner: _____ Position/Relationship: _____

Address: _____

Phone No.: (_____) _____

SECTION 4

Total cost of construction (not including work done to increase accessibility on the site) $ _____

*For projects having a construction cost exceeding $209,208, the items below must demonstrate that **AT LEAST** 20% of the project's construction budget is spent on accessibility improvements. For projects having a construction cost less than $209,208, the items below may demonstrate that no more than 20% of the project's construction budget is spent on accessibility improvements.

Identify the accessibility features, which will **NOT** be brought into compliance if the request is granted. Provide an estimate of the cost of compliance for each item.

☐ Exterior path of travel to entrance (ramps, walks)	$ _____
☐ Door ☐ Landing	$ _____
☐ Interior path of travel to altered area	$ _____
☐ Path of travel to the sanitary facilities	$ _____
☐ Sanitary facilities (bathrooms)	$ _____
☐ Parking	$ _____
☐ Path of travel to the drinking fountain(s)	$ _____
☐ Drinking fountain(s)	$ _____
☐ Path of travel to the public phone(s)	$ _____
☐ Public phone(s)	$ _____
☐ Other: _____	$ _____
☐ _____	$ _____
TOTAL cost of providing compliance:	$ _____

Identify the accessibility features and equivalent facilities, which **WILL BE PROVIDED** or brought into compliance as required by Code. Provide an estimate of each item.

1. _____	$ _____
2. _____	$ _____
3. _____	$ _____
4. _____	$ _____
5. _____	$ _____
TOTAL:	$ _____

Additional Information: _____

_____

SECTION 5

Describe the impact of required access improvements on financial feasibility of the project: _____

_____

_____

_____

SECTION 6

Describe the nature of accessibility which would be gained or lost: _____

_____

_____

_____

SECTION 7

Describe the nature of the use of the facility under construction and its availability to disabled persons: _____

_____

_____

_____

SECTION 8

List projects (tenant improvements, additions, remodels, etc.) performed within the previous three years where no disabled access improvement was performed in conjunction with the project.

Project Description	Date Construction was Completed	Cost of Construction

I acknowledge that exception from the provision above does not relieve me from other requirements, the above information is true and correct to the best of my knowledge, and I acknowledge that approvals based on incorrect information I have provided, regardless of why it is incorrect, invalidates the approval.

Petitioner's signature: _____ **Date:** _____

Owner's Signature or authorized representative:

_____ **Date:** _____

OFFICE USE ONLY

1. Total cost of proposed construction $ _____
2. Cost of disabled access improvements $ _____

Approved: _____ Denied: _____ Date: _____

Notes/Comments: _____

_____