

PROJECT INFORMATION

Project Address: _____

Project Description: _____

Use of Building: _____

No. of Stories: _____

Type of Construction: _____

Project Valuation: _____

Current Valuation of Threshold: _____

\$ 143,303.00 (Rev. 3/18)

APPLICANT INFORMATION

Name: _____

Position: _____

Address: _____

FULL COMPLIANCE COST OF DISABLED ACCESS UPGRADES OUTSIDE OF AREA OF REMODEL

* Path of travel to building or facility entrance	Complies or	\$
* Path of travel to building or facility	Complies or	\$
* Sanitary facilities	Complies or	\$
* Drinking fountains	Not applicable or Complies	\$
* Public Telephones	Not applicable or Complies	\$
TOTAL		\$

The Accessibility Feature Upgrade would increase construction costs by: _____ %

Specify accessibility feature upgrades to be provided and cost under the following priority listing:

20% of PROJECT VALUATION: \$

1. Accessible path of travel to building or facility entrance (including entry doorway): \$

2. Accessible path of travel within building or facility to the area of remodel: \$

3. Accessible restroom for each sex: \$

4. Accessible drinking fountains and public telephones: \$

5. Additional accessible features: \$

TOTAL \$

I have review the above-described features and their cost and they are an accurate description of the work being provided.

Signature of Applicant

Position

Date

Signature of Building Official

Date