



City of Pomona —Building and Safety Division Construction Hardship Form (Does Not Exceed Minimum)

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel must be provided to the specific area of construction. If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

When the adjusted construction cost of alterations, structural repairs, or additions to existing buildings and facilities within three years of the original alteration does not exceed a valuation threshold of \$170,466.00, the cost of compliance with Section 11B-202.4 of the 2019 California Building Code shall be limited to **20%** of the adjusted construction cost of alterations, structural repairs or additions. When the cost of full compliance with Section 11B-202.4 would **exceed 20%**, compliance shall be provided to the greatest extent without exceeding 20%.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the altered area;
3. At least one accessible restroom for each sex or one accessible unisex (single-users or family) restroom;
4. Accessible telephones;
5. Accessible drinking fountains; and
6. When possible, additional accessible elements such as parking, signs, storage and alarms.

Please complete the attached worksheet, and prepare a site and floor plan of the existing and proposed accessibility improvements along the accessible route to the area of alteration that shall be submitted to the Building Division in duplicate, prior to completing your plan review. One copy of the approval or denial of the form will be returned to the applicant.

Please note that this is not a request for hardship but is subject to approval by the Building Official.

Additionally, barrier removal is an ongoing obligation for ADA and this application does not exempt the applicant from any obligations to removing barriers in a reasonable time frame and by signing this report you understand that this 20% threshold is for this addition/alteration/repair alone.

EXAMPLE FORM

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|--|--|
| Project Address: 123 Hope Street | Application No. |
| Project Description/Location: Office tenant improvement (2,040 SF) at 5 th floor Suite No. 502 Type: <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition | Permit Valuation: \$120,000 Adjusted Cost of Proposed Construction: \$80,000.00 |

PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION

| Accessible Features | Does existing feature meet accessibility standards of Chapter 11B of the current CBC? | Will this feature be replaced or altered to meet Chapter 11B of the current CBC? | If so, how much will be spent to make this feature accessible? |
|---|---|--|--|
| Accessible entrance | Yes | | \$ |
| Accessible route to the altered area | Yes | | \$ |
| Accessible restroom for each sex or a unisex restroom | No | Yes | \$12,000 |
| Accessible telephones | N/A | | \$ |
| Accessible drinking fountains | No | Yes | \$6,000 |
| Other (Any of the below) | | | |
| Accessible parking spaces | No | No | \$ |
| Signs | No | Yes | \$2,000 |
| Alarms | N/A | | \$ |
| Other: | N/A | | \$ |
| Cost of All Features Provided (A) | Summary of costs of Accessible Features Nos. 1-6 provided above. | | \$20,000 |
| Adjusted Cost of Proposed Construction (B) | Construction cost for all proposed work on this permit application except proposed path of travel improvements. | | \$80,000 |
| Adjusted Cost of Preceding Construction (C)* | Total construction costs for alterations to the areas on that path of travel during the preceding three-year period except previous path of travel improvements. | | \$20,000.00 |
| Total Cost on Same Path of Travel (B +C) = (D) | Total construction costs for all proposed work on this permit application and previous work except proposed and previous path of travel improvements. | | \$100,000.00 |
| Percentage Upgrades Provided (A / D) | Cost of all Features Provided / Total Cost on Same Path of Travel. | | 20% |

Description of Access Features Provided:

New unisex restroom will be created immediately adjacent to existing men and women's restroom in corridor. Drinking fountain at ground floor lobby will be replaced with new hi-low-accessible unit. Existing signage for 10 accessible parking spaces will be replaced and updated to current requirements.

Parking stall access aisle slopes are greater than 2% to existing curbs and cost of creating compliant slopes and curb ramps exceeds the required 20% spending.

Applicant Certification

I certify that the above information is true and correct to the best of my knowledge and belief.

| | | | | | |
|--------------|---|------------------|-----------------------|------------|---------------------------|
| Signature: | John Smith | Date: | 01 / 01 / 2017 | Company: | John Smith and Associates |
| Name:(print) | John Smith | Address: | 123 Broadway | | |
| Title: | Architect of Record | City, State Zip: | Los Angeles, CA 90012 | | |
| Agent for: | <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor | | | Phone No.: | (213) 555-1212 |

For Building Official Use Only

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|--------------|--------|-------------------|
| Approved by: | Title: | Date: / / |
|--------------|--------|-------------------|

FORM

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|--|---|--|--|
| Project Address: | | Application No. | |
| Project Description/Location: | | Permit Valuation: | |
| Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition | | Adjusted Cost of Proposed Construction: | |
| PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION | | | |
| Accessible Features | Does existing feature meet accessibility standards of Chapter 11B of the current CBC? | Will this feature be replaced or altered to meet Chapter 11B of the current CBC? | If so, how much will be spent to make this feature accessible? |
| Accessible entrance | | | |
| Accessible route to the altered area | | | |
| Accessible restroom for each sex or a unisex restroom | | | |
| Accessible telephones | | | |
| Accessible drinking fountains | | | |
| Other (Any of the below) | | | |
| Accessible parking spaces | | | |
| Signs | | | |
| Alarms | | | |
| Other: | | | |
| Cost of All Features Provided (A) | Summary of costs of Accessible Features Nos. 1-6 provided above. | | |
| Adjusted Cost of Proposed Construction (B) | Construction cost for all proposed work on this permit application except proposed path of travel improvements. | | |
| Adjusted Cost of Preceding Construction (C)* | Total construction costs for alterations to the areas on that path of travel during the preceding three-year period except previous path of travel improvements. | | |
| Total Cost on Same Path of Travel (B +C) = (D) | Total construction costs for all proposed work on this permit application and previous work except proposed and previous path of travel improvements. | | |
| Percentage Upgrades Provided (A / D) | Cost of all Features Provided / Total Cost on Same Path of Travel. | | |
| Description of Access Features Provided: | | | |
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| | | | |
| Applicant Certification | | | |
| I certify that the above information is true and correct to the best of my knowledge and belief. | | | |
| Signature: | | Date: / / | Company: |
| Name: (print) | | Address: | |
| Title: | | City, State Zip: | |
| Agent for: | <input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor | | Phone No.: |
| For Building Official Use Only | | | |
| Approved by: | Title: | Date: / / | |