

Application for:

Unreasonable Hardship to Disabled Access Requirements Form "B"

(For New or Existing Buildings/Facilities Due to Financial, Legal or Physical Constraints)

Project Address:		Plan C	Plan Check #	
Project Description:		Total C	Total Construction Cost (project valuation)	
is requested that the above project be granased on code section(s) as listed below:	ted an exemption from the requirements of	the State of	California Title 24, Accessibility Regulation	
Provide description below) access Features Item -	Code Section/Exception	on	(Documentation may be required) Cost of making feature accessible?	
·			\$	
•			\$	
·			\$	
		Total	\$	
Description of Hardship: (Attach letter	if necessary)			
he cost of all construction contemplated				
he access feature increases the cost of con-	struction by: (percentage of construction cos	st)	\$	
he impact on financial feasibility of the proje				
he facility is used by the general public for the				
he facility is available to persons with disabi				
Applicant Information certify that the above noted information is true				
Applicant Information certify that the above noted information is tru lame (print)	Signature			
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Applicant Information certify that the above noted information is true Name (print)	Signature			
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Applicant Information certify that the above noted information is true Name (print)	Signature			
Applicant Information certify that the above noted information is true lame (print) irm Address OR DEPARTMENT USE ONLY REQUEST APPROVED. Item(s) exemption approved	Signature Position	. <u>All ot</u> l	her access features are NOT exempted.	
Applicant Information certify that the above noted information is true lame (print) Firm Address FOR DEPARTMENT USE ONLY REQUEST APPROVED. Item(s) exemption approved	Signature Position d based on section(s) but may seek an appeal through the Disabled	. <u>All ot</u> l	her access features are NOT exempted. ppeals Board.	