



WORKSHEET FOR ACCESSIBILITY UPGRADE REQUIREMENTS FOR EXISTING NON-RESIDENTIAL BUILDINGS

Job Address: _____ Permit #: _____ Occupancy Group: _____
Project Name: _____ Permit Valuation: _____
Owner: _____ Applicant: _____

1. Total Cost of Construction: \$ _____
a. Ground floor: \$ _____ b. Basement: \$ _____ c. Other floors (): \$ _____

The Total Cost of Construction is the permit valuation minus the cost of access features, demolition, unattached fixtures and cases, and cosmetic and finish work that normally would not require a building permit.

2. Total cost of construction within the previous three years (see attached Declaration of Past Alterations, Remodels or Additions form): \$ _____

3. Total Cost (add costs in 1 and 2 above): \$ _____

4. Current Valuation Threshold: \$ **\$200,399.00** (January 2024)

5. When the Total Cost (Item 3 above) exceeds the Current Valuation Threshold (Item 4 above) and the alteration occurs on the accessible floor (ground floor or any floor that is accessible by a complying elevator), go to Item 8 below.

6. When the Total Cost exceeds the Current Valuation Threshold (Item 4 above) and the alteration occurs on the floor above or below the ground floor of a non-elevator building, skip to Item 9 below. *(The Chief Building Official must approve A Determination of Unreasonable Hardship.)*

7. When the Total Cost (Item 3 above) does not exceed the Current Valuation Threshold (Item 4 above) for the ground floor and / or non-accessible floor alterations go to Item 9 below.

8. ☐ I understand that the existing primary entrance, path-of-travel and at least one set of complying restrooms, public phones, and drinking fountains (if any) must be brought up to full compliance. (If the cost of providing restrooms drinking fountains and telephones, and the primary path of travel exceeds 20% of the cost of the actual project without these features, the owner may apply for a Determination of Unreasonable Hardship. If approved the 20% becomes the minimum obligation. The CBO will determine how much over the 20% constitutes a hardship upon reviewing the particular circumstances involved).




9. ☐ I understand that only 20 percent of the Total Cost of Construction (Item 3 above) must be spent on upgrading the primary entrance, path-of-travel, restrooms, public phones (if any), and drinking fountains (if any); and, when possible, parking, storage, and alarms. (Go to the Cost Table.)

10. ☐ I, as the designer, have visited the site and have determined this building and site are fully accessible. If inspection by the Building Division reveals non-compliance with current accessibility requirements, I will revise this worksheet and the plans and modify the scope of work so that the building and site are in full compliance.

Total Cost (Item 3 above):\$ _____ x .20 _____ = **Obligation:** \$ _____

I agree to comply. Signature: _____ Date: _____

Approval: Signature: _____ Date: _____

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Access Compliance for Existing Buildings
Declaration of Past Alterations, Remodels, or Additions

Date of Application: _____

Address: _____

Permit No. _____ Cost of Alteration: \$ _____

Use this form when:

A. The cost of alteration, remodel, or addition without the cost of access features does not exceed the current valuation threshold.

B. *The project involves an* alteration, remodel, or addition to the areas above or below the ground floor of a previously exempted non-elevated building of the following types:

1. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor.
2. Offices of physicians and surgeons.
3. Shopping centers.
4. Other buildings and facilities three stories or more and more than 3,000 square feet per floor if a reasonable portion of services sought and used by the public is available on the accessible level.
5. *Facilities where vehicle fueling, recharging, parking or storage is a primary function where the alteration is solely for the purpose of installing electric vehicle charging stations*

I, _____, owner or lessee of the project space at the above-mentioned address, ☐ have / ☐ have not performed alteration(s), remodel(s), or addition(s) to the above space within the past three years of the date of this permit application.

If "have" is checked, state below the date(s) and the cost(s) of the previous alteration(s):

Date: _____ Cost: \$ _____
_____ \$ _____

Signature of owner or lessee

Date

Mailing Address

Telephone

COST TABLE

Fill in COSTS column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals or exceeds the amount from line 9 above. If an item causes the total amount to exceed the amount from line 9 of the worksheet, you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 9 above. The cost table shall be reviewed and approved by Building Division staff.

Plan Sheet Page	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	DOOR	
_____	A. Change of door	
_____	B. Threshold	
_____	C. Hardware	
_____	D. Kick plate	
_____	E. Strike-side clearance	
_____	F. Other	

	SIGNS AND IDENTIFICATION	
_____	G. Sign at building entrance	
_____	H. Sign in building lobby	
_____	I. Other	

	Subtotal:	\$
Plan Sheet Page	PATH OF TRAVEL TO REMODELED AREA	
	CHANGE OF ELEVATION(S)	
_____	A. Ramps	
_____	B. Lifts	
_____	C. Elevators	
_____	D. Other	

	DOORS	
_____	E. Change of door	
_____	F. Threshold	
_____	G. Hardware	
_____	H. Kick plate	
_____	I. Strike-side clearance	
_____	J. Signs and identification (braille)	
_____	K. Other	

	Subtotal:	\$

Plan Sheet Page	RESTROOMS SERVING REMODELED AREA	COSTS
_____	A. Enlarge restroom	
_____	B. Enlarge door(s)	
_____	C. Strike side clearance	
_____	D. Door symbols	
_____	E. Signs and identification (braille)	
_____	F. Replacement or relocation of fixture (specify)	
_____	1.	
_____	2.	
_____	3.	
_____	G. Replacement or relocation of accessories (specify)	
_____	1.	
_____	2.	
_____	3.	
_____	H. Grab bars (bars and backing)	
_____	I. Other	

_____	Subtotal:	\$
Plan Sheet Page	PUBLIC TELEPHONES SERVING REMODELED AREA	
_____	A. Mounting height	
_____	B. Equipment for hearing impaired	
_____	Subtotal:	\$
Plan Sheet Page	DRINKING FOUNTAINS SERVING REMODELED AREA	
_____	A. Replace drinking fountain	
_____	B. Relocate existing drinking fountain	
_____	C. Provide alcove	
_____	D. Add wing walls and / or floor treatment	
_____	E. Other	
_____	Subtotal:	\$
Plan Sheet Page	PARKING, STORAGE, ALARMS SERVING REMODELED AREA	
_____	A. Addition of accessible spaces	
_____	B. Access aisle	
_____	C. Space signage	
_____	D. Tow-away sign	
_____	E. Curb cut	
_____	Subtotal:	\$

TOTAL: _____

OBLIGATION: _____
(from page 1)

BALANCE: _____

Determination of Unreasonable Hardship

An unreasonable hardship exists when the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility that would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities. The details of any finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency.

Technically Infeasible

Technically infeasible means (with respect to an alteration of a building or a facility):

- a. Little likelihood of being accomplished because existing structural conditions would require removing or altering a load-bearing member which is an essential part of the structural frame
- or
- b. Other existing physical or site constraints that prohibit modification or addition of elements, spaces, or features currently in full and strict compliance with the minimum requirements for new construction necessary to provide accessibility.