



Permit #

**ACCESSIBILITY UNREASONABLE HARDSHIP APPLICATION**

When building permits are issued by the City of Dinuba for commercial alterations, additions, and/or repairs, unless specifically exempted under section 11B-202.4.7 of the 2022 CBC, the city becomes the enforcement agency to ensure disabled access is provided to the area of work.

Access to the area of work includes both pedestrian and vehicular access for persons with disabilities in accordance with the State of California Title 24 accessibility requirements.

When the valuation of the project is less than, or equal to, the current threshold amount of **\$195,358.00**, the applicant may qualify for an unreasonable hardship if the unplanned accessibility cost is disproportionate (meaning the cost of accessibility alterations exceeds 20% of the planned project cost).

<b>PROJECT ADDRESS:</b>	Dinuba, CA. 93618
<b>TYPE OF USE:</b> Check one:	<input type="checkbox"/> Multi-family <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Lab/Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Service Station <input type="checkbox"/> Bar/Restaurant <input type="checkbox"/> Medical/Clinic <input type="checkbox"/> Service Business <input type="checkbox"/> Other: _____

**Check one:**

- Option A.** This project does NOT exceed the current valuation threshold of **\$195,358.00** per 2022 CBC 11B-202 Exception 8 and as published on the Division of State Architect website.
- Option B.** This project contains elements that make it technically infeasible to achieve full compliance with the applicable accessibility requirements due to Technical Infeasibility per 2022 CBC 11B-202.4 Exception 2 or due to Legal Constraints. **Documentation must be provided to support Option B**

**ANALYSIS**

<b>1. Total Project Construction Cost.</b> Exclude the cost of accessibility upgrades.		\$
<b>2. Projects During the Last Three Years at the Site.</b> excluding access features		
PERMIT #	PROJECT DESCRIPTION	PROJECT COST excluding access features
		\$
		\$
		\$
<b>2a. SUBTOTAL:</b>		\$
<b>3. Add lines 1 and 2a.</b> An unreasonable hardship cannot be granted if subtotal exceeds valuation threshold amount.		<b>TOTAL:</b> \$
<b>4. Enter 20% of the construction cost</b>		<b>. 20 X Line 3:</b> \$
5. Which of the elements below will be altered?	Will element be made accessible?	Estimated cost of improvements
<b>5a.</b> Parking	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5b.</b> Route from Parking to Entrance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5c.</b> Route from the Public Right-of-Way	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5d.</b> Primary Entrance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>5e.</b> (Other) Description:		\$
<b>6. Total Cost of Proposed Accessibility Improvements Along Path of Travel</b> (Add lines 5a – 5e) <i>(Attach detailed cost estimate)</i>		\$
<b>7. What is the Total Cost of Improvements to Achieve Full Compliance?</b> <i>(Attach detailed cost estimate)</i>		\$

**NOTES TO APPLICANT**

- Address all of the above-listed criteria for the selected option in your request for an unreasonable hardship.
- Place emphasis on the elements that provide the greatest improvements to disabled access.
- A disproportionate cost must be established to qualify for a hardship.
- All details of any unreasonable hardship finding will be recorded and kept on file by the City and are subject to ratification through an appeals process.

**REQUIRED SIGNATURES**

I hereby affirm that the information provided on this form is true to the best of my knowledge. As the owner or authorized agent of the property or tenant space, by signing below I acknowledge that I understand that although the project is in compliance with the California Building Code requirements, the limited disabled access upgrades shown on this form will not limit or absolve my liability under the Americans with Disability Act.

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<b>SIGNATURE of Property Owner or Authorized Agent</b>	<b>PRINT Name</b>	<b>DATE</b>
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<b>SIGNATURE of Design Professional</b>	<b>PRINT Name</b>	<b>DATE</b>
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