



City of Bakersfield  
**Community Development Building Division**  
 1715 Chester Avenue  
 Bakersfield, CA 93301  
 (661) 326-3733

## Application for Unreasonable Hardship Exception to Disabled Access Requirements

**Form No**

**Please Print Legibly or Type**

**Processing Fee: \$60.00**

Project Address:		Tenant Space No:	Plan Check No:
Petitioner/Property Owner:			Telephone <i>Include Area Code</i>
Architect/Designer:			Telephone <i>Include Area Code</i>
Applicant Name:	Business Name:	Used by the public for:	Date Submitted:

**Attach detailed dimension drawings to scale (1/4:12) showing existing conditions and proposed modifications.**  
 Attach any other substantiate documentation (i.e. official signed contract detailing project and access features costs, etc).

It is requested that the above named project be granted an exception from the accessibility requirements of the State of California Title 24 accessibility, as specifically noted below.

<b>A, B &amp; C. CBC Section 1134B - General Exception.</b> Applicable to existing buildings where construction cost at this tenant space <u>over the last three years</u> does <b>not exceed the valuation threshold amount</b> . The specific accessibility features that create a hardship may be exempted, but <b>not</b> to exempt all the accessibility features. The area of alteration itself may <b>not</b> be exempted.	<b>Valuation Threshold</b> Amount \$150,244.00 Valid until January 2017 Based on 2016 ENR Construction Cost Index
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Access Features Item Provide description below:	Does this feature meet the latest edition of Title 24? P = Partial NP = Not Provided	If not, is this feature going to be made accessible as part of this permit?	Cost of making feature accessible (Attach Documentation)
1. Accessible parking	YES ( ) NO ( ) P ( )	YES ( ) NO ( )	\$
2. Path of travel to entrance	YES ( ) NO ( ) P ( )	YES ( ) NO ( )	\$
3. Entrance	YES ( ) NO ( ) P ( )	YES ( ) NO ( )	\$
4. Path of travel to area of remodel	YES ( ) NO ( ) P ( )	YES ( ) NO ( )	\$
5. Sanitary facilities	YES ( ) NO ( ) P ( )	YES ( ) NO ( )	\$
6. Elevator <i>(If provided)</i>	YES ( ) NO ( ) NP ( )	YES ( ) NO ( )	\$
7. Drinking fountains <i>(If provided)</i>	YES ( ) NO ( ) NP ( )	YES ( ) NO ( )	\$
8. Public telephones <i>(If provided)</i>	YES ( ) NO ( ) NP ( )	YES ( ) NO ( )	\$
9. Path of travel from public way	YES ( ) NO ( ) P ( )	YES ( ) NO ( )	\$
10. Other: Specify:			\$
<b>A. Total cost of access features to be provided</b>			\$
<b>B. Total cost of construction of project (w/o the access features) (attach documentation):</b>			\$
<b>C. Total cost of other work performed over the last 3 years in this tenant space:</b>			\$
<b>Percentage of total cost of project (A / B+C) x 100%:</b>			%

Description of access features to be provided, and impact on accessibility to the facility and financial feasibility of project:

**C. Alterations over the last three years in this tenant space.** Include in total project valuation item C above *unless* 20% of valuation of individual remodel has already been expended on access feature (provide documentation).

Permit Number	Date	Description	Total Project Valuation (Including Cost for Access)	Cost Spent for Access (Attach Documentation)
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**D. CBC Section 202 Definition - Unreasonable Hardship - Specific Exceptions.**

**\*\*Do not use this portion if part A above has been completed\*\*** This part is generally used for remodels exceeding the valuation threshold amount and where Title 24 provides a specific exemption from accessibility features.

Exceptions Requested	Code Section & Exception Number (Required)	Cost of Accessible Features (Attach Documentation)
_____	_____	\$ _____
_____	_____	\$ _____
<b>Description of access features:</b>		<b>TOTAL</b>
		\$ _____

(A) Cost of all construction w/o access features \$ \_\_\_\_\_ (B) Cost of access features \$ \_\_\_\_\_

The cost of access feature increases the cost of construction by *percentage*  $(B / A) \times 100 =$  \_\_\_\_\_ %

The facility is used by the general public for the purpose of: \_\_\_\_\_

The impact on accessibility to the facility and financial feasibility of the project, if the requested exception is not approved is:

**Required: The following individuals provided information listed above:**

Architect/Designer <i>(please print)</i>			Owner/Tenant <i>(please print)</i>		
Address			Address		
City	State	Zip Code	City	State	Zip Code
<u>Signature Required</u>		Date	<u>Signature Required</u>		Date

**\*\*FOR CITY USE ONLY\*\***

**Findings and Decisions of the Building Official** Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Request Granted**

General Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of the California Building Code. Access features listed in part A and in the findings of Enforcing Official of this form shall be provided as part of this permit.

Specific Exception(s) request is approval based on California Building Code Section(s): \_\_\_\_\_. All other access features shall be provided as specified in Title 24.

Ratification required based on Section 109.1 of CBC. This decision must be ratified by the Handicapped Access Appeals Board. An application must be completed and a filing fee paid before the board can hear your request.

**Request Denied**

If you disagree with this determination, you may seek an appeal through the Handicapped Access Appeals Board. An application must be completed and a filing fee paid before the board can hear the request

Name of Building Official <i>(please print)</i>	Signature of Building Official	Date