

ACCESSIBILITY UPGRADE BUDGET WORKSHEET NON-RESIDENTIAL BUILDING ALTERATIONS

Neighborhood Services

Effective: August 10, 2023

Job	Address:					
Pro	ject Name:					
Per	mit #:	Permit Valuation: \$	Occupancy Group:			
Applicant Name:			Telephone #			
Ow	ner Name:		Telephone #			
1.	Total Cost of C	Construction:\$	<u> </u>			
a. C	Ground Floor: \$	b. Basement: \$	c. Other Floors:			
		Construction is the project valuation as verified by a features shall be included in the project valuation.	the Chief Building Official. New work that			
con	nplying with disa	nstruction Cost is the total monies needed for the project abled access requirements associated with the project development fees, minus disabled access upgrade contents.	ct), minus permitting costs, minus architectural			
2.	. Total cost of any alterations within the previous three years (see Declaration of Past Alterations, Remodels or					
	Additions Form): \$					
3.	Accumulative Total Construction Cost (add costs from items 1 & 2 above): \$					
4.	Current Valuation Threshold: \$ 200,399.00 (January 1, 2023)					
5.		al Cost (item 3 above) <u>exceeds</u> the Current Valuation accessible floor (ground floor or any floor that is acce				
6.	When the Total	al Cost exceeds the Current Valuation Threshold (ite	m 4 above) and the alteration occurs above or			

must be approved by the Chief Building Official).

floor and/or non-accessible floor alterations go to item 9 below.

below the ground floor of a non-elevator building, skip to item 9 below. (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



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8.		I understand that the existing primary entrance, path-of-travel and at least one set of complying restrooms, public phones (if any), and drinking fountains (if any) must be brought up to full compliance. (If the cost of providing restrooms, drinking fountains, public phones, 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 Chief Building Official will determine how much over the 20% constitutes a hardship upon reviewing the particular circumstances involved).						
9.		I understand that only 20% 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.		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	e): \$		_ x	.20	=	Obligation \$
I agree to comply.		omply.	Signature:					_ Date:
Approval		Signature					Date:	



ACCESS COMPLIANCE FOR EXISTING BUILDINGS

Neighborhood Services

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DECLARATION OF PAST ALTERATIONS, REMODELS, OR ADDITIONSDate:

Address:	
Permit #:	Cost of Alteration: \$
Complete this	form when the following occurs:
curren B. Alterat exemp 1.	ost of alteration, remodel, or addition without the cost of access features does not exceed the try valuation threshold. ion, remodel, or addition is made to the areas above or below the ground floor of a previously sted non-elavatored building of the following types; Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor. Offices of physicians and surgeons. Shopping centers. 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.
	oned address, \Box have / \Box have not performed alteration(s), remodel(s), or additions(s) to the hin the past three years of the date of this permit application
If you checked	"have" please state below the date(s) and the cost(s) of the previous alterations(s):
Date::	Cost: \$
Date:	Cost: \$
Date::	Cost: \$
	Signature of owner or lessee Date

Mailing Address

Phone Number



COST TABLE

Neighborhood Services

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Fill in the FULL/PARTIAL column with Full to indicate full Compliance and Partial to indicate partial Compliance of the item listed in the next column. 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 OLBIGATION amount found on the Accessibility Upgrade Worksheet in item 10. If an item causes the total amount to exceed the OLIGATION amount 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 OBLIGATION amount. The completed cost table will be reviewed and approved by the Building Division Staff.

1. PRIMARY ENTRANCE TO REMODELED AREA						
Full/Partial	DOO		Costs			
	A.	Change of door				
	B.	Threshold				
	C.	Hardware				
	D.	Kick plate				
	E.	Strike-side clearance				
	F.	Auto Closer				
	G.	Other				
	SIGN	IS AND IDENTIFICATION				
	H.	Sign at building entrance				
	I.	Sign in building lobby				
	J.	Other				
		Subtotal:				
		L TO REMODELED AREA				
Full/Partial	CHA	NGE OF ELEVATION(S)	Costs			
	A.	Ramps/Handrails/Landings				
	B.	Lifts/Handrails/Landings				
	B.	Lifts/Handrails/Landings Elevators/Lifts				
	B.	Lifts/Handrails/Landings				
	B. C. D.	Lifts/Handrails/Landings Elevators/Lifts Other				
	B. C. D.	Lifts/Handrails/Landings Elevators/Lifts Other				
	B. C. D. DOO	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door				
	B. C. D. DOO E. F.	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door Threshold				
	B. C. D. D. DOO E. F. G.	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door Threshold Hardware				
	B. C. D. DOO E. F. G. H.	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door Threshold Hardware Kick plate				
	B. C. D. D. F. G. H. I.	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door Threshold Hardware Kick plate Strike-side clearance				
	B. C. D. DOO E. F. G. H. I. J.	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door Threshold Hardware Kick plate Strike-side clearance Signs and identification (braille)				
	B. C. D. D. F. G. H. I.	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door Threshold Hardware Kick plate Strike-side clearance				
	B. C. D. DOO E. F. G. H. I. J.	Lifts/Handrails/Landings Elevators/Lifts Other RS Change of door Threshold Hardware Kick plate Strike-side clearance Signs and identification (braille)				



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3. RESTROOL	MS SERVING REMODELED AREA	
Full/Partial		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:	
	LEPHONES SERVING REMODELED AREA	
Full/Partial		Costs
	A. Mounting height	
	B. Equipment for hearing impaired	
	Subtotal:	
	FOUNTAINS SERVING REMODELED AREA	04-
Full/Partial	A Donland drinking fountain	Costs
	A. Replace drinking fountain	
	B. Relocate existing drinking fountain C. Provide alcove	
	=	
	D. Add wing walls and/or floor treatment E. Other	
	E. Other	
	Subtotal:	
	Subtotal:	



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6. SITE IMPRO	VEMENTS INCLUDING PARKING			
Full/Partial		Costs		
	A. Access from Public Way			
	B. Addition of accessible spaces and/or access aisle			
	C. Space signage			
	D. Access from accessible Stall (Path of Travel			
	Improvements)			
	E. Accessible Route To All Exits			
	F. Access Aisles			
	G. Detectable Warnings			
	H. Curb Ramps			
	I. Ramps			
	J. Stairs			
	K. Other			
	Subtotal:			

TOTAL:
OBLIGATION: (item 10 from Accessibility Upgrade Worksheet)
BALANCE:



DETERMINATION OF UNREASONABLE HARDSHIP

Neighborhood Services

Effective: August 11, 2023

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, that it has 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 because other existing physical or site constraints prohibit modification or addition of elements, spaces, or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.

****	*********	*****	FOR CITY USE ONLY ****	***********
This	documentation and detern	nination	of unreasonable hardship was consid	dered and the application is hereby:
	APPROVED		NOT APPROVED	
	Kenneth Murph	y, Chie	f Building Official	Date