



UNREASONABLE HARDSHIP REQUEST FOR EXISTING BUILDINGS

Community Development • Planning & Building
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
Hours: 7:30 a.m.–3:30 p.m., M–Th

This form must be completed for all building permit applicants requesting unreasonable hardship exception. California Title 24 disabled access regulations allow Building Services to approve some exceptions and/or to approve equivalent facilitations in certain circumstances when a finding of unreasonable hardship is made. Disproportionate cost must be established to qualify. The following information must be provided to process your request.

Project Name: _____

Project Address: _____

- 1. Cost of all construction contemplated (excluding access features)¹ _____
- 2. Cost of providing complete access compliance (Division 1) _____
- 3. Cost of proposed access features. (Equal to more than item 4 below.) _____
- 4. 20% of construction cost _____
- 5. Proposed fully complying new accessibility features which will be gained: _____

- 6. Accessibility features which will be improved to provide equivalent or improved access as an alternate to Division I Compliance:

- 7. List existing non-complying accessibility features: _____

- 8. The nature of the use of the facility under construction and its availability to persons with disabilities:

¹ Show total cost of project of all construction along the same path of travel over last three years

9. Special hardship considerations such as functional, structural, and financial impacts on the feasibility of the project:

Any request for an unreasonable hardship must address all of the above listed criteria. Emphasis should be placed on the elements that demonstrate the greatest need for the approval of an unreasonable hardship. All details of any unreasonable hardship finding will be recorded and kept on file by the City of Alameda.

SIGNATURES

I hereby acknowledge that the above is true to the best of my knowledge.

Applicant:

Signature

Date

Print name

Owner:

Signature

Date

Print name

Design Professional:

Signature

Date

Print name

Contractor:

Signature

Date

Print name

FOR OFFICE USE ONLY

- Approved
- Not Approved

Gregory J. McFann, Building Official

Date