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 I) __________________

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 

Revised 1/30/2014
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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:**

__________________________________________________________ Date__________

Signature 

__________________________________________________________

Print name

**Owner:**

__________________________________________________________ Date__________

Signature 

__________________________________________________________

Print name

**Design Professional:**

__________________________________________________________ Date__________

Signature 

__________________________________________________________

Print name

**Contractor:**

__________________________________________________________ Date__________

Signature 

__________________________________________________________

Print name

**FOR OFFICE USE ONLY**

☐ Approved
☐ Not Approved

__________________________________________________________ Date__________

Gregory J. McFann, Building Official