



City of Pomona —Building and Safety Division

Construction Hardship Form (Exceeds Minimum)

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel must be provided to the specific area of construction.

When the adjusted construction cost of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration ***EXCEEDS*** a valuation threshold of \$170,466.00, the cost of compliance with Section 11B-202.4 of the 2019 California Building Code shall be a ***minimum of 20%*** of the adjusted construction cost of alterations, structural repairs or additions.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the altered area;
3. At least one accessible restroom for each sex or one accessible unisex (single-user or family) restroom;
4. Accessible telephones;
5. Accessible drinking fountains; and
6. When possible, additional accessible elements such as parking, signs, storage and alarms.

Please complete the attached worksheet, and prepare a site and floor plan of the existing and proposed accessibility improvements along the accessible route to the area of alteration that shall be submitted to the Building Division in duplicate, prior to completing your plan review. One copy of the approval or denial of the unreasonable hardship request will be returned to the applicant.

Please note that this request for hardship is subject to approval by the Building Official and a ratification process by the access appeals board.

Additionally, barrier removal is ongoing obligation for ADA and this application does not exempt the applicant of any obligations to removing barriers in a reasonable time frame and by signing this report you understand that this 20% is for this addition/alteration alone.

EXAMPLE FORM

Project Address: 123 Hope Street		Application No. B1409-241	
Project Description/Location: Office tenant improvement (2,040 SF) at 5th floor Suite No. 502		Permit Valuation: \$180,000.00	
Type: <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed Construction: \$144,000.00	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
Accessible entrance	NO	YES	\$ 2,400.00
Accessible route to the altered area	NO	PARTIAL	\$26,000.00
Accessible restroom for each sex serving the area	NO	YES	\$ 8,000.00
Accessible telephones	N/A	N/A	
Accessible drinking fountains	N/A		
Other (Any of the below)			
Accessible parking spaces	NO	YES	\$ 1,100.00
Signs	NO		
Alarms	N/A		
Other:			
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		\$37,500.00
Total Cost on Same Path of Travel (B)	Cost of Proposed Construction and Cost of Preceding Alterations.		\$144,000.00
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		26%
Description of Access Features Provided:			
New entrance landing, new accessible fixtures for the restrooms, properly mark and identify the accessible parking area, and 27 cubic yards of concrete (289 feet of sidewalk)			
Hardship Request: 345 lineal feet of exterior sidewalk that exceeds 2.08% cross slope which is 3.4% - 3.8%. Without this request approval the project will not be able to happen due to lack of finances. Please see attached implementation plan and my justification for approval.			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:	John Smith	Date: 09/12/2014	Company: Johns' Smithing & Wesson
Name: (print)	John Smith	Address:	123 Broadway
Title:	Architect of Record	City, State Zip:	Oroville, CA, 95965
Agent for:	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	530-000-0000
For Building Official Use Only			
Approved by:		Title:	Date: / /

FORM

Project Address:		Application No.	
Project Description/Location:		Permit Valuation:	
Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		Adjusted Cost of Proposed Construction:	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
Accessible entrance			
Accessible route to the altered area			
Accessible restroom for each sex or a uni-sex restroom serving the area			
Accessible telephones			
Accessible drinking fountains			
Other (Any of the below)			
Accessible parking spaces			
Signs			
Alarms			
Other:			
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		
Total Cost on Same Path of Travel (B) *	Construction cost for all proposed work on this permit application		
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		
Description of Access Features Provided:			
Hardship Request:			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:		Date: / /	Company:
Name: (print)		Address:	
Title:		City, State Zip:	
Agent for:	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	
For Building Official Use Only			
Approved by:	Title:	Date: / /	