

CITY OF ONTARIO

Building Department

Application for Unreasonable Hardship Exception to Disabled Access Requirements

Plan Check No.: _____

Date: _____

Please print legibly or type

Project Name and Address:	
Owner:	Telephone (include area code):
Applicant Name (please print):	Telephone (include area code):
Signature of applicant: _____ Date: _____	

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

<p>A. Section 11B-202.4 (exception 8) Exception Applicable to existing buildings where the construction cost at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility feature that creates a hardship may be exempted but not all the accessibility features. The area of the alteration itself may not be exempted.</p>			<p>Valuation Threshold Amount of</p> <p>\$ _____</p> <p>Amount will change in January</p>
Access Features	Does this feature meet the latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	Cost of making feature accessible (attach documentation)
Item: Provide description below:			
1. Accessible Entrance	YES _____ NO _____	YES _____ NO _____	\$ _____
2. Accessible route to the altered Area.	YES _____ NO _____	YES _____ NO _____	\$ _____
3. At least one accessible restroom for each sex or one accessible unisex (single-user or family) restroom.	YES _____ NO _____	YES _____ NO _____	\$ _____
4. Accessible telephones (If provided).	YES _____ NO _____	YES _____ NO _____	\$ _____
5. Accessible Drinking Fountains (if provided).	YES _____ NO _____	YES _____ NO _____	\$ _____
6. When possible, additional Accessible elements such as parking, signs, storage and alarms.	YES _____ NO _____	YES _____ NO _____	\$ _____
7. Other: Specify below			
	YES _____ NO _____	YES _____ NO _____	\$ _____
Total cost of access features provided (A):			\$ _____
Total cost of construction of project and other work performed over the last 3 years in this tenant space (B):			\$ _____
Percentage of total cost of project (A+B):			% _____
Description of features provided:			

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Application for Unreasonable Hardship Exception to Disabled Access Requirements (Continued)

Hardship Documentation No.: _____
Plan Check No.: _____
Date: _____

* Include cost of other work performed over the last 3 years in total valuation B on sheet one unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation below, including any previously approved Unreasonable Hardship Forms).

Alterations performed over the last three years in this tenant space:			
Permit Number	Date	Valuation	Was 20% of cost of project spent on access feature?

For Jurisdiction Use Only

Request Granted

Unreasonable Hardship Exception request is approved based on Section 11B-202.4 of Title 24. Access features listed in part A of the form shall be provided as part of this permit.

Specific Exception(s) requested is approved based on Section(s) _____. All other access features shall be provided as specified in Title 24.

Request denied. If you disagree with this determination, you may seek an appeal through the Chief Building Official.

Name of Chief Building Official:	Recommended by:
Name and Title (please print)	Name and Title (please print)
Signature	Signature
Date	Date