



CITY OF GILROY - DEVELOPMENT CENTER
 Community Development Department
Building & Safety Division
 7351 Rosanna Street, Gilroy, CA 95020
408 846-0451 - Fax: 408 846-0429 www.ci.gilroy.ca.us

**DISABLED ACCESS
 UNREASONABLE
 HARDSHIP
 APPLICATION
 (AF-5)**

Date: _____ Permit No. _____

Name: _____ APN: _____

Site Address: _____

I, _____, as the applicant for construction at the above site, hereby request approval for unreasonable hardship for disabled access requirements per 2013 California Building Code Section 11B-202.4.

For purposes of this exception, an unreasonable hardship may exist, where the cost of providing an accessible entrance, path of travel, sanitary facilities, drinking fountains, and public phones exceeds 20 percent (20%) of the cost of the project without these features. Furthermore, if the cost of the project without these features exceeds \$150,244.00 full accessibility is required and an unreasonable hardship may be considered if the cost exceeds 20 percent (20%) of the project cost. The annual valuation threshold is based on the January, 1981 threshold of \$50,000.00 as adjusted using the ENR 20 Cities Construction Cost Index, as published by Engineering News-Record, McGraw-Hill Publishing Company, for January of each year.

INSTRUCTIONS

As an applicant for this project, I must provide the information requested on page two of this application for City review and approval of my request for "Unreasonable Hardship." All requested estimates shall be accurate and complete; incomplete applications will not be accepted:

I. PLEASE PROVIDE THE NAMES OF ALL PERSONS RESPONSIBLE FOR THIS PROJECT.

Contractor:

Firm: _____
 Address: _____

 Phone: _____
 Print Name/Signature: _____

Owner:

Firm: _____
 Address: _____

 Phone: _____
 Print Name/Signature: _____

Architect:

Firm: _____
 Address: _____

 Phone: _____
 Print Name/Signature: _____

Tenant:

Firm: _____
 Address: _____

 Phone: _____
 Print Name/Signature: _____

II. HARDSHIP DETERMINATION: Not qualified if project is over \$ 150,244.00

1. Total cost of construction (w/o H.C. features)..... \$ _____
 An estimate itemizing the cost of construction shall be attached if not the same as permit valuation provided.
2. Total cost of accessible features to provide full compliance..... \$ _____
 (An estimate itemizing the cost of each accessible feature shall be provided.)
3. The percentage increase in cost to provide full compliance with the accessible features is..... \$ _____

III. ACCESSIBLE FEATURES TO BE PROVIDED:

1. An unreasonable hardship exemption requires the applicant to apply 20% of the total cost in Item #1 of Section II above towards disabled access features. Specify 20% of the total cost..... \$ _____

 2. All projects with a valuation under \$150,244.00 must provide the 20% figure identified above to disabled accessible features in the building. The list below prioritizes how the money is to be allocated, item "A" being the highest priority, "F" being the lowest. Please provide, on a separate sheet, a cost estimate that itemizes the features within each of the priority items listed below. The sum total of this itemization shall be listed on the line provided for each priority item.
 - A. An accessible entrance..... \$ _____
Describe the features:

 - B. An accessible route to the altered area \$ _____
Describe the features:

 - C. An accessible restroom for each sex..... \$ _____
Describe the features:

 - D. Accessible telephones..... \$ _____
Describe the features:

 - E. Accessible drinking fountains, and..... \$ _____
Describe the features:

 - F. When possible, additional accessible elements such as parking, storage and alarms..... \$ _____
Describe the features:

- TOTAL..... \$ _____

FOR CITY USE ONLY

- This documentation is to track the 20% required for access on projects under \$150,244.00 valuation.
 - This documentation is for determination of unreasonable hardship that was considered in consultation with:
 - Physically Challenged Board of Appeals Other _____
- _____
- _____
- _____

BUILDING OFFICIAL

By: _____ Date: _____
Title: _____

1-copy to Approved Field Set; 1 copy to Approved Office Set; 1 copy to Access Waivers File.