



CITY OF HAWAIIAN GARDENS
DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING AND SAFETY DIVISION
**UNREASONABLE HARDSHIP DETERMINATION
FOR COMMERCIAL ALTERATION PROJECTS**

INFORMATION
BULLETIN

A-001

Effective: 6-15-12

Revised:

Sheet 1 of 3

When the total construction cost of alterations, structural repairs, or additions to existing buildings and facilities does not exceed a valuation threshold of \$136,060.00 and the enforcing agency finds that full compliance with the requirements for disabled access upgrades serving the area of alteration, structural repair, or addition creates an "unreasonable hardship," an exception can be granted to allow for less than full compliance for the upgrades. This determination for "unreasonable hardship," as detailed in Code Section 1134B.2. 1, can be requested when the cost of providing the disabled access upgrades is disproportionate to the total construction cost; that is, where it exceeds 20% of the cost of the project without these upgrades. Under this determination, upgrades will still need to be made, but only to the point where the upgrade costs are disproportionate (i.e. 20% of the total construction cost will be required to be spent toward these upgrades).

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 building entrance and an accessible path of travel to this entrance from the public sidewalk and the disabled parking space.
2. An accessible route of travel from the accessible building entrance to the area of alteration, structural repair, or addition.
3. At least one accessible restroom for each sex serving the area of alteration, structural repair, or addition.
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition.
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition.
6. Additional accessible elements such as parking, storage, and alarms.

Your plan reviewer will provide additional information regarding the "unreasonable hardship" determination if you choose to apply for this for your project.

The second page of this Information Bulletin is an example of the findings that must be provided for a project where an "unreasonable hardship" determination is made. See the following blank form for Unreasonable Hardship to Disabled Access Requirements (Form A).

Application for Unreasonable Hardship to Disabled Access Requirements (Form A)
(For Existing Buildings Where Cost of Construction does not exceed \$136,060.00)

Project Address:	Plan Check #
Project Description:	Total Construction Cost (project valuation) \$ _____

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. **The area of alteration itself may not be exempted.**

Access Features item Provide description below	Does this feature meet latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making feature accessible? (Documentation may be required)
1. Path of travel to entrance	_____	_____	\$ _____
2. Entrance to Building	_____	_____	\$ _____
3. Path of travel within building / facility to area remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Restrooms	_____	_____	\$ _____
6. Public telephones if provided	_____	_____	\$ _____
7. Drinking fountains if provided	_____	_____	\$ _____
8. Other (parking, etc.)	_____	_____	\$ _____
Total Cost of access features provided (A)			\$ _____
Total cost of construction (B)			\$ _____
(A ÷ B) x 100% (20% minimum expenditure is required)			_____
Has the same tenant performed work in the same tenant space, within the last three years?			_____
Description of access features to be provided _____			

Applicant Information

I certify that the above noted information is true and correct.

Name (print) _____
 Firm Address _____

Signature _____
 Position _____

FOR DEPARTMENT USE ONLY

Approved by _____ Title _____ Date _____
 Denied by _____ Title _____ Date _____

Sample

Application for Unreasonable Hardship to Disabled Access Requirements (Form A)
(For Existing Buildings Where Cost of Construction does not exceed \$136,060.00)

Project Address: <i>10000 Carson Street</i>	Plan Check # <i>BLDG2012-XXX</i>
Project Description: <i>Office tenant improvement</i>	Total Construction Cost (project valuation) \$ <u>75,000</u>

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. **The area of alteration itself may not be exempted.**

Access Features item Provide description below	Does this feature meet latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making feature accessible? (Documentation may be required)
1. Path of travel to entrance	Yes		\$
2. Entrance to Building	Yes		\$
3. Path of travel within building / facility to area remodel	Yes		\$
4. Elevator	NA		\$
5. Restrooms	No		\$ 18,000
6. Public telephones if provided	NA		\$
7. Drinking fountains if provided	NA		\$
8. Other (parking, etc.)	Yes		\$
Total Cost of access features provided (A)			\$ 18,000
Total cost of construction (B)			\$ 75,000
(A ÷ B) x 100% (20% minimum expenditure is required)			24%
Has the same tenant performed work in the same tenant space, within the last three years?			No
Description of access features to be provided <u>Provide accessible men's and women's restrooms</u>			

Applicant Information

I certify that the above noted information is true and correct.

Name (print) John Smith
 Firm Address 201 West Figueroa Street, Suite #110
Los Angeles, CA 90000

Signature: *John Smith*
 Position project Architect

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Approved by: _____
 Denied by: _____

Title: _____ Date: _____
 Title: _____ Date: _____