



City of Hemet Building & Safety Department

Application for Unreasonable Hardship Exception to Disabled Access Requirements

Please print legibly or type.

Project Address	
Owner	Telephone Include Area Code
Applicant	Telephone Include Area Code

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.

A. Section 1134B.2.1 General Exception Applicable to existing building where total valuation of all construction performed at this tenant space over the last three years does not exceed the valuation threshold amount. Specific accessibility features that create a hardship may be exempted but not all the accessibility features. The area of alteration itself must fully comply. Valuation Threshold Amount \$ 128,410.86.

Access Features Item Provide description below	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?	If so, cost of making feature accessible? Attach documentation
1. Path of travel to entrance	_____	_____	\$ _____
2. Entrance	_____	_____	\$ _____
3. Path of travel within building/facility to area of remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Sanitary facilities	_____	_____	\$ _____
6. Public telephones If provided	_____	_____	\$ _____
7. Drinking fountains If provided	_____	_____	\$ _____
8. Other (Parking, etc.) Specify	_____	_____	\$ _____
Total cost of access features provided (A)			\$ _____
Total cost of construction of this project and all other work performed over the last 3 years in this tenant space (B) *			\$ _____
Percentage of total cost of project (20% minimum): (A ÷ B) x 100			% _____

Description of access features to be provided:

Alterations performed over the last three years in this tenant space*

Permit Number	Date	Valuation	Was 20% of cost of project spent on access features?
_____	_____	_____	_____

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

B. Specific Exceptions. Do not use this portion if part A has been completed.

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

Exceptions Requested	Code Section/Exception	Cost of Making Features Accessible Attach Documentation
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

Description

The cost of all construction contemplated is \$ _____

The access feature increases the cost of construction by *Percentage* of construction cost

The impact on financial feasibility of the project, if the requested exception is not approved is _____

The facility is used by the general public for the purpose of _____

The following individuals provided information listed above

Architect/Designer			Owner/Tenant		
Address			Address		
City	State	Zip Code	City	State	Zip
Signature Required		Date	Signature Required		Date

For Jurisdiction Use Only

Date Received	Received by
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Findings and decisions of the Enforcing Official

- ___ **Request Granted**
- ___ General Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of Title 24 Access features listed in part A of this form shall be provided as part of this permit.
- ___ Specific Exception(s) request is approval based on Section(s) _____. All other access features shall be provided as specified in Title 24.
- ___ Ratification required. This decision must be ratified by the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request.
- ___ **Request denied.** If you disagree with this determination, you may seek an appeal through the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request.

Name of enforcing official Please print	Signature of enforcing official	Date
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