



**City of Walnut Creek**  
**Development Review Services**  
 1666 N. Main Street, Walnut Creek, CA 94596  
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Issued June 15, 2022

## Accessibility Unreasonable Hardship Application

PROJECT INFORMATION:	PERMIT NUMBER: _____ PROJECT ADDRESS: _____ City: <u>Walnut Creek</u> Zip: _____
TYPE OF USE	Public Housing    Office    Retail    Bar/Restaurant    Clinic    Hotel    Other: _____

Check one:

**Option A.** This project does NOT exceed the valuation threshold per CBC 11B-202.4 Exception 8 and as shown at the [Division of State Architect](#) website.

**Option B.** This project does exceed the valuation threshold per CBC 11B-202.4 Exception 8 and as shown at the [Division of State Architect](#) website. Equivalent facilitation is required for all elements on path of travel.

**Option C.** This project contains elements that make it technically infeasible to achieve full compliance with the applicable accessibility requirements due to Technical Infeasibility per CBC 11B-202.3 Exception 2 or due to Legal Constraints. *Documentation must be provided to support Option C.*

### ANALYSIS

<b>1. Total Project Construction Cost.</b> What is the cost of construction proposed under this permit? <i>Exclude the cost of accessibility upgrades as allowed by CBC 11B-202.4 Please attach signed contract bid</i>	\$		
<b>2. Projects During Last Three Years.</b> Cost of alterations to areas on the same path of travel undertaken during the preceding three-year period which did not provide an accessible path of travel to the area of alteration. <i>Per CBC Chapter 2, Path of Travel includes toilet and bathing facilities, telephones, drinking fountains, and signs serving the area of work.</i>	\$		
PROJECT DESCRIPTION	<i>excluding access features</i> PROJECT COST		
	\$		
	\$		
	\$		
<b>2a.</b>	SUBTOTAL \$		
<b>3.</b> Add lines 1 and 2a. <i>This sum may trigger Option B requirements.</i>	TOTAL: \$		
<b>4.</b> Enter 20% of the total construction cost	X Line 3: \$		
<b>5. Accessible Elements of Project Property.</b> For each element listed below at the project property, indicate: Is the element accessible now? Will the element be altered? What is the estimated cost of the alteration? If there is no plan to alter an element, leave the cost field BLANK.			
ELEMENT ALONG PATH OF TRAVEL	IS ELEMENT ACCESSIBLE NOW?	WILL ELEMENT BE MADE ACCESSIBLE?	WHAT IS ESTIMATED COST OF IMPROVEMENT?
<b>5a.</b> Parking	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	No    Yes	\$
<b>5b.</b> Route from Parking to Entrance	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	No    Yes	\$
<b>5c.</b> Primary Entrance	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	No    Yes	\$
<b>5d.</b> Route from Entrance to the Altered Area	No    Yes	No    Yes	\$
<b>5e.</b> Restrooms	No    Yes	No    Yes	\$
<b>5f.</b> Public Telephones	No    Yes    N/A	No    Yes	\$
<b>5g.</b> Drinking Fountains	No    Yes    N/A	No    Yes	\$
<b>5h.</b> Signage	No    Yes	No    Yes	\$
<b>5i.</b> Route from Street/Sidewalk to Entrance	No    Yes	No    Yes	\$
<b>6. Total Cost of Proposed Accessibility Improvements Along Path of Travel:</b> Add lines 5a through 5i. <i>Please attach signed contract bid for itemized cost.</i>	TOTAL: \$		

7. What is the **Total Cost of Improvements Needed to Achieve Full Compliance?** Attach detailed cost estimate. \$

**FOR OPTION A, B AND C:**

8. Specify existing non-complying accessibility features for which a hardship is requested:

**FOR OPTION B ONLY:**

9. Describe how equivalent facilitation will be provided for the features identified above in #8: *Continue on separate sheet as needed*

**FOR OPTION C ONLY:** *On a separate sheet:*

10. Provide a description for each element that meets the Code definition of “technically infeasible.”

11. Describe why full access compliance is technically infeasible for each element.

12. If applicable, describe the legal constraint that would preclude complete access compliance.

**NOTES TO APPLICANT**

- Address all of the above-listed criteria for the selected option in your request for an unreasonable hardship.
- Place emphasis on the elements that provide the greatest improvements to disabled access.
- A disproportionate cost must be established to qualify for a hardship.
- All details of any unreasonable hardship finding will be recorded and kept on file by the City and are subject to ratification through an appeals process.

**REQUIRED SIGNATURES**

I hereby affirm that the information provided on this form is true to the best of my knowledge. As the owner or authorized agent of the property or tenant space, by signing below I acknowledge that I understand that although the project is in compliance with the California Building Code requirements, the limited disabled access upgrades shown on this form will not limit or absolve my liability under the Americans with Disability Act.

• SIGNATURE of Property Owner PRINT Name DATE

• SIGNATURE of Design Professional PRINT Name DATE