



Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

John C. Prescott
Community Development Director

APPLICATION FOR UNREASONABLE HARDSHIP

The California Building Code (CBC) requires that all existing buildings; when added to, altered or repaired will comply with the same disabled access requirements as for new construction.

Exception 1 of the CBC allows that an application for hardship may be granted by the Building Official for construction projects for existing buildings when the building permit valuation does not exceed the amount specified per currently adopted edition of the CBC Chapter 11-B. Exception 1 does require that an expenditure of at least 20% of the total construction cost without access features be utilized to upgrade the accessible features at that building site.

Please complete the attached application if you are unable to provide full compliance with all accessible features as required by the CBC for new construction and if the valuation does not exceed the amount specified per currently adopted edition of the CBC Chapter 11-B. Documentation from two or more licensed contractor may be required to justify your estimates.

The attached 'SAMPLE' application is a typical example of a completed form.

If your project exceeds the amount specified per currently adopted edition of the CBC Chapter 11-B, full compliance with the CBC will be expected, unless one of the other exceptions in the code applies to your project.

If you have questions or comments regarding the Unreasonable Hardship Application process, please call Dave Powers at 805-449-2517 or Steve Stoltze at 805-449-2520.

Application for Unreasonable Hardship to Disabled Access Requirements
 (For Existing Buildings Where Cost of Construction does not exceed the amount specified per currently adopted edition of California Building Code Chapter 11-B.)

Project Address:	Plan Check #:	Fee:
Project description :	Receipt #:	
	Total Construction Cost without Access Features (B) \$ _____	

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 telephone if provided	_____	_____	\$ _____
7. Drinking fountains if provided	_____	_____	\$ _____
8. Other (parking, etc.)	_____	_____	\$ _____
Total cost of access features provided (A)			\$ _____
Total cost of construction without access features (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) _____ Signature _____

Firm address _____ Position _____

FOR DEPARTMENT USE ONLY

Approved by _____ Title _____ Date _____

Denied by _____ Title _____ Date _____



Application for Unreasonable Hardship to Disabled Access Requirements
 (For Existing Buildings Where Cost of Construction does not exceed the amount specified per currently adopted edition of California Building Code Chapter 11-B.)

Project Address:	Plan Check #:	Fee:
Project description :	Receipt #:	
	Total Construction Cost without Access Features (B) \$ _____	

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	<u>NO</u>	<u>YES</u>	\$ <u>8,000.00</u>
2. Entrance to Building	<u>YES</u>	<u>----</u>	\$ _____
3. Path of travel within building/ facility to area remodel	<u>NO</u>	<u>YES</u>	\$ <u>3,000.00</u>
4. Elevator	<u>NA</u>	<u>----</u>	\$ _____
5. Restrooms	<u>NO</u>	<u>NO</u>	\$ _____
6. Public telephone if provided	<u>NA</u>	<u>----</u>	\$ _____
7. Drinking fountains if provided	<u>NA</u>	<u>----</u>	\$ _____
8. Other (parking, etc.)	<u>NA</u>	<u>----</u>	\$ _____
Total cost of access features provided (A)			\$ <u>11,000.00</u>
Total cost of construction without access features (B)			\$ <u>50,000.00</u>
(A ÷ B) x 100% (20% minimum expenditure is required)			<u>22%</u>
Has the same tenant performed work in the same tenant space, within the last three years?			\$ _____
Description of access features to be provided <u>Compliant path of travel from the public street to the building entrance;</u> <u>compliant path travel within the building to the area of remodel</u>			

Applicant Information

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

Name (print) To be completed by applicant Signature To be completed by applicant

Firm address To be completed by applicant Position To be completed by applicant

FOR DEPARTMENT USE ONLY

Approved by _____ Title _____ Date _____

Denied by _____ Title _____ Date _____

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