APPLICATION FOR UNREASONABLE HARDSHIP FINDING
CBC SECTION 11B-202.4
Adjusted Construction Cost Exceeding $156,162 (2017)

**Project Information**

Project Address_____________________________________________________________ Permit # __________________

Project Description ______________________________________________________________________________________

Type of Facility_________________________________________________ Adjusted Construction Cost: $ _____________

**FULL COMPLIANCE COST OF DISABLED ACCESS UPGRADES OUTSIDE OF AREA OF REMODEL**

- Accessible entrance and route to the altered area....................................................................................... $
- Accessible restrooms................................................................................................................................. $
- Accessible telephones ............................................................................................................................... $
- Accessible drinking fountains .................................................................................................................. $
- Additional accessible elements  (e.g. parking, signage, storage, and alarms) ............................................. $

TOTAL = $________

The accessibility feature upgrades would increase construction costs by ______%.

**EXPENDITURE FOR UNREASONABLE HARDSHIP COMPLIANCE** (20% of adjusted const. cost: $________)

Specify accessibility feature upgrades to be provided and the costs under following priority listing:

1. Accessibly path of travel to building or facility entrance (including entry doorway)  $________

2. Accessible path of travel within building or facility to the area of remodel  $________

3. Accessible restrooms  $________

4. Accessible drinking fountains and public telephones  $________

5. Additional accessible elements (e.g. parking, signage, storage, and alarms)  $________

TOTAL  $________

**APPLICANT INFORMATION**

Name (print) ___________________________________________ Signature ____________________________________

Firm Address ___________________________________________ Title/Position _____________________________________

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FOR DEPARTMENT USE ONLY

Approved by: ___________________________________________ Date: ______________________

Revised: 2/6/2017
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