

**Building and Safety
Permit Service Center**

UNREASONABLE HARDSHIP EXEMPTION REQUEST

Project Information

Application #:

Address:

Owner Information

Owner-Builder? Yes No

Name:

Phone:

Address:

City/ST/zip:

Email:

Previous Alterations

Provide documentation of previous *Unreasonable Hardship Exemptions* approved within the last 3 years. The cost of previous alterations for this area or a different area on the same path of travel that have been undertaken within the last 3 years of the proposed alteration must be included in the exemption calculations.

Permit #	Cost of all Accessibility Features provided under Listed Permit	Adjust Construction Cost less Accessible Features
	\$	\$
	\$	\$
	\$	\$
Total Costs:	\$	\$

Technical Infeasibility

A request for determination of technical infeasibility is included with this Unreasonable Hardship Exemption Application. Please attach a detailed analysis documenting the technical infeasibility and demonstrating that the alteration will provide equivalent facilitation or comply with the requirement to the maximum extent feasible.

Note: Technical Infeasibility is demonstrated when an alteration of a building or a facility has little likelihood of being accomplished because the existing structural conditions require the removal or alteration of a load-bearing member that is an essential part of the structural frame, or because other existing physical or site constraints prohibit modification or addition of elements, spaces or features which are in full and strict compliance with the minimum requirements for new construction and are necessary to provide accessibility.

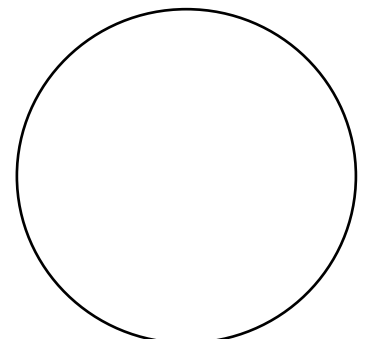
Building and Safety
1947 Center St. 3rd floor
Berkeley, CA 94704
510-981-7440 TTY 6903
[buildingandsafety@
cityofberkeley.info](mailto:buildingandsafety@cityofberkeley.info)

TABLE A - Current Cost Calculations

A Primary Accessible Path of Travel Features as listed in CBC Section 11B-202.4 which are required to comply with Chapter 11B	B Does this feature meet the previous California Building Code Chapter 11B?		C Is this feature going to be made compliant as part of this permit?		D Cost of accessibility feature for items checked "Yes" under column C
	Yes	No	Yes	No	Amount
1. Path of travel:					
a. Public Right-of-Way to Primary Entrance					\$ <input type="text"/>
b. Primary Entrance of the BUilding or Facility					\$ <input type="text"/>
c. Within building/facility to area of alteration					\$ <input type="text"/>
d. Elevator					\$ <input type="text"/>
2. At least one accessible restroom for each sex serving the area of alteration.					\$ <input type="text"/>
3. Accessible drinking fountains serving the area of alteration.					\$ <input type="text"/>
4. Accessible telephones serving the area of alteration, if provided.					\$ <input type="text"/>
5. Additional Accessible Elements:					\$ <input type="text"/>
a. Parking serving the area of alteration, if parking existing or is being provided.					\$ <input type="text"/>
b. Signs serving the area of alteration.					\$ <input type="text"/>
c. Storage serving the area of alteration, if provided.					\$ <input type="text"/>
d. Alarms serving the area of alteration.					\$ <input type="text"/>
e. Other:					\$ <input type="text"/>
Total cost of all accessibility features to be provided under this permit and those already provided under previous alterations on the same path of travel:					\$ <input type="text"/>
Total adjusted construction cost for all proposed work under this permit application including the adjusted construction cost from previous alterations, less accessible features noted in Column D:					\$ <input type="text"/>
Total Cost of Accessible Features as a Percentage of Total Construction Cost:					<input type="text"/>

Architect/Designer Information

Name: _____ Phone: _____
 Company: _____ Bus Lic #: _____
 State Lic #: _____ Lic. Class: _____
 Address: _____ City, Zip: _____
 Email: _____
 Signature _____ Date _____



Owner Signature

Signature _____ Date _____

**Architect/Designer
must wet stamp & sign**

Office Use Only

Determination of unreasonable hardship: Pursuant to California Building Code Section 11B-202.4, it is determined that full compliance with accessibility requirements constitutes an unreasonable hardship. Accessibility features listed on this form must be installed as part of this permit.

Determination of Technical Infeasibility: Pursuant to California Building Code Section 11B-202.3, it is determined that the alteration provides equivalent facilitation or complies with the accessibility requirements to the maximum extent feasible.

Request Denied: Findings and determinations by the Building Official shall be subject to ratification through an appeals process. If you disagree with this determination you may seek an appeal through the City of Berkeley Access Board of Appeals. Appeals must be applied for within 30 days of this denial

Plans Examiner

Name Signature Date

Building Official

Name Signature Date