



EVALUATION OF ADJUSTED CONSTRUCTION COST AND ACCESSIBLE PATH OF TRAVEL REQUIREMENTS

PLAN CHECK#:		DATE:	
BUSINESS NAME			
PROFESSIONAL OF RECORD/PROPERTY OWNER		ARCHITECT/CONTRACTOR	
JOB ADDRESS	SUITE	ADDRESS	CITY
PHONE		PHONE	

The above project is subject to California Building Code section 11B 202.4 exception No. 8 from the Path of Travel requirements in Alterations, Additions, and Structural Repairs as specifically noted below. This is not an exemption from compliance with The Americans with Disabilities Act Guidelines/Requirements.

A. Section 11B-202.4 Exception No. 8
Applicable to alteration to existing buildings where the construction cost at the tenant space over the last three years does not exceed the valuation threshold amount. Attached Contractor's Adjusted Construction Cost estimate for this project, enter amount in (A)

Valuation Threshold Amount: \$186,172.00
Value for January 2022

ACCESS FEATURES	MEETS THE LATEST EDITION OF TITLE 24? (Y=Yes; N=No; P=Partial)	IF NOT, WILL IT BE MADE ACCESSIBLE AS PART OF THIS PERMIT?	ATTACH A SEPARATE COST ESTIMATE SHEET FOR ACCESS FEATURES AND CONSTRUCTION COSTS (Total = (B))
1. Path of travel from parking lot to entrance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Path of travel from public sidewalk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Parking	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
4. <input type="checkbox"/> Entry <input type="checkbox"/> Ramp <input type="checkbox"/> Landing <input type="checkbox"/> Door	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
5. Path of travel within building	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
6. Elevator <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
7. Sanitary facilities	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
8. Public telephones, if provided	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
9. Public fountains, if provided	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
10. Signage	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
11. Other (Specify):	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	
Total cost of construction for this project (A):			
Total cost of providing access features (B):			
Total cost of construction last 3 years (C):			
Access compliance features percent of construction cost:			%

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DESCRIPTION OF FEATURES PROVIDED

*** Include cost of other work performed over the last three (3) years in total valuation (C) on sheet one unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation below).**

ALTERATIONS PERFORMED OVER THE LAST THREE YEARS IN THIS TENANT SPACE

PERMIT NUMBER	DATE	VALUATION	WAS 20% OF PROJECT COST SPENT ON ACCESS FEATURES?

The individual signing this request certifies the data submitted represents the cumulative construction costs on the facility or suite over the preceding three year period.

SIGNATURE

DATE