



ACCESSIBILITY UPGRADE REQUIREMENTS FOR EXISTING NONRESIDENTIAL BUILDINGS



COMMUNITY DEVELOPMENT DEPARTMENT • 345 N EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8561
www.stocktonca.gov/CDD/building

Use this form to document accessibility compliance and/or request an *unreasonable hardship* exemption for existing nonresidential buildings undergoing additions, alterations, or repairs.

Project Name: _____ Date: _____

Project Address: _____ APN: _____

Permit Valuation: \$ _____ Permit #: BP _____

1. Adjusted Construction Cost*: \$ _____

*The Adjusted Construction Cost includes all costs directly related to the construction of the project, including labor, material, equipment, services, utilities, contractor financing, contractor overhead and profit, and construction management costs. The adjusted construction cost shall not include: project management fees and expenses, architectural and engineering fees, testing and inspection fees, and utility connection or service district fees. The adjusted construction cost also shall not include the cost of access features.

2. Total cost of construction within the previous 3 years (page 2): \$ _____

3. **Total Cost** (add Items 1 & 2 above): \$ _____

4. Current Valuation Threshold: \$186,172.00 (valid through 12/31/2022)

5. When the Total Cost (item 3 above) exceeds the Current Valuation Threshold (item 4 above) go to item No. 7 below.

6. When the Total Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) go to item No. 8 below.

7. I understand that the existing primary entrance, path-of-travel, at least of one set of complying restrooms, public phones (if any), and drinking fountains (if any) must be brought up to full compliance.

8. I understand that only 20 percent of the Total cost of Construction (\$ _____) be spent on accessible upgrades. Itemize the proposed upgrades in the Cost Table to follow.

Responsible Party:

Print Name: _____

Signature: _____ Date: _____

Building Division Approval:

Print Name: _____

Signature: _____ Date: _____

Access Compliance for Existing Buildings
Declaration of Past Alterations, Remodels, or Additions
 (Applicable when the path of travel to the altered area is not fully compliant)

This form is to be used when:

- A. The cost of addition, alteration, or structural repair without the cost of access features does not exceed the current valuation threshold and the existing path of travel items per CBC 11B-202.4 are not fully compliant.
- B. If an area has been altered, within the past three years, without providing an accessible path of travel to that area, the total cost of alterations to areas on that path of travel shall be considered in determining whether the cost of making the path of travel accessible under this project is disproportionate.

I, _____ owner or lessee of the project space referenced on Page 1 have or have not, performed alteration(s), remodel(s), or addition(s) to the above space within the past three years of the date of this permit application.

If "have" is checked, state below the date(s) and the cost(s) of the pervious alteration(s):

Permit #:	BP _____	Date: _____	Cost: \$ _____
Permit #:	BP _____	Date: _____	Cost: \$ _____
Permit #:	BP _____	Date: _____	Cost: \$ _____
			Total: \$ _____

Owner or Lessee:

Print Name: _____

Signature: _____ Date: _____

Address: _____ Phone #: _____

Cost Table

Fill in COSTS column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals exceeds the amount from line 8 above. If an item causes the total amount to exceed the amount from line 8 of the worksheet, you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 8 above. The cost table shall be reviewed and approved by Building Division staff.

1.	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	A. Change of Door	
	B. Floor & Ground Surfaces	
	C. Hardware	
	D. Kick plate	
	E. Maneuvering & Strike-Side Clearances	
	F. Signs and Identification	
	G. Other (specify):	
	Subtotal:	\$
2.	PATH OF TRAVEL	
	A. Ramps	
	B. Lifts	
	C. Elevators	
	D. Walks/Curbs/Grading	
	E. Doors/Hardware	
	F. Signs and Identification	
	G. Other (specify):	
	Subtotal:	\$
3.	RESTROOMS SERVING REMODELED AREA	
	A. Enlarge Restroom	
	B. Alter Toilet Compartment	
	C. Doors	
	D. Replacement or Relocation of Fixtures	
	E. Replacement or Relocation of Accessories	
	F. Signs and Identification (Braille)	
	G. Grab Bars (bars and backing)	
	H. Other (specify):	
	Subtotal:	\$

4.	PUBLIC TELEPHONES	
	A. Provide accessible telephones	
	B. Other (specify):	
	Subtotal:	\$
5.	DRINKING FOUNTAINS	
	A. Replace drinking fountain	
	B. Relocate existing drinking fountain	
	C. Provide alcove	
	D. Add wing walls or detection rails	
	E. Other (specify):	
	Subtotal:	\$
6.	PARKING, STORAGE, ALARMS	
	A. Provide accessible parking stall(s)	
	B. Overlay Stall / Re-Grade, Max. 2% Slope	
	C. Re-Stripe	
	D. Signs and Identification	
	E. Curb Ramp	
	F. Provide alarms	
	G. Provide accessible storage facilities	
	Subtotal:	\$
	TOTAL:	\$

Additional Explanation/Comments: