City of Tracy
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Tracy, CA 95376

DEVELOPMENT &
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Disabled Access Unreasonable Hardship Application

Project Address:	
Owner:	Telephone: (Contact person)
Applicant:	Permit No.

Part I:

I am the owner/agent for the above referenced property and attest that ALL required accessible features meet the latest edition of Title 24. Therefore, an unreasonable hardship for disabled access is not applicable to this property or this project.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

Part II:

1) What is the cost of the project (valuation)? $

2) What is the cost to provide ALL required access features? $

3) To provide ALL required access features would increase construction cost by how much? (%)

4) What is the amount necessary to qualify for the exception? (20% of valuation)
(Same amount as shown in Section G, Part III)

I am the owner/agent of the above referenced property and attest that the above costs are accurate and true. I also agree to allocate expenditures for the accessible features as described on the back of this application.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

Part III:

	Access Features	Does this feature meet the latest edition of Title 24?	If not, is the feature (or portion thereof) to be made accessible at this time?	What is the cost of making the feature (or portion thereof) accessible?
A	Access & Path of Travel to Entrance (parking stall(s), loading zones, curb ramps, etc.)	Yes ☐ No ☐	Yes ☐ No ☐	$ _____ Dollar amount
B	Accessible Entry (door hardware, landings, thresholds, etc.)	Yes ☐ No ☐	Yes ☐ No ☐	$ _____ Dollar amount
C	Path of Travel to remodeled area or addition from entrance	Yes ☐ No ☐	Yes ☐ No ☐	$ _____ Dollar amount
D	Restroom(s)	Yes ☐ No ☐	Yes ☐ No ☐	$ _____ Dollar amount
E	Public Phone(s) (if provided)	Yes ☐ No ☐	Yes ☐ No ☐	$ _____ Dollar amount
F	Drinking Fountain(s) (if provided)	Yes ☐ No ☐	Yes ☐ No ☐	$ _____ Dollar amount
G	Total cost of accessible features provided (min. 20% of valuation) Note: All costs to be documented by actual bids or other information accepted by the Building Official.			$ _____ Dollar amount

Complete description of accessible features provided.

(Use additional sheets if necessary)