



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES
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Application for Unreasonable Hardship Exception to Disabled Access Requirements

For exception to specific sections of Chapter 11B or the 2007 CBC

Date submitted _____

Accepted By _____

Permit application # _____

Project Address _____

Owner / Applicant (print) _____ Telephone No. _____

Project Discription _____

Specific Exceptions: This part of the form is used for remodels exceeding the current set valuation threshold of \$ _____ (Based on the current ENR Construction Cost Index), and where Title 24 allows for an Unreasonable Hardship Exception from specific accessibility features (i.e. Section 1130B exceptions 1 and 2).

Exception requested	Code Section	Cost of making the feature accessible (Attach documentation)
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Cost: _____

Description of Items to be provided:

The cost of construction for this project, _____, plus the cost of improvement over the last 3 Years, _____ equals a total cost of construction under consideration of _____.

The accessible features increase the cost of construction by _____%

Impact on financial feasibility of the project if the requested exemption is not granted:

The facility is used by the general public for the purpose of _____

Note: The determination of unreasonable hardship from this form by this office applies to specific sections of Chapter 11 B of the 2007 California Building Code only and does not allow for any exemption from any part of the accessibility requirements of the Federal Americans with Disabilities Act (ADA).

Owner's / Applicant's Signature _____

(Office use only below this line)

Your application for unreasonable hardship exception is:

_____ **Approved**

_____ **Denied**

Name of Code Official (Please Print) _____

Signature _____ **Date** _____