



**Building Department**  
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## 2021 ACCESSIBILITY UPGRADE WORKSHEET

### Accessibility Worksheet for Existing Commercial & Public Accommodation Buildings Request for Unreasonable Hardship

Job Address \_\_\_\_\_ Date \_\_\_\_\_

Project Name \_\_\_\_\_

Application No. \_\_\_\_\_ CBC Occupancy Group \_\_\_\_\_

Owner \_\_\_\_\_

Applicant \_\_\_\_\_

1. **Adjusted Construction Cost\*** (see last page for explanation): \$ \_\_\_\_\_

The **Total Cost of Construction** is the project valuation as verified by the Building Official. New work that requires accessible features shall be included in the project valuation per CBC Section 11B-202.4.

2. Cost of any alterations to this building within the previous three years: \$ \_\_\_\_\_

3. Accumulative Total Cost of Construction (add costs in 1 and 2 above): \$ \_\_\_\_\_

4. Current Valuation Threshold: \$172,418.00 (as of January 1, 2021): \$ \_\_\_\_\_

5. When the Total Cost of Construction (item 3 above) exceeds the Current Valuation Threshold (item 4 above) or the tenant/owner will be a government entity (Title II) complete compliance is required. Provide construction documents for the building and site that show complete compliance.

6. When the Total Cost of Construction (item 3 above) does not exceed the Current Valuation Threshold (item 4 above), removal of architectural barriers shall be preformed in the order required by CBC 11B-202.4 and apply only to the area of specific alteration. Provide construction documents that clearly show the improvements proposed and the features currently in compliance. Include a cost analysis listing the required 20% to be applied; with the itemized cost of the improvements accordingly.

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

**By signing this document I agree to complete the accessibility upgrade items shown  
throughout this worksheet**

## Suggested Cost Analysis

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 or exceeds the amount referenced in item 6 above (20% of valuation). The cost table shall be reviewed and approved by the Building Division.

Amount from item 6 of the worksheet \$ \_\_\_\_\_

1 F/P	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	<b>Door</b>	
	A. Threshold	
	B. Hardware	
	C. Kick plate	
	D. Strike-side clearance	
	E. Auto Closer	
	F. Landing Placard at building entrance	
	G. Tactile Exit Sign	
	H. Other	
	<b>Subtotal</b>	\$
<b>2 F/P</b>	<b>PATH OF TRAVEL</b>	
	A. Ramps/Handrails Landing	
	B. Stairs/Handrails/Landing	
	C. Elevators/Lifts	
	<b>Exit Doors</b>	
	A. Change out door	
	B. Threshold	
	C. Elevators	
	D. Hardware	
	D. Kick plate	
	E. Strike-side clearance	
	F. Signs and Identification (Braille)	
	G. Other	
	<b>Subtotal</b>	\$
<b>3 F/P</b>	<b>RESTROOMS SERVING REMODELED AREA</b>	
	A. Enlarge restroom	
	B. Enlarge door(s)	
	C. Strike-side clearance	
	D. Door symbols	
	E. Signs and Identification (Braille)	
	F. Replacement or Relocate plumbing fixtures (specify)	

	G. Grab bars (bars and backing)	
	H. Other	
	<b>Subtotal</b>	\$
<b>4 F/P</b>	<b>PUBLIC TELEPHONES</b>	
	A. Retrofit Existing	
	B. Additional for Compliance	
	C. Other	
	<b>Subtotal</b>	\$
<b>5 F/P</b>	<b>DRINKING FOUNTAINS</b>	
	A. Replace drinking fountain	
	B. Relocate existing drinking fountain	
	C. Provide alcove	
	D. Add wing walls and/or floor treatment	
	E. Other	
	<b>Subtotal</b>	\$
<b>6 F/P</b>	<b>SITE</b>	
	A. Access From Public Way	
	B. Accessible Parking Stall	
	C. Access From Van accessible Stall	
	D. Accessible Route To All Exits	
	E. Access Aisles	
	F. Detectable Warnings	
	G. Curb Ramps	
	H. Ramps	
	I. Stairs	
	J. Other	
	<b>Subtotal</b>	\$
	<b>GRAND TOTAL</b>	\$

**F=Full compliance**

**P=Partial compliance**

\***Adjusted Construction Cost:** Total monies needed for the project (including the costs of providing or complying with disabled access requirements associated with the project), minus permitting costs, minus architectural fees/costs, minus development fees, minus disabled access upgrade costs.