



Planning & Building Agency
 Building Safety Division
 20 Civic Center Plaza
 P.O. Box 1988 (M-19)
 Santa Ana, CA 92702
 (714) 647-5800
 www.santa-ana.org

DISABLED ACCESS COMPLIANCE DOCUMENTATION FORM

ACC-01 CBC 2019

A. PURPOSE OF THIS DOCUMENTATION: (check one)

- Finding of unreasonable hardship for projects UNDER the valuation threshold*
- Finding of unreasonable hardship for projects OVER the valuation threshold*
- Certification of Full Compliance with the 2019 California Building Code

* Valuation threshold as defined in the 2019 California Building Code, Section 11B-202.4 (Exception #8) and Section 202 is **\$186,172.00** (as of January 2022)

B. PROJECT INFORMATION TO BE COMPLETED BY PETITIONER:

Project Address:	Permit Number:
Project Description:	Floor Number:
Business Name / Owner:	Business Phone Number:
Legal Property Owner:	Phone Number:
Total Construction Cost or Project Valuation: \$	Cost of Providing Complete Disabled Access: \$

1. The cost of all construction contemplated in the determination of the valuation of improvement threshold based on the valuation of site and building improvements for the last three-year period.

Permit No.	Issuance Date	Valuation of Improvements
Total:		

2. 20% of Total Construction Cost or Project Valuation: \$ _____

3. The actual amount to be spent to provide disabled access: \$ _____

4. Describe the impact of the proposed improvements on financial feasibility of the project.

5. Describe the proposed improvements related to accessibility upgrades on this project.

6. Identify the accessibility features and equivalent facilities that **WILL** be brought into compliance with the latest edition of Title 24 as a part of this project and an estimate of the cost of each item: *(Documentation may be required)*

Accessible Features to be Made Accessible	Cost of Improvement
a. Entrance:	
<input type="checkbox"/> Door <input type="checkbox"/> Landing <input type="checkbox"/> Stairway/Steps <input type="checkbox"/> Ramp	\$
b. Path of Travel:	
<input type="checkbox"/> Path of travel from accessible parking to the building entrance and area of remodel	\$
<input type="checkbox"/> Path of travel to sanitary facilities / public phone / drinking fountain	\$
<input type="checkbox"/> Path of travel from the public way to the building entrance	\$
c. Sanitary facilities (Floor no.)	\$
d. Public phone(s)	\$
e. Drinking fountain(s)	\$
f. Parking	\$
g. Signage & Alarms	\$
i. Other:	\$
Total:	\$

7. Identify the accessibility features that **WILL NOT** comply if a request for unreasonable hardship is granted. Provide an estimated cost of compliance for each item: *(Documentation may be required)*

Accessible Features Not to be Improved	Cost of Improvement
a.	\$
b.	\$
c.	\$
Total:	\$

8. Petitioner must be the legal property owner or his/her legal representative:

I certify that the above noted information is true and correct.

Legal Property Owner Architect/Engineer Contractor Other: _____

Print Name: _____ Phone No. _____

Address: _____

Signature: _____ Date: _____

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Approved by: _____ Date: _____