



Planning & Building Agency  
 Building Safety Division  
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## DISABLED ACCESS COMPLIANCE DOCUMENTATION FORM

ACC-01 CBC 2022

**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 2022 California Building Code

\* Valuation threshold as defined in the 2022 California Building Code, Section 11B-202.4 (Exception #8) and Section 202 is **\$195,358.00** (as of January 2023)

**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:	\$
<b>Total:</b>	\$

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.	\$
<b>Total:</b>	\$

**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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**FOR AGENCY USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_