

PROJECT INFORMATION

Project Address: _____
 Project Description: _____
 Use of Building: _____ No. of Stories: _____ Type of Construction: _____
 Project Valuation: _____ Current Valuation of Threshold: \$ 172,418.00 (Rev. 1/21)

APPLICANT INFORMATION

Name: _____ Position: _____
 Address: _____

FULL COMPLIANCE COST OF DISABLED ACCESS UPGRADES OUTSIDE OF AREA OF REMODEL

* Path of travel to building or facility entrance	Complies or	\$
* Path of travel to building or facility	Complies or	\$
* Sanitary facilities	Complies or	\$
* Drinking fountains	Not applicable or Complies	\$
* Public Telephones	Not applicable or Complies	\$
TOTAL		\$

The Accessibility Feature Upgrade would increase construction costs by: _____ %

Specify accessibility feature upgrades to be provided and cost under the following priority listing: 20% of PROJECT VALUATION: \$ _____

1. Accessible path of travel to building or facility entrance (including entry doorway):	\$	
2. Accessible path of travel within building or facility to the area of remodel:	\$	
3. Accessible restroom for each sex:	\$	
4. Accessible drinking fountains and public telephones:	\$	
5. Additional accessible features:	\$	
TOTAL		\$

I have review the above-described features and their cost and they are an accurate description of the work being provided. I acknowledge that permit issuance does not protect against possible ADA lawsuits. (65941.9 CA Government Code)

Signature of Applicant	Position	Date
Signature of Building Official		Date