



**ACCESSIBILITY UPGRADE
BUDGET WORKSHEET
NON-RESIDENTIAL
BUILDING ALTERATIONS**

Neighborhood
Services
Effective: January 1, 2025

Job Address: _____

Project Name: _____

Permit #: _____ Permit Valuation: \$ _____ Occupancy Group: _____

Applicant Name: _____ Telephone # _____

Owner Name: _____ Telephone # _____

1. Total Cost of Construction: \$ _____

a. Ground Floor: \$ _____ b. Basement: \$ _____ c. Other Floors: _____

The **Total Cost of Construction** is the project valuation as verified by the Chief Building Official. New work that requires accessible features shall be included in the project valuation.

The **Adjusted Construction Cost** is the 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.

2. Total cost of any alterations within the previous three years (see Declaration of Past Alterations, Remodels or Additions Form): \$ _____

3. Accumulative Total Construction Cost (add costs from items 1 & 2 above): \$ _____

4. Current Valuation Threshold: \$ 203,611.00 (January 1, 2025)

5. When the Total Cost (item 3 above) exceeds the Current Valuation Threshold (item 4 above) and the alteration occurs on the accessible floor (ground floor or any floor that is accessible by a complying elevator), go to item 8 below.

6. When the Total Cost exceeds the Current Valuation Threshold (item 4 above) and the alteration occurs above or below the ground floor of a non-elevator building, skip to item 9 below. (A Determination of Unreasonable Hardship must be approved by the Chief Building Official).

7. When the Total Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) for the ground floor and/or non-accessible floor alterations go to item 9 below.



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8. I understand that the existing primary entrance, path-of-travel and at least one set of complying restrooms, public phones (if any), and drinking fountains (if any) must be brought up to full compliance. (If the cost of providing restrooms, drinking fountains, public phones, and the primary path of travel exceeds 20% of the cost of the actual project without these features, the owner may apply for a Determination of Unreasonable Hardship. If approved the 20% becomes the minimum obligation. The Chief Building Official will determine how much over the 20% constitutes a hardship upon reviewing the particular circumstances involved).
9. I understand that only 20% of the Total Cost of Construction (item 3 above) must be spent on upgrading the primary entrance, path-of-travel, restrooms, public phones (if any), and drinking fountains (if any); and, when possible, parking, storage, and alarms. (go to the Cost Table)
10. This building and site are fully accessible. If inspection by the Building Division reveals non-compliance with current accessibility requirements, I will revise this worksheet and the plans and modify the scope of work so that the building and site are in full compliance.

Total Cost (item 3 above): \$ _____ X .20 = Obligation \$ _____

I agree to comply. Signature: _____ Date: _____

Approval Signature _____ Date: _____



**ACCESS COMPLIANCE FOR
EXISTING BUILDINGS**

Neighborhood
Services
Effective: January 1, 2025

DECLARATION OF PAST ALTERATIONS, REMODELS, OR ADDITIONS

Date: _____

Address: _____

Permit #: _____ Cost of Alteration: \$ _____

Complete this form when the following occurs:

- A. The cost of alteration, remodel, or addition without the cost of access features does not exceed the current valuation threshold.
- B. Alteration, remodel, or addition is made to the areas above or below the ground floor of a previously exempted non-elavatorated building of the following types;
 - 1. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor.
 - 2. Offices of physicians and surgeons.
 - 3. Shopping centers.
 - 4. Other buildings and facilities three stories or more and more than 3,000 square feet per floor if a reasonable portion of services sought and used by the public is available on the accessible level.

I, _____, owner or lessee of the project space at the above mentioned address, have / have not performed alteration(s), remodel(s), or additions(s) to the above space within the past three years of the date of this permit application

If you checked "have" please state below the date(s) and the cost(s) of the previous alterations(s):

Date: _____ Cost: \$ _____

Date: _____ Cost: \$ _____

Date: _____ Cost: \$ _____

Signature of owner or lessee

Date

Mailing Address

Phone Number



COST TABLE

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Fill in the FULL/PARTIAL column with Full to indicate full Compliance and Partial to indicate partial Compliance of the item listed in the next column. 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 OBLIGATION amount found on the Accessibility Upgrade Worksheet in item 10. If an item causes the total amount to exceed the OBLIGATION amount you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the OBLIGATION amount. The completed cost table will be reviewed and approved by the Building Division Staff.

1. PRIMARY ENTRANCE TO REMODELED AREA		
Full/Partial	DOOR	Costs
	A. Change of door	
	B. Threshold	
	C. Hardware	
	D. Kick plate	
	E. Strike-side clearance	
	F. Auto Closer	
	G. Other	
SIGNS AND IDENTIFICATION		
	H. Sign at building entrance	
	I. Sign in building lobby	
	J. Other	
	Subtotal:	
2. PATH OF TRAVEL TO REMODELED AREA		
Full/Partial	CHANGE OF ELEVATION(S)	Costs
	A. Ramps/Handrails/Landings	
	B. Lifts/Handrails/Landings	
	C. Elevators/Lifts	
	D. Other	
DOORS		
	E. Change of door	
	F. Threshold	
	G. Hardware	
	H. Kick plate	
	I. Strike-side clearance	
	J. Signs and identification (braille)	
	K. Other	
	Subtotal:	



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3. RESTROOMS SERVING REMODELED AREA

Full/Partial		Costs
	A. Enlarge restroom	
	B. Enlarge door(s)	
	C. Strike side clearance	
	D. Door symbols	
	E. Signs and identification (braille)	
	F. Replacement or relocation of fixture (specify)	
	1.	
	2.	
	3.	
	G. Replacement or relocation of accessories (specify)	
	1.	
	2.	
	3.	
	H. Grab bars (bars and backing)	
	I. Other	
	Subtotal:	

4. PUBLIC TELEPHONES SERVING REMODELED AREA

Full/Partial		Costs
	A. Mounting height	
	B. Equipment for hearing impaired	
	Subtotal:	

5. DRINKING FOUNTAINS SERVING REMODELED AREA

Full/Partial		Costs
	A. Replace drinking fountain	
	B. Relocate existing drinking fountain	
	C. Provide alcove	
	D. Add wing walls and/or floor treatment	
	E. Other	
	Subtotal:	



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6. SITE IMPROVEMENTS INCLUDING PARKING

Full/Partial		Costs
	A. Access from Public Way	
	B. Addition of accessible spaces and/or access aisle	
	C. Space signage	
	D. Access from accessible Stall (Path of Travel Improvements)	
	E. Accessible Route To All Exits	
	F. Access Aisles	
	G. Detectable Warnings	
	H. Curb Ramps	
	I. Ramps	
	J. Stairs	
	K. Other	
	Subtotal:	

TOTAL: _____

OBLIGATION: _____
(item 10 from Accessibility Upgrade Worksheet)

BALANCE: _____



**DETERMINATION OF
UNREASONABLE HARDSHIP**

Neighborhood
Services
Effective: January 10, 2025

An unreasonable hardship exists when the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility that would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities. The details of any finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency.

TECHNICALLY INFEASIBLE

Technically infeasible means, with respect to an alteration of a building or a facility, that it has little likelihood of being accomplished because existing structural conditions would require removing or altering a load-bearing member which is an essential part of the structural frame; or because other existing physical or site constraints prohibit modification or addition of elements, spaces, or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.

***** **FOR CITY USE ONLY** *****

This documentation and determination of unreasonable hardship was considered and the application is hereby:

- APPROVED** **NOT APPROVED**

Kenneth Murphy, Chief Building Official

Date