



City of Huntington Beach
Department of Community Development
Accessibility Compliance Forms
2000 Main Street, Huntington Beach, CA 92648
Office: (714) 536 - 5241 Fax: (714) 374 - 1647

Summary of Accessible Upgrades – Form A Unreasonable Hardship Request – Form B

Background

Pursuant to the provisions of the California Building Code (CBC) Chapter 11B, the local building official may find an unreasonable hardship exists under certain conditions. The details of any such finding shall be recorded and entered into the files of the local enforcing agency. An unreasonable hardship exists when compliance with the building standard would make the specific work of the project affected by the building standard unfeasible, based on an overall evaluation of the following factors:

- 1) The cost of providing access.
- 2) The cost of all construction contemplated
- 3) The impact of proposed improvements on financial feasibility of the project.
- 4) The nature of the accessibility which would be gained or lost.
- 5) The nature of the use of the facility under construction and its availability of persons with disabilities.

Applicants making a case for an unreasonable hardship are required to complete both of the attached forms, as applicable, and submit it to their building plans examiner for consideration.

Applicability of forms

Form A (Summary of Accessible Upgrades) is applicable for all existing buildings per CBC 11B-202.4 Exception 8. Refer to <https://www.dgs.ca.gov/DSA/Resources/Page-Content/Resources-List-Folder/Access-Compliance-Reference-Materials#@ViewBag.JumpTo> for current threshold amount.

Form B (Unreasonable Hardships) is applicable to projects in existing buildings that exceed the valuation threshold per CBC Section 11B-202.4 (if bringing the building into full compliance will create an unreasonable hardship), Exception 8 or some portions of new construction where specifically allowed in CBC Chapter 11B. (Form A is still required w/ Form B).

Summary of Accessible Upgrades – Form A

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel must be provided to the specific area of construction.

When the adjusted construction cost of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration does not exceed the current valuation threshold (see Table 1 below for valuation threshold), the cost of compliance with Section 11B-202.4 of the California Building Code shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the area of alteration, structural repair, or addition (see definition of accessible route Section 202 & 11B-206.2.1 for more information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex serving the area of alteration, structural repair or addition;
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition;
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition; and
6. When possible, additional accessible elements such as additional parking, storage, signs and alarms.

The second page of this Information Bulletin provides an example showing a Summary of Accessibility Upgrades.

TABLE 1: VALUATION THRESHOLD FOR RECENT YEARS

YEAR	Valuation Threshold
2024	\$200,399.00
2023	\$195,358.00
2022	\$186,172.00
2021	\$172,418.00

Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded outside the area of alteration, structural repair, or addition

Summary of Accessible Upgrades – Form A

Project Address:		Permit Number:	
Project Description/Location:		Permit Valuation:	
Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed Construction:	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
1. Accessible entrance			\$
2. Accessible route to the altered area			\$
3. Accessible restroom for each sex or a unisex restroom			\$
4. Accessible telephones			\$
5. Accessible drinking fountains			\$
6. Other (Any of the below)			
A. Accessible parking spaces			\$
B. Signs			\$
C. Alarms			\$
D. Other:			\$
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		\$
Adjusted Cost of Proposed Construction (B)	Construction cost for all proposed work on this permit application except Accessible Features Nos. 1-6 provided above.		\$
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Total Cost on Same Path of Travel.		%
Description of Access Features Provided:			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:		Date:	Company:
Name:(print)		Address:	
Title:	Architect of Record	City, State Zip:	
Agent for:	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	

*If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

Unreasonable Hardship Request – Form B

This form is applicable to projects in existing buildings that exceed the valuation threshold per CBC Section 11B.202.4, or some portions of new construction where specifically allowed. California Title 24 access regulations allow the Authority Having Jurisdiction (AHJ) to approve certain exceptions and/or to approve equivalent facilitation in certain circumstances when a finding of unreasonable hardship is made. The following information is needed to assist the AHJ with your request.

Permit Number _____

Project Address _____

1. Please indicate the specific applicable code section and exception from CBC Chapter 11B for this unreasonable hardship request: (Use a separate form for each separate code section.)

2. Description of how the proposed features will meet the exception provision(s) of the referenced code section:

3. Describe the nature of the use of the subject facility and the extent it is available to the public:

4. Proportionate cost analysis: (attach documentation)

Cost of making the feature(s) accessible (attach documentation) \$ _____
(Excluding accessible upgrades not located within the actual area of work)

Total cost of proposed work under this permit \$ _____

Total cost of improvements at the subject site for the last three years \$ _____

Total costs (add lines 2 and 3) \$ _____

The access features increase the cost of construction by (percentage of construction cost on line 2) _____%

Plan Checker Recommendations: _____

Signatures: I hereby acknowledge that the above is true to the best of my knowledge. As the owner of the property or tenant space, or an authorized agent representing the owner, by signing below I am acknowledging that I understand that although the project is in compliance with the California Building Code requirements, the limited disabled access upgrades shown on this form will not limit or absolve my liability under the American's with Disability Act

Designer: _____
Print Signature Date

Owner: _____
Print Signature Date

For Building Official Use Only

Approved by:

Title:

Date:

/ /