



Town of Corte Madera
 Building Department
 300 Tamalpais Drive
 Corte Madera, CA 94925
 (415) 927-5062 Fax (415) 927-5039

Disabled Access
Unreasonable Hardship Application

This Section to be Completed by Applicant

Facility Address: _____

Building Permit or Application No.: _____

Use of Facility: _____

1. Facility areas affected by this construction: _____

The applicant requests that an exception be granted from the specified disabled access regulations of the California Building Code because compliance would cause an unreasonable hardship within the meaning of Title 24 California Code of Regulations Section 202.

Waiver, or equivalent facilitation, of the following access features is requested
(check those that apply):

- | | |
|--|---|
| <input type="checkbox"/> Primary Entrance | <input type="checkbox"/> Public Phones/Drinking Foundations |
| <input type="checkbox"/> Path of Travel to Area of Remodel | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Sanitary Facilities | <input type="checkbox"/> Other (specify): _____ |

2. What is the cost of providing all required disabled access improvements? (Provide verifiable estimates): \$ _____

3. What us the cost of all contemplated construction Other than work directly associated with disabled access improvements? (Provide verifiable estimates): \$ _____

4. The required disabled access improvements increase The cost of construction by: _____ %

5. State the impact of the required disabled access improvements on the financial feasibility of the project? _____

6. Describe all disabled access features that would be gained or lost as a result of the proposed project. (Provide additional documentation if necessary): _____

7. Disabled access improvements equivalent to those that are requested to be waived will be provided and will consist of: _____

Note: Separate documentation may be provided to describe conditions and considerations that support a finding of unreasonable hardship in this specific case.

I declare that an unreasonable hardship exists and that literal compliance with required disabled access regulations would make the specific work affected by said regulations unfeasible.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Contact Person: _____ Phone: _____

This Section to be Completed by the Building Division

Construction plans & documents reviewed for code compliance by:

Name: _____ Date: _____

The request for an exception to the disabled access requirements contained in the California Building Code, due to hardship has been:

APPROVED Based on Section _____ of the California Building Code.

DENIED

Signature of Bldg. Dept. Representative

Date