



CITY OF LAGUNA HILLS

BUILDING DEPARTMENT
24035 EL TORO ROAD
LAGUNA HILLS, CA 92653

949/707-2600

APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION TO DISABLED ACCESS REQUIREMENTS

PLEASE PRINT OR TYPE

PROJECT ADDRESS:	PLAN CHECK #:
OWNER/TENANT:	CONTACT PHONE#:
APPLICANT:	CONTACT PHONE #

It is requested that the above named project be granted an exception from the requirements of the State of California Title 24 accessibility, as specifically noted below:

A. 2022 CBC Section 11B-202.3 Exception 2 and 202.4, Exception 8: Applicable to existing buildings where the construction costs at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted, but not all the accessibility features. The area of alteration itself may not be exempted.

**Valuation Threshold
Amount
\$203,611.00
Valid until January 2025**

Access Feature Item

In order of Priority

**Does this feature meet
the latest edition of
Title 24?**

**If not, is this feature
going to be part of this
permit?**

**Cost of making feature
accessible.**

Attach documentation

- | | | | |
|---|-------|-------|----------|
| 1. Path of travel to entrance | _____ | _____ | \$ _____ |
| 2. Entrance | _____ | _____ | \$ _____ |
| 3. Path of travel within
building/facility to area of
remodel | _____ | _____ | \$ _____ |
| 4. Elevator | _____ | _____ | \$ _____ |
| 5. Sanitary facilities | _____ | _____ | \$ _____ |
| 6. Public telephones, <i>if provided</i> | _____ | _____ | \$ _____ |
| 7. Drinking fountains, <i>if provided</i> | _____ | _____ | \$ _____ |
| 8. Other (Parking, etc) <i>Specify</i> | _____ | _____ | \$ _____ |

Total cost of access features provided (A)

\$ _____

**Total cost of construction of this project and all other work
performed over the last 3 years in this tenant space (B)**

\$ _____

Percentage of total cost of project (20% minimum): A/B x 100%

_____ %

Description of features provided:

Alterations performed over the last three years in this tenant space. Include in total valuation B above unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation).

Permit Number	Date	Description	Valuation

B. SPECIFIC EXCEPTIONS**DO NOT USE THIS PORTION IF PART A HAS BEEN COMPLETED**

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

Exceptions Requested	Cost Section/Exception	Cost of Making Features Accessible <i>Attach Documentation</i>
		\$
		\$
		\$
	Total	\$

Description:

Cost of all construction contemplated is \$

The access feature increases the cost of construction by *Percentage of construction cost* _____ %

The impact on financial feasibility of the project if the requested exception is not approved is:

The facility is used by the general public for the purpose of:

The following individuals provided information listed above

Architect/Designer			Owner/Tenant		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Signature Required		Date	Signature Required		Date

FOR CITY USE

Date Received:		Received by:	
<input type="checkbox"/> Request Approved		<input type="checkbox"/> Request Denied	
Name of Enforcing Official:	Signature of Enforcing Official:	Date:	

PLEASE ATTACH THIS DOCUMENT TO THE APPROVED PLANS FOR THE USE OF THE BUILDING INSPECTOR AND CONTRACTOR.