

## REQUEST FOR FINDING OF TECHNICAL INFEASIBILITY

Use this form to request a finding of *technically infeasible* in alterations, where compliance with applicable accessibility requirements is technically infeasible due to existing physical or site constraints which prohibit modification or addition of elements, spaces, or features to achieve full compliance, pursuant to the California Building Code (CBC) Section 11B-202.3 exception 2. Supporting documentation **must** be attached to this form for the request to be accepted for consideration.

PROJECT INFORMATION		
School District/Owner/Agency:	DSA File #:	-
Project Name/School:	DSA App. #:	-
APPLICANT		
Firm Name:	Contact Name:	
Work Phone Number:	Work Email:	
Work Address:		
City:	Zip:	County:
DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE		
Name of Design Professional in General Responsible Charge:		
Professional License #:	Discipline:	
Work Phone:	Work Email:	
Facilities Director (or appropriate contact):		
Work Phone:	Work Email:	
PROJECT LOCATION		
Project Location:		
Project Address:		
City:	Zip:	County:
TECHNICAL INFEASIBILITY INFORMATION		
Element(s) which are technically infeasible to improve (i.e. restroom, elevator, ramp etc.):		
Date:		

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**REQUEST FOR FINDING OF TECHNICAL INFEASIBILITY**

**APPLICANT'S STATEMENT OF RESPONSIBILITY:**

*I certify, under penalty of perjury, that I am acting for the School District/Owner/Agency in the legal capacity of agent making application for Finding of Technical Infeasibility*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE*

**DISTRICT AUTHORIZATION**

*I certify, under penalty of perjury, that the Architect/Structural Engineer listed herein is authorized to act for the school district/agency in the legal capacity of agent in making this application for finding of unreasonable hardship.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*AUTHORIZED DISTRICT REPRESENTATIVE (FACILITY DIRECTOR OR SIMILAR POSITION)*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*AUTHORIZED DISTRICT REPRESENTATIVE (FACILITY DIRECTOR OR SIMILAR POSITION)*

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REQUEST FOR FINDING OF TECHNICAL INFEASIBILITY

**DESCRIPTION OF REQUEST FOR TECHNICAL INFEASIBILITY**

**DESCRIBE THE NATURE OF THE CONDITION WHICH IS CONSIDERED TECHNICALLY INFEASIBLE AND PREVENTS FULL AND STRICT COMPLIANCE WITH THE MINIMUM ACCESSIBILITY REQUIREMENTS FOR NEW CONSTRUCTION** *(Attach plans. Additional information may be provided as needed.)*

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**REQUEST FOR FINDING OF TECHNICAL INFEASIBILITY**

**DUE TO TECHNICAL INFEASIBILITY, THE ALTERATION PROPOSES:**

- ☐ Equivalent facilitation.
- ☐ Compliance to the maximum extent feasible.

**DESCRIBE THE METHOD PROPOSED (*Attach additional pages if necessary.*)**

## REQUEST FOR FINDING OF TECHNICAL INFEASIBILITY

<b>DSA USE ONLY</b> <i>The details of any finding of technically infeasible will be recorded in the DSA project file.</i>					
<b>REQUEST FOR FINDING OF TECHNICALLY INFEASIBLE GRANTED:</b>					
<input type="checkbox"/>	Elements listed in this form for modifications to meet compliance shall be included as part of this project and indicated on contract documents.				
<b>REQUEST FOR FINDING OF TECHNICALLY INFEASIBLE DENIED:</b>					
<input type="checkbox"/>	<input type="checkbox"/> Equivalent facilitation is not provided <input type="checkbox"/> Compliance to the maximum extent feasible is not provided. <input type="checkbox"/> Other _____ _____ If you disagree with this determination, the DSA code appeal process is available for further review.				
<b>REVIEWED BY:</b>					
Name:			Title:		
Signature:			Date:		
<b>STRUCTURAL REVIEW REQUIRED</b>		<input type="checkbox"/>	Yes (Structural Conditions)	<input type="checkbox"/>	No (Site Constraints)
Name:			Title:		
Signature:			Date:		
<b>SUPERVISOR'S APPROVAL:</b>					
Name:			Title:		
Signature:			Date:		
<b>REFERRED TO STATEWIDE TEAM:</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Finding of Technical Infeasibility Request Denied.				
<input type="checkbox"/>	Finding of Technical Infeasibility Request Approved.				
<b>REASON FOR APPROVAL OR DENIAL:</b>					