

REQUEST FOR FINDING OF UNREASONABLE HARDSHIP

This form shall be used to request a finding of unreasonable hardship when a hardship meeting the requirements of CBC section 11B-202.4 is demonstrated for a project where the adjusted construction cost exceeds the valuation threshold. If an unreasonable hardship is granted, such a finding will provide relief from full compliance with CBC section 11B-202.4 in accordance with Exception 8, which requires compliance to be provided by equivalent facilitation or to the greatest extent possible without creating an unreasonable hardship. In no case shall the cost of compliance be less than 20 percent of the adjusted construction cost of the alterations, additions, or structural repairs. DSA will review proposed equivalent facilitation which shall be included as part of this request if it is the option pursued in lieu of compliance of path of travel elements to the maximum extent feasible. Subsequent to review, DSA will grant or deny the request for a finding of unreasonable hardship and record such action in the project files.

Refer to DSA Procedure (PR) 24-04: *Request for Finding of Unreasonable Hardship Per CBC 11B-202.4 Exception 8* for additional information and a description of the procedures related to DSA's review of a request for a finding of unreasonable hardship.

PROJECT INFORMATION

School District/Owner/Agency:	DSA File #: -
Project Name/School:	DSA App. #: -

APPLICANT

Firm Name:	Contact Name:	
Work Phone:	Work Email:	
Work Address:		
City:	Zip:	County:

DESIGN PROFESSIONAL IN GENERAL RESPONSIBLE CHARGE

Name of Design Professional in General Responsible Charge:		
Work Phone:	Work Email:	
Professional License #:	Discipline:	
Facilities Director (or appropriate contact):		
Work Phone:	Work Email:	
Project Location:		
Project Address:		
City:	Zip:	County:

UNREASONABLE HARDSHIP INFORMATION

Element(s) requesting partial compliance (i.e. restroom, drinking fountain parking, etc.):
Date:

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AUTHORIZATIONS

ARCHITECT/STRUCTURAL ENGINEER'S STATEMENT OF RESPONSIBILITY

I certify, under penalty of perjury, that I am acting for the school district/agency in the legal capacity of agent in making this application for finding of unreasonable hardship.

Signature: _____

Date: _____

ARCHITECT/STRUCTURAL ENGINEER IN GENERAL RESPONSIBLE CHARGE

Printed Name: _____

Date: _____

ARCHITECT/STRUCTURAL ENGINEER 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)

DESCRIPTION OF REQUEST FOR UNREASONABLE HARDSHIP

(This page is to be placed in the approved project drawings and is a summary of the specific descriptions provided on pages 6 and 7 of this document.)

DESCRIPTION OF THE REQUESTED UNREASONABLE HARDSHIP.
<p>Note: In the space below (approximately 500 words or less), provide a summary description of the elements of the path of travel serving the area of alteration, and identify if the elements are in compliance with current accessibility standards. For elements not in compliance with current accessibility standards, describe the improvement needed, and identify if the improvements are, or are not, included as part of the project. If equivalent facilitation is the method of compliance provided in lieu of path of travel improvements, provide a summary of the equivalent facilitation which demonstrates equivalent or greater accessibility than current accessibility standards.</p>

REQUEST FOR FINDING OF UNREASONABLE HARDSHIP**STATEMENT OF COSTS WORKSHEET**

(This table is to be placed in the approved project drawings.)

ADJUSTED CONSTRUCTION COST:Adjusted construction cost for the project (not including costs of the *path of travel* improvements to the area of alteration):

(A)

PATH OF TRAVEL IMPROVEMENT COSTS:

Accessible elements serving the area of alteration	(B)	Is element in compliance with current or preceding CBC Chapter 11B? (Y/N)	If no, will element be made fully compliant to current CBC Chapter 11B? (Y/N)	Estimated cost of full compliance of element with current CBC Chapter 11B	Proposed cost to the greatest extent feasible.
1. A primary entrance to the building and/or facility.				\$	\$
2. An accessible route to the altered area (for parking use item 6).				\$	\$
3. At least one restroom for each gender or an all-gender restroom for each user group.				\$	\$
4. Public telephones				\$	\$
5. Drinking fountains				\$	\$
6. Parking				\$	\$
7. Signs				\$	\$
Total cost of providing full compliance of <i>path of travel</i> elements:				\$	(C)
Total cost of providing compliance of <i>path of travel</i> elements to the greatest extent feasible:				\$	(D)
COST OF PATH OF TRAVEL UPGRADES AS A PERCENTAGE OF ADJUSTED CONSTRUCTION COST:					
Full compliance of path of travel as a percent (%) of the current project's adjusted construction cost: $(E)\% = (C) / (A) \times 100$				%	(E)
Partial compliance of path of travel as percent (%) of current adjusted construction cost: $(F)\% = (D) / (A) \times 100$				%	(F)

REQUEST FOR FINDING OF UNREASONABLE HARDSHIP**PREVIOUS ALTERATIONS INFORMATION**

Have there been any alterations on the campus constructed in the previous 3 years, which are served by any of the same path of travel elements identified in items B1 through B7 of the Statement of Costs Worksheet? ☐ Yes ☐ No

If yes, complete the Previous Alterations Worksheet below.

PREVIOUS ALTERATIONS WORKSHEET

PREVIOUS PROJECT CONSTRUCTION AND PATH OF TRAVEL COSTS:				
Application Number	Unreasonable Hardship Granted? (Yes or No)	Adjusted Construction Cost (\$)	Amount expended on path of travel improvements (\$)	Percent of Adjusted Construction cost expended on path of travel improvements (%)
Total				

Path of travel elements shared with current project	Previous application numbers listed above				
	Enter "Yes" if shared with current project or "No" if not				
Primary entrance to the building and/or facility.					
An accessible route to the altered area (for parking see below).					
Restroom for each gender or an all-gender restroom for each user group					
Public telephones					
Drinking fountains					
Parking					
Signs					

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JUSTIFICATIONS AND EQUIVALENT FACILITATION DESCRIPTIONS

DESCRIBE THE AREA ALTERED FOR THE PROJECT, ITS SPECIFIC USE, AND THE ACCESSIBILITY OF ELEMENTS OF THE PATH OF TRAVEL FOR THE PROJECT *(attach additional pages if necessary).*

FOR EACH PATH OF TRAVEL ELEMENT, DESCRIBE THE NATURE OF ACCESSIBILITY THAT WOULD BE GAINED BY FULL COMPLIANCE TO CURRENT CBC CHAPTER 11B REQUIREMENTS AND LOST IF FULL COMPLIANCE IS NOT PROVIDED *(attach additional pages if necessary).*

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DESCRIBE THE IMPACT ON THE FINANCIAL FEASIBILITY OF THE PROJECT FOR PROVIDING FULL COMPLIANCE FOR PATH OF TRAVEL IMPROVEMENTS *(attach additional pages if necessary).*

DESCRIBE THE EQUIVALENT FACILITATION PROPOSED IN LIEU OF FULL COMPLIANCE, IF APPLICABLE *(attach additional pages if necessary).*

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DSA USE ONLY

The details of any finding of unreasonable hardship will be recorded in the DSA project file.

FINDING OF UNREASONABLE HARDSHIP REQUEST GRANTED

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The improvements to *path of travel* elements shall be included as part of this project and indicated on contract documents. The Design Professional in Responsible Charge shall complete the description portion of this form on page 3 and shall affix the page to the cover sheet of the project drawings.

FINDING OF UNREASONABLE HARDSHIP REQUEST DENIED

☐

- ☐ Equivalent facilitation is not provided.
- ☐ Compliance to the greatest extent possible is not provided.
- ☐ Proposed cost for minimum compliance is less than 20% of the adjusted construction cost.
- ☐ Other

If you disagree with this determination, this may be referred to the statewide team for further review.

REVIEWED BY

Name:	Title:
Signature:	Date:

SUPERVISOR'S APPROVAL

Name:	Title:
Signature:	Date:

REFERRED TO STATEWIDE TEAM

☐

Yes

☐

No

☐

Finding of unreasonable hardship request denied.

☐

Finding of unreasonable hardship request approved.

REASON FOR DENIAL