



## Cost Documentation for Accessibility Requirements at Existing Buildings

(projects less than or equal to \$156,162)

Building Permit Application Number \_\_\_\_\_ Owner's Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Project Description \_\_\_\_\_  
 Project Address \_\_\_\_\_

CBC 11B-202.4 regulates accessibility requirements for existing public and commercial buildings. All new work shall comply with current code provisions. However, projects that are less than or equal to a construction cost valuation of **\$156,162.00** need only apply an additional 20% (minimum) of the construction costs to existing features in order to make them accessible.

**The following costs shall include detailed estimates for all elements and shall be attached to this form:**

- A. Cost of Construction for the proposed project (without additional accessible features) \$ \_\_\_\_\_
- B. Total amount spent on other projects at this area of work within the past 3 years \$ \_\_\_\_\_
- C. Total Cost (Line A + Line B) \$ \_\_\_\_\_

If Line C exceeds \$156,162, then full compliance is required of all accessibility elements listed in items 1 through 6 below.

If Line C is less than \$156,162, then  $0.20 \times$  (amount in Line A) = \$ \_\_\_\_\_  
 This is the minimum amount to be spent on accessible elements in the order of priority listed below

	Currently complies?	If not, will this feature comply?	Cost of compliance
1. Entrance (door, threshold, approach)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
2. Route to the altered area	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
3. At least one accessible restroom for each sex	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
4. Accessible telephones (when provided)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
5. Accessible drinking fountains (when provided)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____
6. Additional elements such as parking, storage and alarms	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	\$ _____

Note: If an accessible element does not fully comply, partial upgrades and/or equivalent facilitation may be provided in order to achieve the greatest access. Include detailed plans to correspond with all proposed work.

Requested by:

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 owner  agent  tenant  Phone Number \_\_\_\_\_

For Staff Use

Accepted  Denied  by: \_\_\_\_\_ on: \_\_\_\_\_