Cost Documentation for Accessibility Requirements at Existing Buildings

[Valuation Threshold](#) (use link to verify the annual valuation amount):
2023 - $195,358
2024 - $200,399

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 with an adjusted construction less than or equal to the **valuation threshold**, 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 upgrades to 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 the **valuation threshold**, then full compliance is required of all accessibility elements listed in items 1 through 6 below

If Line C is less than the **valuation threshold**, then 0.20 x (Line A amount): $ _____

    This is the minimum amount to be spent on accessible elements in the order of priority listed below

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

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:_____