



CITY OF CALISTOGA
BUILDING DIVISION
 1232 Washington Street, Calistoga, CA 94515 707-942-2827

Unreasonable Hardship Form – Disabled Access

Pursuant to the CBC Section 1134, all existing buildings and facilities, when alterations, structural repairs or additions are made to such buildings or facilities, shall comply with all provisions of Division I – “New Buildings”, except when the enforcing agency finds compliance of these provisions creates an unreasonable hardship.

APPLICANT – PLEASE COMPLETE (added sheets are accepted):

PROJECT ADDRESS _____

EMAIL ADDRESS _____

COMPLETE DESCRIPTION OF PROPOSED WORK: _____

TOTAL VALUE OF ALL IMPROVEMENTS LESS DISABLED ACCESS FEATURES: \$ _____
 (IMPROVEMENTS INCLUDE COSMETIC ELECTRICAL PLUMBING MECHANICAL)

PROVIDE ITEMIZED T & M COST ESTIMATE OF DISABLED ACCESS IMPROVEMENTS REQUIRED FOR FULL ACCESS COMPLIANCE

1 PRIMARY ENTRANCE:

NEW DOOR	\$ _____	LEVER DOOR HARDWARE	\$ _____
		OTHER	\$ _____
DOOR SIDE CLEARANCE	\$ _____	DOOR THRESHOLD	\$ _____
ACCESS SYMBOL SIGN	\$ _____	DOOR KICKPLATE	\$ _____
TOTAL COST OF IMPROVEMENTS FOR PRIMARY ENTRANCE			\$ _____

2 PATH OF TRAVEL:

ENTRY DOOR LANDING	\$ _____	ACCESS RAMP	\$ _____
PATHWAY PROTRUDING	\$ _____		
CURB RAMP	\$ _____	RAMP HANDRAILS	\$ _____
OBSTRUCTIONS	\$ _____		
LEVEL SIDEWALK	\$ _____	CURB/WHEELGUARDS	\$ _____
OTHER	\$ _____		
TOTAL COST OF PATH OF TRAVEL IMPROVEMENTS			\$ _____

3 RESTROOM:

ENLARGE ROOM	\$ _____	MODIFY FIXTURES	\$ _____
NEW DOOR	\$ _____	LEVER DOOR HARDWARE	\$ _____
DOOR ACCESS SIGNS	\$ _____	GRAB BARS	\$ _____
RELOCATE FIXTURES	\$ _____	RELOCATE ACCESSORIES	\$ _____
OTHER	\$ _____	PROVIDE 2 ND RESTROOM	\$ _____
LAVATORY INSULATION	\$ _____		
TOTAL COST OF RESTROOM IMPROVEMENTS			\$ _____

4 PARKING:

OTHER STRIPING	\$ _____	RESTRIPE EXISTING	\$ _____
OTHER	\$ _____		
PARKING STALL SIGN	\$ _____	STRIPE VAN UNLOAD	\$ _____
TOTAL COST OF HANDICAP PARKING IMPROVEMENTS			\$ _____

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5 MISCELLANEOUS:

DRINKING FOUNTAIN \$ _____
MODIFY SWITCH, OUTLET, OR OUTLET, OR CONTROL LOCATIONS \$ _____
PUBLIC TELEPHONE \$ _____
OTHER \$ _____
TOTAL COST OF MISCELLANEOUS IMPROVEMENTS \$ _____

TOTAL COST OF ALL DISABLED ACCESS IMPROVEMENTS: \$ _____

THE NATURE OF ACCESS WHICH WOULD BE GAINED OR LOST IF GRANTED UNREASONABLE HARDSHIP:

THIS FACILITY IS USED BY EMPLOYEES, CLIENTS, AND GENERAL PUBLIC FOR THE PURPOSE OF:

I CERTIFY THAT THE VALUE OF ALL PROPOSED CONSTRUCTION COVERED BY THE PERMIT APPLICATION IS TRUE AND ACCURATE.

NAME OF APPLICANT DESIGN PROFESSIONAL/CONTRACTOR SIGNATURE DATE

OFFICE USE ONLY

APPROVAL OF STATED VALUATION OF TENANT IMPROVEMENT

YES NO \$ _____

ITEMIZED COST ESTIMATE REQUIRED BY DESIGNER/ARCHITECT OR CONTRACTOR: YES NO

MAXIMUM AMOUNT TO BE DEDICATED FOR HANDICAP IMPROVEMENT (CONSTRUCTION VALUE X 0.2): \$ _____

IT IS THE FINDINGS AND DECISION OF THE BUILDING OFFICIAL THAT BASED UPON INFORMATION PROVIDED, **UNREASONABLE HARDSHIP IS GRANTED** PROVIDED THAT THE IDENTIFIED FEATURES FROM PAGE 1 OF 2 ARE INCORPORATED INTO THE PROJECT.

SIGNATURE: BRAD CANNON, BUILDING OFFICI DATE