

DOCUMENTATION OF UNREASONABLE HARDSHIP

Job Address _____ Plan Check Number _____
Building Owner _____ Date _____

It is requested that the above named project be granted an exemption from the requirements of the State of California Title 24 Handicapped Accessibility provisions noted below:

1.Exemptions requested - Indicated estimated cost (**PLEASE PROVIDE AN ITEMIZED SIGNED BID**)

2.The cost of all construction excluding the exempted items is: _____
(**PLEASE PROVIDE A SIGNED BID**)

3.What is the impact on financial feasibility of the project, if the exemption is not approved?

4.The facility is used by the general public for the purpose of: _____

5.Handicapped Accessibility will be provided as equivalent facilities are available as follows:

6.Exemptions requested by and data provided by:

Name: _____ Phone Number _____

Address: _____

Signature: _____

FOR DEPARTMENT USE ONLY

Findings and decision of the Building Official:

Signature of Building Official: _____

Date: _____