City of Hesperia
Building and Safety Division
9700 Seventh Avenue
Hesperia, CA 92345
Phone 760-947-1311 / Fax 760-947-1418

Application for
Unreasonable Hardship Exception To Disabled Access Requirements

Project Address:	Type of Facility:
Project Description:	
Owner:	Phone Number:
Applicant:	Phone Number:

It is requested that this project be granted an exception from the accessibility requirements of the currently adopted California Building Code, Chapter (CBC) 11B, Division IV, as specifically noted below:

Valuation Threshold Amount: $203,611.00 **Year: 2025**

A.

General Exception, Section 11B-202.4 exc. 8
Applicable to existing buildings where the total valuation of all construction performed at this building or facility over the last three years **does not exceed the valuation threshold amount** (listed above). Accessibility features that create a hardship (those exceeding valuation threshold) may be exempted but not all the accessibility features. The area of alteration itself must be fully compliant.

Accessible Features: (listed in order of preferred priority)	**Does existing feature meet accessibility standards of Chapter 11B of the current CBC?**	**Will this feature be replaced or altered to meet Chapter 11B of the current CBC?**	**If so, how much will be spent to make this feature accessible?**
1. Path of travel to the entrance	_____	_____	$_____
2. Accessible entrance	_____	_____	$_____
3. Accessible route to the altered area	_____	_____	$_____
4. Elevator	_____	_____	$_____
5. At least one accessible restroom for each sex	_____	_____	$_____
6. Public telephones *(If provided)*	_____	_____	$_____
7. Drinking fountains *(If provided)*	_____	_____	$_____
8. Other (Parking, storage, alarms, etc.)	_____	_____	$_____

Total cost of construction for this tenant improvement without accessible features listed above	**(A)**	$_____
Cost of all other improvements made to this site over the last 3 years (see attached Declaration form)	**(B)**	$_____
Total cost (A + B above) x .20 = Total cost obligation for this T. I. to upgrade the features listed above	**(C)**	**$_____**
Total cost of accessible features to be provided (must meet or exceed line C above)	**(D)**	$_____

PETITIONER'S DECLARATION: I certify that the information noted above is true and correct.

Name (print): _____ Signature: _____ Date: _____

Address: _____ Title: _____ Phone: _____

FOR DEPARTMENT USE ONLY

❑ The above project has been **denied** an unreasonable hardship exemption under 2019 CBC Section 11B-202.4 exc. 8
❑ The above project has been **granted** an unreasonable hardship exemption under 2019 CBC Section 11B-202.4 exc. 8

Building Official (print): _____ Signature: _____ Date: _____