

**DISABLED ACCESS UPGRADE
COMPLIANCE INSTRUCTIONS PACKAGE
(For Existing Buildings only)**



CITY OF
**PALO
ALTO**

This package contains:

1. Instructions (Page 2)
2. Important Notification (Page 3)
3. Disabled Access (D.A.) Checklist (Pages 4 & 5)
4. Form C: Disabled Access 20% Rule (Page 6)
5. Form F: Projects that consist only of Barrier Removal, Notice of Accessibility Violation Compliance, or Exempted Work. (Page 7)
6. Approval of Equivalent Facilitation Request (Pages 8 & 9)
7. Approval of Technical Infeasibility Request (Pages 10 & 11)
8. Unreasonable Hardship Request Form (Pages 12 & 13)

If applicable, attach the “Accessibility Inspection Report” to this application

Disabled Access Compliance Instructions

Instructions

Step 1: Completely fill out both pages of the Disabled Access (D.A.) Checklist on pages 4 and 5 & check all appropriate boxes.

Also, fill out any additional forms as specified on the D.A. Checklist. **If you are submitting a revision** to a previously approved permit, then fill out the D.A. Checklist on page 4 only (Note: a revision is considered to be a slight modification to the original approved permit drawing set, not new or additional work). The original approved plans (or a copy of the original) are required to be brought back for reference in addition to two (2) sets of the proposed revisions.

Step 2: A. If your project is over the threshold and all existing conditions comply with current regulations:

Check box A on page 4 and check all items as fully complying in column 1 of page 5.

B. If your project is over the threshold and not all existing conditions comply with current regulations:

- 1. Check the appropriate box in columns 2 through 7 of the D.A. Checklist on page 5,** and fill out any required forms as indicated at the bottom of the page.
- 2. If you are providing an equivalent facilitation,** fill out and attach the Approval of the Equivalent Facilitation Request form on pages 8 and 9. Upon approval, the equivalent facilitation is regarded as code compliant.
- 3. If you are claiming a technical infeasibility,** fill out and attach the Approval of Technical Infeasibility Request form on pages 10 and 11. Upon approval, the technical infeasibility is regarded as code compliant provided you comply with the code requirements to the maximum extent feasible.
- 4. If any of the elements of the path of travel have been altered constructed or altered in compliance with the immediately preceding edition of the code (2010 CBC),** but do not meet the incremental changes of the current edition; check the appropriate box in column 5 of the D.A. Checklist on page 5 and provide details as specified.
- 5. If an accessible element is non-existent and is not required,** check the appropriate box in column 6 of the D.A. Checklist on page 5 and provide details as specified.
- 6. If full compliance with current regulations would create an unreasonable hardship** due to financial constraints, check the appropriate box in column 7 of the D.A. Checklist on page 5 and fill out and attach an Unreasonable Hardship Request (UHR) form on pages 12 and 13. The Department will review, then grant or deny your request. **The Building Official must approve the UHR (Unreasonable Hardship Request).**

C. If your project is under the current valuation threshold:

Check box C on page 3 of the DA checklist and fill out and attach Form C - the Disabled Access 20% Rule on page 6. List all items that will be brought into compliance on Form C. The valuation of items on Form C should be as close as possible to 20% of the adjusted cost of construction, but is never required to exceed that amount. All items that will not be brought into compliance due to the cost exceeding the 20% limit should be checked on page 5 of the checklist in column 6.

Step 3: Submittal. Be sure to clearly describe all work on the permit application and follow all instructions as above. Submit permit application and plans to the Development Center at 285 Hamilton Avenue, First Floor.

Any work that is within the scope of the alteration or addition itself must comply with all of the requirements of CBC chapter 11B unless specifically exempted by regulation.

IMPORTANT NOTIFICATION

I. Construction Cost - Field Conditions

1. Construction cost shall be based on the Marshall & Swift Construction Cost Index. City of Palo Alto Development Center may accept bona-fide contract prices upon review and approval.
2. The cost is used to determine the level of disabled access upgrade to the path of travel to the specific area of alteration or addition. In general, for projects with construction costs (excluding accessibility upgrades to the path of travel leading to the specific area of alteration or addition) equal to or below the valuation threshold (based on the Engineering News Report –ENR- US 20 Cities Average Construction Cost Index—currently **\$147,863.00**). The cost of providing an accessible path of travel to the specific area of alteration or remodel shall be limited to 20% of the adjusted construction cost.

Projects exceeding the valuation threshold are required to provide a fully accessible path of travel to the specific area of alteration or addition. Upgrades required by section 11B-202.4 to the elements of the path of travel to the specific area of remodel, or addition shall include the primary entrances (as defined in chapter 2 section 202), restrooms, drinking fountains, public telephones and signs serving the area of remodel or addition. Full compliance or equivalent facilitation shall be provided unless doing so will create an unreasonable hardship. In the case where compliance will create an unreasonable hardship, the path of travel shall be made accessible to the maximum extent possible, but in no case shall the cost of compliance be less than 20% of the adjusted construction cost.

Note: For Alterations only, when the Department determines that compliance with applicable requirements is technically infeasible (as defined in chapter 2, section 202), the element(s) deemed infeasible shall be considered as compliant with the code.

3. Construction cost will be verified during plan check and inspection stages by City of Palo Alto. Submit a complete itemized construction cost estimate on letterhead format. In the event that the cost has to be adjusted above the valuation threshold, then the design may be required to provide full disabled access compliance.
4. The design professional shall verify existing field conditions and confirm that the information provided on the plans is accurate to the best of his/her knowledge. The Building Inspector may issue a Stop Work Order or Correction Notice if the plans do not reflect the actual field conditions.

II. Americans with Disabilities Act (ADA)

1. Two federal laws, the Americans with Disabilities Act (ADA) and the federal Fair Housing Act, are currently in effect. They impose new federal disability access requirements on construction projects. Building Division does not enforce federal law and will not be checking plans for compliance with these requirements. It is your responsibility to make sure that your plans are in conformance with federal law.
2. For information concerning the ADA, contact the Architectural Transportation Barrier Compliance Board at 1-800-872-2253 or the Department of Justice at 1-800-514-0301.
3. For information concerning the Fair Housing Act (HUD), contact HUD at 1-415-436-6551.

III. Curb Ramps, Sidewalks, or Other Work within the Public Way

At least one accessible route shall be provided within the site from public transportation stops to the accessible building or facility entrance they serve. Where more than one route is provided, all routes must be accessible. Any project in the Right of Way shall be reviewed by the Department of Public Works.

Part 1 of 2 of D.A. CHECKLIST The address of the project is _____

For ALL tenant improvement projects in commercial use spaces, both parts on pages (page 3 and 4 of this checklist are required to be reproduced on the plan set and signed.

1. The proposed use of the project is _____ (e.g. Retail, Office, Restaurant, etc.)
2. Describe the area of remodel, including which floor: _____
3. The construction cost of this project *excluding* disabled access upgrades *to the path of travel* is \$_____, which is ; (check one) ☐ more than / ☐ less than the Accessibility Threshold amount of **\$147,863.00** based on the "2013 ENR Construction Cost Index" (The cost index & threshold are updated annually).
4. Is this a City project and/or does it receive any form of public funding? Check one: ☐ Yes / ☐ No

Conditions below must be fully documented by accompanying drawings

5. Read **A** through **D** below carefully and check the most applicable boxes. Check one box only:

<input type="checkbox"/> A: All existing conditions serving the area of remodel fully comply with access requirements. No further upgrades are required: <i>Fill out Part 2 of the D.A. Checklist on page 5.</i>
<input type="checkbox"/> B: Project Adjusted cost of construction is greater than the current valuation threshold: <i>Fill out and attach Part 2 of D.A. Checklist on page 5 and any other required forms to plans.</i>
<input type="checkbox"/> C: Project adjusted cost of construction is less than or equal to the current valuation threshold: <i>List items that will be upgraded on Form C on page 6. All other items shall be checked on Part 2 of the D.A. Checklist on page 5 in the "Not required by code" column 6.</i>
<input type="checkbox"/> D: Proposed project consists entirely of Barrier removal: <i>Fill out and attach Form F, Barrier removal form on page 7 to plans.</i>
<input type="checkbox"/> E: <u>Proposed project is</u> minor revision to previously approved permit drawings only. (Note: This shall <u>NOT</u> be used for new or additional work) Provide previously approved permit application here: _____. Description of revision: _____

CBC chapter 2 section 202 Definitions:

Technically Infeasible. An alteration of a building or a facility, that has little likelihood of being accomplished because the existing structural conditions require the removal or alteration of a load-bearing member that is an essential part of the structural frame, or because other existing physical or site constraints prohibit modification or addition of elements, spaces or features that are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.

Unreasonable Hardship. When the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of all construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility which would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities

The details of any Technical Infeasibility or Unreasonable Hardship shall be recorded and entered into the files of the Department. All Unreasonable Hardships shall be ratified by the AAC (CBC 1.9.1.5).

Part 2 of 2 of D.A. CHECKLIST (The address of the project is _____)

Check all applicable boxes and specify where on the drawings the details are shown:

Note: upgrades below are listed in priority based on CBC-11B-202.4, exception 8	Existing Fully Complying	Will be Up-graded to Full Compliance	Equivalent facilitation will provide full access	Compliance is Technically infeasible	Approved in compliance with immediately preceding code	Not required by Code (and/or none existing)	Non-compliant request UHR Must be ratified by AAC	Location of detail(s)- include detail no. & drawing sheet (<u>do not leave this part blank!</u>). Also clarification comments can be written here.
A. One accessible entrance including: approach walk, vertical access, platform (landings), door / gate and hardware for door/gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. An accessible route to the area of remodel including:								
Parking/access aisles and curb ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Curb ramps and walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Corridors, hallways, floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Ramps, elevators, lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
C. At least one accessible restroom for each sex <i>or</i> a single unisex restroom serving the area of remodel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Accessible public pay phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Accessible drinking fountains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Additional accessible elements such as parking, stairways, storage, alarms and signage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
See the requirements for additional forms listed below	1.	2.	3.	4.	5.	6.	7.	

1. No additional forms required
2. No additional forms required
3. Fill out Request for Approval of Equivalent Facilitation form for each item checked and attach to plan.
4. Fill out Request for Approval of Technical Infeasibility form for each item checked and attach to plans.
5. Provide details from a set of City approved reference drawings, provide its permit application number here: _____ and list reference drawing number on plans.
6. No additional forms required
7. Fill out Request for an Unreasonable Hardship Request (UHR) form for each item checked and attach to plan. All UHR must be ratified by the Access Appeals Commission (see UHR form for details)

Form C: DISABLED ACCESS 20% RULE

This form is only required for projects equal to or under the valuation threshold when box "C" is checked off on the D.A. Checklist on pages 4 and 5 and is for providing an itemized list of the estimated costs for the expenditures used for disabled access upgrades for this project. **Reproduce this form along with the D.A. Checklist on pages 4 and 5 and any required form(s) on the plans.**

Based on CBC Section 11B-202.4 Exception 8, only projects with a construction cost less than or equal to the valuation threshold (current ENR Construction Cost Index Amount) are eligible for the 20% rule. In choosing which accessible elements to provide, priority should be as listed on Part 2 of the D.A. Checklist on page 5.

In general, projects valued over the threshold are not eligible for the 20% rule (see CBC 11B-202.4 Exceptions 1 through 8 for other exceptions).

CBC Section 11B-202.4, Exception 9 (abbreviated): In alteration projects involving buildings & facilities previously approved & built without elevators, areas above & below the ground floor are subject to the 20% disproportionality provisions described in CBC Section 11B-202.4 Exception 8, even if the value of the project exceeds the valuation threshold in Exception 8. Refer to the Code for the types of buildings & facilities that qualifies for this 20% disproportionality provisions when project valuation is over the threshold.

	Contractor's Estimated Cost	City of Palo Alto Revised Cost
A) Cost of Construction: (Excluding Alterations to the Path of Travel as required by 11B-202.4)	\$ _____	\$ _____
B) 20% of Cost of Construction Line A	\$ _____	\$ _____

List the Upgrade Expenditures and their respective construction cost below:

1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____
4.	\$ _____	\$ _____
5.	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9.	\$ _____	\$ _____

Total Upgrade Expenditures Should be approximately equal to, but not to exceed, Line B	\$ _____	\$ _____
---	----------	----------

Form F: Consisting Only of Barrier Removal, Notice of Accessibility Violation Compliance, or Exempted Work

Reproduce this Form on the plan set. Check box I, II, or III. If checking box I, check all other appropriate boxes in section I.

☐ **I. Barrier Removal Work (Section 11B-202.4, Exception 3 and 4).**

Note: Barrier removal only projects shall be limited to the scope of work only and shall not be required to comply with section 11B-202.4 (Path of travel requirements).

Alterations or additions consisting of one or more of the following shall be limited to the actual work of the project (*check all that applies*):

- ☐ Altering one building entrance to meet accessibility requirements.
- ☐ Altering one existing toilet facility to meet accessibility requirements.
- ☐ Altering existing elevators to meet accessibility requirements.
- ☐ Altering existing steps to meet accessibility requirements.
- ☐ Altering existing handrails to meet accessibility requirements.
- ☐ Alteration solely for the purpose of removing barriers undertaken pursuant to the requirements of Sections 36.402 and 36.404 through 36.406 of Title III of the Department of Justice regulations promulgated pursuant to the Americans with Disabilities Act (Public Law 101-336, 28 C.F.R. Section 36.402, 28 C.F.R. Section 36.404, 28 C.F.R. Section 36.405, 28 C.F.R. Section 36.406), included but not limited to:

- 1) Installing ramps
 - 2) Making curb cuts in sidewalks and entrances
 - 3) Repositioning telephones or shelving
 - 4) Adding raised markings on elevator control buttons
 - 5) Widening doors
 - 6) Installing grab bars in toilet stalls
 - 7) Rearranging toilet partitions to increase maneuvering space
 - 8) Creating designated accessible parking spaces
 - 9) Adding raised markings on elevator control buttons
 - 10) Installing accessible door hardware
 - 11) Installing flashing alarm lights
 - 12) Insulation lavatory pipes
 - 13) Repositioning paper towel dispenser in a bathroom
 - 14) Installing a full length bathroom mirror
 - 15) Others upon approval of building official
- Description of others:
-
-

☐ **II. Exempted Work (Section 11B-202.4, Exception 5 and 6);**

Alterations of existing parking lots by resurfacing and/or restriping; and the addition of or replacement of signs and/or identification devices shall be limited to the actual scope of work and shall not be required to comply with section 11B-202.4

☐ **III. Exempted Work (Section 11B-202.4, Exception 7)**

“Projects which consist only of heating, ventilation, air conditioning, re-roofing, electrical work not involving the placement of switches and receptacles, cosmetic work that does not affect items regulated by this code, such as painting, carpeting, etc., are not to be part of the architecture of the building or area...unless they affect the usability of the building or facility.”

**CITY OF PALO ALTO
BUILDING DIVISION**



**APPROVAL OF EQUIVALENT
FACILITATION REQUEST**

(Part 1 of 2)

For Projects with an **Adjusted Construction Cost Exceeding the Current Valuation Threshold** and requesting approval of designs, products or technologies alternative to the prescriptive details of the Disabled Access Regulations as per CBC 11B-103.

1. Site Address: _____
2. Floor: _____
3. Permit Application No.: _____
4. Request No.: _____
5. Existing Use: _____
6. Proposed Use: _____
7. Existing Occupancy: _____
8. Proposed Occupancy: _____
9. Description of proposed work or path of travel upgrade for which equivalent facilitation is requested: _____

CBC 11B-103, nothing in these requirements prevents the use of designs, products, or technologies as alternatives to those prescribed, provided they result in substantially equivalent or greater accessibility or usability. See CBC Chapter 2, section 202; *Equivalent Facilitation*

We request that the following be approved as an equivalent facilitation to the prescriptive regulations. This equivalency will provide equal or greater accessibility and usability. This equivalency provides for the maximum independence of the persons with disabilities while presenting the least risk of harm injury or other hazards to such persons or others.

10. Detailed description of the requested equivalency. (Provide details, documents and drawings if required) _____

11. This Equivalent Facilitation is addressed by:

- ☐ Information Sheet DA- _____ ☐ Administrative Bulletin AB- _____
☐ AB-005 Local Equivalency
☐ Other _____

12. Owner Name (Print): _____ (Sign) _____ Date: _____

13. Architect's Name: (Print) : _____ (Sign) _____ Date: _____

14. Applicant's Name (Print) : _____ (Sign) _____ Date: _____

☐ Tenant

☐ Agent

15. Applicant's Address: _____

16. Applicant's Phone: _____ Applicants Email: _____

APPROVAL OF EQUIVALENT FACILITATION REQUEST

(Part 2 of 2)

FOR THE BUILDING DIVISION STAFF USE ONLY

This equivalent facilitation request is:

☐ **APPROVED** ☐ **DENIED**

Plans reviewed by (print name): _____

Signature of the Plans Examiner: _____ Date: _____

Approved for the following reason(s): _____

Denied for the following reason(s): _____

*Signature of the CASp/ Plans Examiner: _____ Date: _____

If your Request for Approval of Equivalent Facilitation has been denied, the plans examiner shall inform you of the reasons for denying that request.

City of Palo Alto
Development Center, first floor
285 Hamilton Ave.

**CITY OF PALO ALTO
BUILDING DIVISION**



**APPROVAL OF TECHNICAL
INFEASIBILITY REQUEST**

(Part 1 of 2)

To be used where it is technically infeasible to meet the prescriptive requirements of the code within the scope of work of an alteration or within an existing path of travel to the area of work of an alteration or addition as per CBC section 11B-202.3

1. Site Address: _____ 2. Floor: _____
3. Permit Application No.: _____ 4. Request No.: _____
5. Existing Use: _____ 6. Proposed Use: _____
7. Existing Occupancy: _____ 8. Proposed Occupancy: _____
9. Description of proposed alteration element or path of travel upgrade for which technical infeasibility approval is requested:

CBC 11B-202.3, In alterations, where the enforcing authority determines compliance with applicable requirements is technically infeasible, the alteration shall provide equivalent facilitation or comply with the requirements to the maximum extent feasible. See CBC Chapter 2, section 202; *Technically Infeasible*

10. This alteration is technically Infeasible due to:

- ☐ It would require removal or alteration of a load bearing member that is an essential part of the structural frame
☐ other existing physical or site constraints

11. Detailed description of the technical infeasibility. (Provide details, documents and drawings if required or requested by staff) _____

12. ☐ Compliance with the regulations will be provided to the maximum extent feasible; (give description) _____

(For the re-use of this form.) I have verified that the above stated compliance is still in effect and is the maximum degree of compliance possible. Applicant initials _____ and date _____.

13. Owner's Name (Print): _____ (Sign) _____ Date: _____

14. Architect's Name: (Print) : _____ (Sign) _____ Date: _____

15. Applicant's Name (Print) : _____ (Sign) _____ Date: _____

☐ Tenant

☐ Agent

16. Applicant's Address: _____

17. Applicant's Phone: _____ Applicants Email: _____

APPROVAL OF TECHNICAL INFEASIBILITY REQUEST

(Part 2 of 2)

FOR THE DEPARTMENT OF BUILDING INSPECTION STAFF USE ONLY

This technical infeasibility request is:

☐ **APPROVED (FOR THIS PERMIT ONLY)** ☐ **DENIED**

Plans reviewed by (print name): _____

Signature of the Plans Examiner: _____ Date: _____

Approved for the following reason(s): _____

Denied for the following reason(s): _____

*Signature of the CASp/ Plans Examiner: _____ Date: _____

If your Request for Approval of Technical Infeasibility has been denied, the plans examiner shall inform you of the reasons for denying that request.

City of Palo Alto
Development Center, First Floor
285 Hamilton Ave.

**CITY OF PALO ALTO
BUILDING DIVISION**



**UNREASONABLE HARDSHIP
REQUEST**
(Part 1 of 2)

For Projects with an Adjusted Construction Cost Exceeding the Current Valuation Threshold and Requesting Exceptions to Disabled Access Regulations as per section 11B 202.4 exception 8, Title 24

1. Site Address: _____
2. Floor: _____
3. Permit Application No.: _____
4. Hardship Request No.: _____
5. Existing Use: _____
6. Proposed Use: _____
7. Existing Occupancy: _____
8. Proposed Occupancy: _____
9. Description of proposed work which triggers access compliance upgrades: _____

CBC Section 11B-202.4, exception 8. When the adjusted construction cost exceeds the current valuation threshold, and the Department determines that the cost of compliance with section 11B-202.4 is an unreasonable hardship ...full compliance shall not be required. Compliance shall be provided by equivalent facilitation or to the greatest extent possible without creating an unreasonable hardship. In no case shall the cost of compliance be less than 20% of the adjusted construction cost.

We request that this project be granted an exception from the following specified requirements of Title 24 Part 2 of the California Code of Regulations because compliance would create an unreasonable hardship as defined in Section 202 of Title 24.

10. The access feature(s) that will not be provided is (are) :

- | | |
|--|---|
| <input type="checkbox"/> a. Accessible Entrance. | <input type="checkbox"/> b. An accessible route to the area of remodel. |
| <input type="checkbox"/> c. Accessible restrooms. | <input type="checkbox"/> d. Accessible public pay phones. |
| <input type="checkbox"/> e. Accessible drinking fountain. | <input type="checkbox"/> f. Accessible signage. |
| <input type="checkbox"/> g. Visual alarms, storage and additional parking. | |

11. Detailed description of the accessible feature(s) that will not be provided. What is the condition now? Note location on the plans or provide attachments if necessary. _____

12. Total adjusted cost of construction for the project: _____

13. A. Cost of the accessible feature(s), which will not be provided: _____

- B. Percentage of total cost shown on Line 12 (divide line 13-A by line 12): _____

14. Reference drawings and give a description of how compliance will be provided to the maximum extent possible: _____

UNREASONABLE HARDSHIP REQUEST

(Part 2 of 2)

15. Owner Name (Print): _____ (Sign) _____ Date: _____

16. Architect's Name: (Print): _____ (Sign) _____ Date: _____

17. Applicant's Name (Print): _____ (Sign) _____ Date: _____

☐ Tenant

☐ Agent

18. Applicant's Phone: _____ Applicants Email: _____

19. Applicant's Address: _____

FOR THE DEPARTMENT OF BUILDING INSPECTION STAFF USE ONLY

This exception for unreasonable hardship is:

☐ **GRANTED FOR THIS PERMIT ONLY**

☐ **DENIED***

Based on Section(s): _____ of the 2013 California Building Code

Plans reviewed by (print name): _____

Signature of the Plans Examiner: _____ Date: _____

Denied for the following reason(s): _____

*Signature of the Building Official: _____ Date: _____

All Unreasonable hardship requests will be submitted to the Building Official for review

If your Unreasonable Hardship Request is denied, the plans examiner shall inform you of the reasons for denying that request.

City of Palo Alto
Development Center, First Floor
285 Hamilton Ave.