



City of Santa Barbara
 Building & Safety Division
**Request For Relief From
 Unreasonable Hardship**

Community Development
 630 Garden Street
 805-564-5485

(Above Valuation Threshold)
 2016 California Building Code, 11B-202.4, Exception 8.

1. Address of building or tenant space involved: _____

2. **BLD20** _____

3. Occupancy Classification: _____

4. Expected or potential use by persons with accessibility needs: _____

5. Reason for Hardship Request: _____

6. Total adjusted cost of project (less accessibility requirements): \$ _____ (A)

20% of total cost of project: \$ _____ (20%A)

7. Path of Travel features to be constructed:

FEATURE	REMARKS	COST
Accessible entrance	_____	\$ _____
Accessible route to altered area	_____	\$ _____
Parking	_____	\$ _____
At least one accessible restroom for each sex	_____	\$ _____
Accessible telephones	_____	\$ _____
Drinking fountain	_____	\$ _____
When possible, additional accessible elements	_____	\$ _____

Total: \$ _____ (B)

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Address: _____

BLD20 _____

8. Accessibility features subject to unreasonable hardship:

FEATURE	REMARKS	COST
Accessible entrance	_____	\$ _____
Accessible route to altered area	_____	\$ _____
Parking	_____	\$ _____
At least one accessible restroom for each sex	_____	\$ _____
Accessible telephones	_____	\$ _____
Drinking fountain	_____	\$ _____
When possible, additional accessible elements	_____	\$ _____
		Total: \$ _____ (C)

9. The accessibility features, that will be constructed, increase construction by _____%. (B divided by A) Must be greater than 20% of A.

10. The accessibility features, subject to unreasonable hardship, would increase construction by _____%. (C divided by A)

11. Additionally, barrier removal is ongoing obligation for the Americans with Disabilities Act and the granting of an unreasonable hardship does not exempt the obligation of removing barriers in a reasonable time frame. By signing this document, you acknowledge that the project will be in reasonable compliance with Chapter 11B of the California Building Code, but will not necessarily fully comply with the Americans With Disabilities Act.

12. Name of Owner: _____
 Signature: _____
 Telephone number: _____

(office use only)	
Building Division	
Approved by: _____	Title: _____
Signature: _____	Date: _____