



Community Development Agency
 17575 Peak Ave
 Morgan Hill, CA 95037-4128
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www.morganhill.ca.gov

Application for Unreasonable Hardship Disabled Access Requirements

**(For existing buildings where the cost of construction does not exceed \$172,418.00
 CBC Sec. 11B-202.4, Exception 8)**

Project Address: _____

Permit No.: _____ Cost of proposed project: \$ _____

Project Description: _____

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility regulations, as specifically listed below. Only specific accessibility features that create a hardship may be exempted. **The area of alteration itself may not be exempted.**

Access Feature	Does this feature meet the latest edition of Title 24? (Y/N)	If not, is this feature going to be made accessible as part of this permit? (Y/N)	If so, what is the cost of making this feature accessible? (Documentation may be required)
Accessible entrance (Including parking and path of travel from public way)			
Accessible route to altered area			
At least one accessible restroom for each sex			
Accessible telephones			
Accessible drinking fountains			
Additional elements (Additional parking, storage or alarms)			

Provide a detailed description of all accessible features to be installed:

(A) Total cost of providing these accessible features: \$ _____

(B) Total cost of this proposed project and all other work performed over the **last 3 years** in this tenant space: \$ _____

Percentage of total cost of project (20% minimum): **(A÷B) x 100=** _____ %

Licensed design professional

Property Owner

Name (print) _____

Name (print) _____

Signature _____

Signature _____

Date _____

Date _____

Phone _____

Phone _____

Title _____

Note: The determination of an unreasonable hardship does not allow for exemption from any part of the California Codes and Regulations Title 24 Disabled Accessibility requirements or from Federal Americans with Disabilities Act laws.

FOR OFFICE USE ONLY

Approved by _____

Date _____

Denied by _____

Date _____