



**BUILDING CODE MANUAL  
COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
BUILDING AND SAFETY DIVISION  
Based on the 2011 County of Los Angeles Building Code**

**1134B.2.1  
Article 1  
01-27-2011  
Page 1 of 2**

**UNREASONABLE HARDSHIP VALUE FOR YEAR 2011**

The revised valuation threshold to be used during the year 2011 is \$132,536.28 for determining unreasonable hardship with regard to disabled access requirements. This figure is based upon the average Construction Cost Index of 8938 30 taken from the January, 2011 ENR magazine

Applicants who use this criteria shall complete the "Application for Unreasonable Hardship to Disabled Access Requirements (Form "A")," affix a copy of the form to the plans, and place the original approved or denied document in the job jacket.

WRITTEN BY

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REVIEWED BY:

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RECOMMENDED BY

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APPROVED BY:

RAJ PATEL  
Superintendent of Building

Supersedes BCM 1134B.2 1 Article 1 dated 01-25-10



**County of Los Angeles  
Department of Public Works  
Building and Safety Division  
Based on the 2011 County of Los Angeles Building Code**

**Application for Unreasonable Hardship to Disabled Access Requirements  
(Form "A")**

*(For existing buildings where cost of construction does not exceed \$132,536.28 – Section 1134B.2.1 Exception 1)*

|                            |   |
|----------------------------|---|
| Project Address: _____     | Plan Check # _____                                    |
| Project Description: _____ | Total Construction Cost/Project Valuation<br>\$ _____ |

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. The specific accessibility features that create a hardship may be exempted but not all of them. **The area of alteration itself may not be exempted.**

| Access features item<br>Provide description below   | Does this feature meet<br>latest edition of Title 24? | If not, is this feature going<br>to be made accessible as<br>part of this permit? | If so, cost of making feature<br>accessible? ( <i>Documentation<br/>may be required</i> ) |
|---|---|---|---|
| 1. Path of travel to entrance   | _____   | _____   | \$ _____  |
| 2. Entrance to building   | _____   | _____   | \$ _____  |
| 3. Path of travel within<br>building / facility to area<br>of remodel                           | _____   | _____   | \$ _____  |
| 4. Elevator   | _____   | _____   | \$ _____  |
| 5. Restrooms  | _____   | _____   | \$ _____  |
| 6. Public telephones<br>if provided   | _____   | _____   | \$ _____  |
| 7. Drinking fountains<br>if provided  | _____   | _____   | \$ _____  |
| 8. Other (parking, etc.)  | _____   | _____   | \$ _____  |
| Total cost of access features provided (A) .....  |   |   | \$ _____  |
| Total cost of construction (B) .....  |   |   | \$ _____  |
| (A ÷ B) x 100% (20% minimum expenditure is required) .....                                      |   |   | \$ _____  |
| Has the same tenant performed work in the same tenant space, within the last three years? _____ |   |   |   |
| Description of access features to be provided _____   |   |   |   |

**APPLICANT INFORMATION**

I certify that the above noted information is true and correct.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_  
Firm address \_\_\_\_\_ Position \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Denied by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_