



**County of Los Angeles
Department of Public Works
Building and Safety Division**

Application for Unreasonable Hardship to Disabled Access Requirements (Form "B")
(For New or Existing Buildings/ Facilities Due to Legal, or Physical Constraints)

Project Address:	Plan Check #
Project description:	Total Construction Cost (project valuation) \$

It is requested that the above project is granted exemption(s) from the requirements of the State of California Title 24, Accessibility Regulations based on code section(s) as listed below:

Access Features item	Code Section/ Exception	Cost of Making Features Accessible (Documentation may be required)
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
		Total \$ _____

Description of Hardship: *(attach letter if necessary)*

The cost of all construction contemplated: \$ _____

The access feature increase the cost of construction by: *(percentage of construction cost)* \$ _____

The impact on financial feasibility of the project if the requested exemption(s) is not approved is: _____

The facility is used by the general public for the purpose of: _____

The facility is available to persons with disabilities by: _____

Equivalent facilitation provided *(if any)*: _____

Applicant Information

I certify that the above noted information is true and correct

Name (print) _____ Signature _____

Firm address _____ Position _____

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- Request approved.
- Item(s) _____ exemption approved based on section(s) _____. All other access features are not exempted.
- Request denied. (If you disagree, you may seek an appeal through the Disabled Access Appeals Board)

Reviewed by _____ Title _____ Date _____