

	<p align="center"><b>CITY OF AGOURA HILLS</b>  <b>BUILDING &amp; SAFETY DIVISION</b>  30001 LADYFACE COURT  AGOURA HILLS, CA 91301</p>	<p align="right">PHONE: (818) 597-7334  FAX: (818) 597-7352  www.AgouraHillsCity.org</p>	
<p align="center"><b>UNREASONABLE HARDSHIP REQUEST</b></p>		<p align="center">AP-04</p>	<p align="center">4-15-22</p>

When the total construction cost of alterations, structural repairs, or additions to existing buildings and facilities for which a permit is required, does not exceed a valuation threshold of **\$186,172 (Jan 2022)** and the enforcing agency finds that full compliance with the requirements for disabled access upgrades serving the area of alteration, structural repair, or addition creates an “unreasonable hardship”, an exception can be granted to allow for less than full compliance for the upgrades. This determination for “unreasonable hardship”, as described in section 11B-202, can be requested when the cost of providing the disabled access upgrades is disproportionate to the total construction cost; that is, where it exceeds 20% of the cost of the project without these upgrades. Under this determination, upgrades will still need to be made, but only to the point where the upgrade costs are disproportionate (i.e. 20% of the total construction cost will be required to be spent toward these upgrades).

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible building entrance and an accessible path of travel to this entrance from the public way.
2. An accessible route of travel from the accessible building entrance to the area of alteration, structural repair, or addition.
3. At least one accessible restroom for each sex serving the area of alteration, structural repair, or addition.
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition.
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition.
6. Additional accessible elements such as parking, storage, and alarms.

Your plan reviewer will provide additional information regarding the “unreasonable hardship” determination if you choose to apply for this for your project.

On the next page of this Information Bulletin is an example of the findings that must be submitted for a project where an “unreasonable hardship” determination is requested.

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**Unreasonable Hardship Determination - S A M P L E**

**UNREASONABLE HARDSHIP FINDING**

Construction valuation not exceeding \$**186,172** (2022) ... California Building Code, Section 11B-202

**PROJECT INFORMATION**

Project Address 72500 Cook St. Permit # 15-00012345  
 Project Description Proposed Full Floor Tenant Improvement on 2nd Floor  
 Type of Facility Office/Retail Project Valuation \$ 60,000

**FULL COMPLIANCE COST OF DISABLED ACCESS UPGRADES OUTSIDE OF AREA OF REMODEL**

- Path of travel to building or facility entrance.....\$ 12,000
  - Path of travel within building or facility ..... \$ 4,000
  - Sanitary facilities ..... \$ 12,000
  - Drinking fountains ..... \$ 2,000
  - Public telephones.....\$ N/A
- TOTAL = \$ 30,000

The accessibility feature upgrades would increase construction costs by 50 %

**EXPENDITURE FOR UNREASONABLE HARDSHIP COMPLIANCE** (20% of project valuation = \$ 12,000)

Specify accessibility feature upgrades to be provided and cost under following priority listing:

1. Accessible path of travel to building or facility entrance (including entry doorway): \$ 10,000  
Install wheelchair lift at building entry door
  2. Accessible path of travel within building or facility to the area of remodel \$ 2,000  
Install braille symbols on elevator door jamb and handrail in elevator cab
  3. Accessible restroom for each sex \$ \_\_\_\_\_
  4. Accessible drinking fountains and public telephones \$ \_\_\_\_\_
  5. Additional accessible features (parking, storage, and alarms) \$ \_\_\_\_\_
- TOTAL = \$ 12,000

**APPLICANT INFORMATION**

Name (print) John Smith Signature John Smith  
 Firm Address 73000 Country Club Dr. Position Project Architect  
Palm Desert, CA 92260

**FOR DEPARTMENT USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

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<b>UNREASONABLE HARDSHIP REQUEST</b>		AP-04      4-15-22

**Unreasonable Hardship Determination  
UNREASONABLE HARDSHIP FINDING - WORK SHEET**

Construction valuation not exceeding \$**186,172** (2022) ... California Building Code, Section 11B-202

**PROJECT INFORMATION**

Project Address \_\_\_\_\_ Permit # \_\_\_\_\_  
 Project Description \_\_\_\_\_  
 Type of Facility \_\_\_\_\_ Project Valuation \$ \_\_\_\_\_

**FULL COMPLIANCE COST OF DISABLED ACCESS UPGRADES OUTSIDE OF AREA OF REMODEL**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Path of travel to building or facility entrance..... | \$ _____        |
| <input type="checkbox"/> Path of travel within building or facility .....     | \$ _____        |
| <input type="checkbox"/> Sanitary facilities .....                            | \$ _____        |
| <input type="checkbox"/> Drinking fountains .....                             | \$ _____        |
| <input type="checkbox"/> Public telephones.....                               | \$ _____        |
| <b>TOTAL =</b>  | <b>\$ _____</b> |

The accessibility feature upgrades would increase construction costs by \_\_\_\_\_ %

**EXPENDITURE FOR UNREASONABLE HARDSHIP COMPLIANCE** (20% of project valuation = \$ \_\_\_\_\_)

Specify accessibility feature upgrades to be provided and cost under following priority listing:

- |   |                 |
|---|-----------------|
| 1. Accessible path of travel to building or facility entrance (including entry doorway) | \$ _____        |
| 2. Accessible path of travel within building or facility to the area of remodel         | \$ _____        |
| 3. Accessible restroom for each sex   | \$ _____        |
| 4. Accessible drinking fountains and public telephones                                  | \$ _____        |
| 5. Additional accessible features (parking, storage, and alarms)                        | \$ _____        |
| <b>TOTAL =</b>  | <b>\$ _____</b> |

**APPLICANT INFORMATION**

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

**FOR DEPARTMENT USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_