



City of Oceanside
Building Department
300 N. Coast Hwy
Oceanside, CA 92054
(760) 435-3950

Application for Unreasonable Hardship Exception to Disabled Access Requirements

Note: Use this form for remodels of existing buildings where the construction cost is below the threshold amount.
The threshold amount is **\$ 126,764.66** (valid until January 2010).

Job Address		Plan ID No.	Permit No.
Owner Name	Owner Address		Owner Phone
Applicant	Applicant Address		Applicant Phone

It is requested that this project be granted an exception from the requirements of the State of California Disabled Access regulations as specifically noted below:

Access Feature	Does this feature meet the latest edition of Title 24:	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making features accessible as required by code
1. Path of travel to entrance			\$
2. Entrance			\$
3. Path of travel within building/facility to area of remodel.			\$
4. Elevator			\$
5. Sanitary facilities			\$
6. Public telephones (<i>if provided</i>)			\$
7. Drinking fountains (<i>if provided</i>)			\$
8. Other (Parking, etc.) <i>Specify</i>			\$
Total Cost of Access Features Provided (A)			\$
Total cost of construction of this project and all other work performed over the last 3 years in this tenant space (B)			\$
Percentage of total cost of project ($A \div B \times 100$) [20% minimum]			%

Description of Access Features Provided

Permit Number	Date	Description	Valuation

Continued on Reverse Side

Continued From Reverse Side

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**Unreasonable Hardship Exception to
Disabled Access Requirements**

Job Address		Plan ID No.		Permit No.
The following individuals provided the information listed above:				
Architect	Name	Address	Phone	Signature <i>Required</i>
Contractor	Name	Address	Phone	Signature <i>Required</i>
Owner	Name	Address	Phone	Signature <i>Required</i>
Other <i>Specify</i>	Name	Address	Phone	Signature <i>Required</i>
City Use Only Below This Line				
Date Received:		Received By:		
Plan Reviewer Comments				
Name of Plan Reviewer <i>Print</i>		Signature of Plan Reviewer		Date
Findings of the Enforcing Official:				
<input type="checkbox"/> Request Granted <input type="checkbox"/> Request Denied				
<input type="checkbox"/> Ratification Required. This decision must be ratified by the Board of Appeals (City Council). An appeal application must be completed and a filing fee paid. The ratification will then be placed on the Council Agenda.				
Name of Enforcing Official <i>Print</i>		Signature of Enforcing Official		Date