



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: Do not use this form for existing buildings where the construction cost is below the current threshold amount. This form is for remodels exceeding the threshold amount and new buildings qualifying for exemption from specific accessibility features as provided in the code.

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:

Exceptions Requested	Code Section/Exception	Cost of Making Features Accessible as Required by Code
		\$
		\$
		\$
		\$
Total Cost		\$

Description/Justification/Equivalent Facilitation Provided (Attach Additional Sheets if Necessary)

Cost of all construction contemplated is: \$

The access feature increases the cost of construction by: % *percentage of construction cost*

The impact on financial feasibility of the project if the requested exception is not approved is:

The following individuals provided the information listed above:

Architect	Name	Address	Phone	Signature Required
Contractor	Name	Address	Phone	Signature Required
Owner	Name	Address	Phone	Signature Required
Other <i>Specify</i>	Name	Address	Phone	Signature Required

Date Received: _____ Received By: _____

SEE OVER FOR BUILDING DEPARTMENT FINDINGS

City Use Only Below This Line

City of Oceanside
Building Department

**Unreasonable Hardship Exception to
Disabled Access Requirements**

Job Address

Plan ID No.

Permit No.

Plan Reviewer's Comments:

Plan Reviewer Name *Print*

Plan Reviewer Signature

Date

Findings of the Enforcing Official:

Request Granted

Request Denied

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 *Print*

Signature of Enforcing Official

Date