CITY OF CHULA VISTA

DEVELOPMENT SERVICES DEPARTMENT

BUILDING DIVISION

276 Fourth Avenue Chula Vista CA 91910

619-691-5272 **619-585-5681 FAX**

FORM 4607

ACCESSIBILITY – APPLICATION FOR UNREASONABLE HARDSHIP EXCEPTION

Please print legibly or type

Project Address	Plan Check #
Owner	Telephone *Include Area Code*
Applicant	Telephone *Include Area Code*

It is requested that the above named project be granted an exception from the requirements of the State of California Title 24 accessibility, as specifically noted below

A. **Section 11B-202.4 General Exception Applicable** to existing buildings where the construction cost at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted but not all the accessibility features. The area of alteration itself may not be exempted.

Valuation Threshold Amount $203,611.00 as of January 2025

Access Features **Item** *Provide description below*	**Does this feature meet the latest edition of Title 24?**	**If not, is this feature going to be part of this permit?**	**If so, cost of making feature accessible?** *Attach documentation*
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 *If provided*	_____	_____	$ _____
7. Drinking fountains *If provided*	_____	_____	$ _____
8. Other (Parking, etc.) *Specify*	_____	_____	$ _____

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 (20% minimum): A/B x 100% _____ _____

Description of access features to be provided

Alterations performed over the last three years in this tenant space. Include in total valuation B above unless 20% of valuation of Individual remodel has already been expended on access feature (provide documentation).

Permit Number	Date	Description	Valuation

B. SPECIFIC EXCEPTIONS **DO NOT USE THIS PORTION IF PART A HAS BEEN COMPLETED**

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

Exceptions Requested	Cost Section/Exception	Cost of Making Features Accessible *Attach Documentation*
		$
		$
		$

Total $

Description

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

The following individuals provided information listed above

Architect/Designer			Owner/Tenant		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Signature *Required*		Date	Signature *Required*		Date

FOR CITY USE ONLY

DATE RECEIVED	RECEIVED BY

Findings and decisions of the Enforcing Official

_____

_____

_____

_____

☐ **Request Granted**

☐ General Unreasonable Hardship Exception request is approved based on Section 11B-202.4 of Title 24. Access Features listed in part A of this form shall be provided as part of this permit.

☐ Specific Exception(s) request is approval based on Section (s) _____. All other access features shall be provided as specified in Title 24.

☐ Ratification required. This decision must be ratified by the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request.

☐ **Request denied.** If you disagree with this determination, you may seek an appeal through the Board of Appeals and Advisors. An application must be completed and a filing fee paid before the board can hear the request

Name of enforcing official ***please print***	Signature of enforcing official	Date