OF CALLYON

COUNTY OF PLACER

Community Development Resource Agency

BUILDING

Non-Residential Accessibility Requirements Disproportionate Costs

How do we calculate them----

- 1. Establish the cost of the project per normal plan review procedures.
- 2. Subtract the cost of any accessible features that are being proposed.
- 3. Subtract the cost of cosmetic work that does not normally trigger access compliance.
- 4. Add any previous cost totals that have accrued during the previous 3 years.
- 5. Determine the actual construction costs used for access compliance.
- 6. Multiply the actual construction costs by 20%.
- 7. The resulting additional costs are to be applied to accessible building upgrades.
- 8. Provide a list of disabled access features needed to comply with full compliance and prioritize.
- 9. Determine the type of access features that provide the greatest access serving the remodeled area.
- 10. Document on the plan set the required access features that will be provided.
- 11. File any hardships clauses that would apply to this project and maintain the file for a minimum of three years.

Access Compliance for Existing Buildings Declaration of Past Alterations, Remodels or Additions

Date	of A	pplication:		
Address			P.C. No	Cost of Alteration
This	form	is to be used when:		
A.		e cost of alteration, remode es not exceed the current v		it the cost of access features or
В.	Alteration, remodel or addition is made to the areas above or below the ground floor of a previously exempted non-elevator building of the following types:			
	1.	1. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor.		
	2.	 Office of physicians and surgeons. Shopping Centers (having one or more sales establishments or stories; T-24 Section 420(g). 		
	3.			
	4.	4. Other buildings and facilities three stories or more and more than 3,000 square feet per floor if a reasonable portion of services sought and used by public is available on the accessible level.		
remo	del(the above mentioned address) or addition(s) to the abovit application.	ss have / have in the property in the propert	owner or lessee of the project not performed alteration(s), past three years of the date of
lf "ha	ve"	is checked, state below the	date(s) and the cos	st(s) of the previous alteration(s):
Date:		te:		Cost:
(Signature of owner or lessee)				(Date)
(Mailing Address)				(Telephone)