City of Arcata
Building Division
736 F St.
Arcata, CA 95521
(707) 822-5956

Application to Reduce Access Improvements for Existing Buildings Remodel, Addition or Repair

***Please** print legibly or type.*

Project Address	Building Permit Number
Owner	Telephone Number
Applicant	Telephone Number

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.

Valuation Threshold Amount:
$126,765
(as of 2009)

A. Section 1134B.2.1 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 alternation itself may not be exempted.

Access Features

Item: *Provide description below*	**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?**	**Cost of making feature accessible?** *Attach documentation.*
1. Parking and Path of travel to entrance	_____	_____	$_____
2. Entrance	_____	_____	$_____
3. Path of travel within building/facility to area of remodel	_____	_____	$_____
4. Sanitary facilities	_____	_____	$_____
5. Public Telephone *If provided*	_____	_____	$_____
6. Public fountains *If provided*	_____	_____	$_____
7. Other *Specify*	_____	_____	$_____

(A) Total cost of access features provided $_____

(B) Total cost of construction of this project and all other work performed over the last 3 years in this tenant space $_____

Percentage of total cost of project *(A÷B) x100* %_____

Description of features provided:

_____

_____

_____

_____

_____

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

Permit Number	Date	Description	Valuation
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____

The following individuals provided information listed above

Architect/Designer			Owner		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Signature		Date	Signature		Date

For City Use Only

Date Received	Received by

Findings and decisions of the Enforcing Official

_____

_____

_____

_____

_____

☐**Request granted**

☐General Unreasonable Hardship Exception requires approved based on Section 3112A of Title 24. Access features listed on the from of this form will be provided as part of this permit.

☐**Request denied.** If you disagree with this determination, you my seek a appeal through the Board of Appeals. An application must be completed.

Name of enforcing official	Signature of enforcing official	Date
_____	_____	_____