

City of Palo Alto
Inspection Services Division
Request for Exemption from Accessibility Compliance due to Unreasonable Hardship

Building Permit No. _____

Project Description: _____

Project Address: _____

Owner/applicant: _____ Telephone: _____

Signature: _____ Date: _____

Existing available accessibility elements: _____

Accessibility elements:	Cost of making accessible:	Cost proposed for this permit:	Element(s) request to be waived:
1. an accessible entrance	\$_____	\$_____	_____
2. an accessible path to the altered area	\$_____	\$_____	_____
3. accessible sanitary facilities	\$_____	\$_____	_____
4. accessible drinking fountains	\$_____	\$_____	_____
5. accessible public telephone	\$_____	\$_____	_____
6. others (parking, handrail, etc.)Specify	\$_____	\$_____	_____

Total cost of access elements \$_____ \$_____ (cost #1 below)

Applicant's Statement of Impact on the financial feasibility of the project by providing full access compliance: _____

1. The cost of compliance with all proposed accessibility (provide itemized worksheet): _____
2. The total cost of proposed construction (including construction cost for the past three years if accessibility compliance was exempted before, but excluding the cost of item 1 above): _____
3. Percent increase (minimum 20%) on the cost of construction (item 1 / item 2)x 100% : _____

Your request for exemption from accessibility compliance due to unreasonable hardship is:

_____ Denied

_____ Approved for the following elements: _____

Building Official

Date