



**BUILDING CODE MANUAL  
COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
BUILDING AND SAFETY DIVISION**

**1134B.2.1  
Article 1  
01-20-09  
Page 1 of 1**

**UNREASONABLE HARDSHIP VALUE FOR YEAR 2009**

The revised valuation threshold to be used during the year 2009 is \$126,765 for determining unreasonable hardship with regard to disabled access requirements. This figure is based upon the average Construction Cost Index of 8549.06 taken from the January, 2009 ENR magazine.

Applicants who use this criteria shall complete the "Application for Unreasonable Hardship to Disabled Access Requirements (Form "A")", affix a copy of the form to the plans, and place the original approved or denied document in the job jacket.

WRITTEN BY:

STEVE LAM, S.E.  
Senior Civil Engineer

RECOMMENDED BY:

HASSAN ALAMEDDINE  
Chief Engineer

APPROVED BY:

RAJ PATEL  
Superintendent of Building

Supersedes BCM 1134B.2.1 Article 1 dated 02-04-2008



**County of Los Angeles  
Department of Public Works  
Building and Safety Division**

**Application for Unreasonable Hardship to Disabled Access Requirements (Form "A")**  
***(For Existing Buildings Where Cost of Construction does not exceed \$126,765 - Sec. 1134B.2. Exc. 1)***

Project Address:	Plan Check #
Project description:	Total Construction Cost ( <i>project valuation</i> ) \$ _____

It is requested that the above project be granted an exemption from the requirements of the State of California Title 24, Accessibility Regulations, as specifically listed below. The specific accessibility features that create a hardship may be exempted but not all of them. **The area of alteration itself may not be exempted.**

Access Features item Provide description below	Does this feature meet latest edition of Title 24?	If not, is this feature going to be made accessible as Part of this permit?	If so, cost of making feature accessible? (Documentation may be required)
1. Path of travel to entrance	_____	_____	\$ _____
2. Entrance to Building	_____	_____	\$ _____
3. Path of travel within building/ facility to area remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Restrooms	_____	_____	\$ _____
6. Public telephones if provided	_____	_____	\$ _____
7. Drinking fountains if provided	_____	_____	\$ _____
8. Other (parking, storage, etc.)	_____	_____	\$ _____
Total cost of access features provided (A) .....			\$ _____
Total cost of construction (B).....			\$ _____
(A ÷ B) x 100% (20% minimum expenditure is required) .....			_____
Has the same tenant performed work in the same tenant space, within the last three years?			_____
Description of access features to be provided _____			
_____			

**Applicant Information**

I certify that the above noted information is true and correct.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Firm address \_\_\_\_\_ Position \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Denied by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This document shall be part of the Building plans and shall be entered in the job file of the enforcing agency.