

CITY OF ATASCADERO

COMMUNITY DEVELOPMENT DEPARTMENT

Declaration of Construction Costs and Accessibility Improvements to Existing Buildings Undergoing Alterations, Additions or Repairs

Owner's Name Pl	none Number	Permit # 202	<u> </u>
Project Address			
Project Description			
CBC 11B-202.4 Regulates accessibility requirement additions are made to existing building or facilities, addition shall be provided. The primary accessible p facility, toilet and bathing facilities serving the area, area, and signs. Work within the area of work is not travel.	an accessible path of tra ath of travel shall inclu drinking fountains serv	avel to the specific area of de; a primary entrance to ying the area, public telep	of alteration or the building or bhones serving the
When the construction cost is less than or equal to the shall be limited to 20 percent of the construction cost compliance would exceed 20 percent, compliance shapercent.	t of alterations, structui	al repairs or additions. V	Vhen the cost of full
In choosing which accessible elements to provide, progreatest access in the order given below.	riority should be given	to those elements that wi	ill provide the
The following costs shall include detailed estimates	for all elements and sha	all be attached to this for	m:
A. Cost of Construction for the proposed project B. Total amount spent on other projects at this area of C. Total Cost (Line A + Line B) If Line C exceeds \$203,611.00, full compliance is respectively.	equired of all accessibil	\$	ns 1 through 6 below
If Line C is less than \$203,611.00, then 0.20 x (amorthis is the minimum amount to be spent on accessible to the contract of t		r of priority listed below	_ :
	Currently Complies?	Proposed Compliance?	Cost of Compliance?
 Additional elements such as parking, storage & al Route to the altered area Entrance (door, threshold, approach) At least one accessible restroom for each sex Accessible telephones (when provided) Accessible drinking fountains (when provided) 	yes □ no □	yes □ no □	\$
alarms	yes □ no □	yes □ no □	\$
Note: If an accessible element does not fully comply order to achieve the greatest access. Include detailed			may be provided in
Requested by: PrintS	ignature	Date	
Owner □ Agent □ Tenant □	Phone Number		
Licensed professional in responsible charge: Name_		Signature	
For Staff Use: Accepted Denied By:		On:	