



**CITY OF BEVERLY HILLS  
COMMUNITY DEVELOPMENT DEPARTMENT**

- REQUEST FOR MODIFICATION OF BUILDING ORDINANCES
- REQUEST FOR ALTERNATE MATERIAL OR METHOD OF CONSTRUCTION
- REQUEST FOR HARDSHIP EXEMPTION OR EQUIVALENT FACILITATION

Please print clearly or type.

<b>JOB ADDRESS:</b>	<b>For Dept. Use FEES:</b>
<b>Owner</b> _____	<b>Permit #</b> _____
<b>Address</b> _____	
<b>Phone</b> _____	<b>Use of Bldg</b> _____
<b>Petitioner:</b>	<b>Construction Type</b> _____
<b>Address</b> _____	<b>Stories</b> _____
<b>Phone</b> _____	

**REQUEST:** (Submit plans if necessary to illustrate request. Additional sheets or data may be attached.)

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\_\_\_\_\_

Code Section:                      B.H.M.C                      State Code                     

**JUSTIFICATION/FINDINGS OF EQUIVALENCY:** (Submit plans or additional sheets as necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Petitioner's Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**FOR DEPARTMENT USE ONLY:**

	Approved	Denied
<input type="checkbox"/> Fire Department _____	[ ]	[ ]
(Staff Print) (Staff Sign) Date		
<input type="checkbox"/> Other _____	[ ]	[ ]
(Staff Print) (Staff Sign) Date		

<b>Community Development Department Action</b>	Request <input type="checkbox"/> IS <input type="checkbox"/> IS NOT in conformity with the spirit and purpose of Code Section involved.
<input type="checkbox"/> APPROVED	Condition <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT PROVIDE <input type="checkbox"/> equivalency <input type="checkbox"/> equivalent facilitation
	(Staff Print) (Staff Sign) Date
<input type="checkbox"/> DENIED	
	(Staff Print) (Staff Sign) Date

**CONDITIONS OF APPROVAL:**

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## SUMMARY OF ACCESSIBILITY UPGRADES FOR COMMERCIAL PROJECTS

The provisions of Section 11B-202.4 Exception 8 apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an accessible path of travel<sup>1</sup> must be provided to the specific area of construction.

When the adjusted construction cost<sup>2</sup> of **alterations, structural repairs, or additions to existing buildings and facilities** within three years of the original alteration does not exceed a valuation threshold of **\$186,172.00**, the cost of compliance with Section 11B-202.4 of the 2020 California Building Code shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the area of alteration, structural repair, or addition (see definition of accessible route Section 202 & 11B-206.2.1 for more information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex serving the area of alteration, structural repair or addition;
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition;
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition; and
6. When possible, additional accessible elements such as parking, storage, and alarms.

The second page of this Information Bulletin provides an example showing a Summary of Accessibility Upgrades.

<sup>1</sup> When alterations, structural repairs or additions are made to existing buildings or facilities, the term "path of travel" as defined in Chapter 2 of LABC also includes the toilet and bathing facilities, telephones, drinking fountains and signs serving the area of work.

<sup>2</sup> Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded outside the area of alteration, structural repair, or addition.

## Summary of Accessibility Upgrades for Commercial Projects

(For existing buildings where the adjusted construction cost is less than or equal to \$186,172.00 (rev. 1/2022) Sec. 11B-202.4 Exception 8)

Project Address: 123 Hope Street		Application No.	
Project Description/Location: Office tenant improvement (2,040 SF) at 5th floor Suite No. 502		Permit Valuation: \$120,000	
Type: <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		*Adjusted Cost of Proposed Construction: \$100,000	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current LABC?	Will this feature be replaced or altered to meet Chapter 11B of the current LABC?	If so, how much will be spent to make this feature accessible?
1. Accessible entrance	Yes		
2. Accessible route to the altered area	Yes		
3. Accessible restroom for each sex or a unisex restroom	No	Yes	\$12,000
4. Accessible telephones	N/A		
5. Accessible drinking fountains	No	Yes	\$6,000
6. Other (Any of the below)			
A. Accessible parking spaces	No	No	
B. Signs	No	Yes	\$2,000
C. Alarms	N/A		
D. Other:	N/A		
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		\$20,000
Adjusted Cost of Proposed Construction (B)	Construction cost for all proposed work on this permit application <u>except</u> Accessible Features Nos. 1-6 provided above.		\$100,000
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Adjusted Cost of Proposed Construction.		20%
Description of Access Features Provided:			
New unisex restroom will be created immediately adjacent to existing men and women's restroom in corridor. Drinking fountain at ground floor lobby will be replaced with new high/low accessible unit. Existing signage for 10 accessible parking spaces will be replaced and updated to current requirements. Parking stall access aisle slopes are greater than 2% to existing curbs and cost of creating compliant slopes and curb ramps exceeds the required 20% spending.			
Applicant Certification			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:	John Smith	Date: 01 / 01 / 2020	Company: John Smith and Associates
Name: (Print)	John Smith	Address:	123 Broadway
Title:	Architect of Record	City, State Zip:	Los Angeles, CA 90012
Agent for:	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	(213) 555-1212
For Building Official Use Only			
Approved by:	Title:	Date:	/ /

\*If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

## Summary of Accessibility Upgrades for Commercial Projects

(For existing buildings where the adjusted construction cost is less than or equal to \$186,172.00 (rev. 1/2022) Sec. 11B-202.4 Exception 8)

<b>Project Address:</b>		<b>Application No.</b>	
<b>Project Description/Location:</b>		<b>Permit Valuation:</b>	
Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		<b>*Adjusted Cost of Proposed Construction:</b>	
<b>PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION</b>			
Accessible Features	Does existing feature meet accessibility standards of Chapter 11B of the current LABC?	Will this feature be replaced or altered to meet Chapter 11B of the current LABC?	If so, how much will be spent to make this feature accessible?
1. Accessible entrance			
2. Accessible route to the altered area			
3. Accessible restroom for each sex or a unisex restroom			
4. Accessible telephones			
5. Accessible drinking fountains			
6. Other (Any of the below)			
A. Accessible parking spaces			
B. Signs			
C. Alarms			
D. Other:			
Cost of All Features Provided (A)	Summary of costs of Accessible Features Nos. 1-6 provided above.		
Adjusted Cost of Proposed Construction (B)	Construction cost for all proposed work on this permit application <b>except</b> Accessible Features Nos. 1-6 provided above.		
Percentage Upgrades Provided (A / B)	Cost of all Features Provided / Adjusted Cost of Proposed Construction.		
<b>Description of Access Features Provided:</b>			
<b>Applicant Certification **</b>			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:		Date: / /	Company:
Name: (Print)		Address:	
Title:		City, State Zip:	
Agent for:	<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor	Phone No.:	
<b>For Building Official Use Only</b>			
Approved by:		Title:	
		Date: / /	

\*If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

\*\* Signatures: I hereby acknowledge that the above is true to the best of my knowledge. As the owner of the property or tenant space, or an authorized agent representing the owner, by signing below I am acknowledging that I understand that although the project is in compliance with the California Building Code requirements, the limited disabled access upgrades shown on this form will not limit or absolve my liability under the American's with Disability Act. I certify that the above information is true and correct to the best of my knowledge and belief.