



**BUILDING CODE MANUAL
COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION
Based on the 2008 LACBC**

**1134B.2.1
Article 1
01-25-10
Page 1 of 1**

UNREASONABLE HARDSHIP VALUE FOR YEAR 2010

The revised valuation threshold to be used during the year 2010 is \$128,410 86 for determining unreasonable hardship with regard to disabled access requirements. This figure is based upon the average Construction Cost Index of 8660 08 taken from the January, 2010 ENR magazine.

Applicants who use these 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 IKKANDA
Contract Engineer

REVIEWED BY

JUAN MADRIGAL
Senior Civil Engineer

RECOMMENDED BY

HASSAN ALAMEDDINE
Chief Engineer

APPROVED BY:

RAJ PATEL
Superintendent of Building

Supersedes BCM 1134B.2.1 Article 1 dated 01-20-09



**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 \$128,410.86 - Sec. 1134B.2.1 Exp. 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 _____