

Office Of Statewide Health Planning And Development

Facilities Development Division

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Application for Unreasonable Hardship Exception to Accessibility Requirements

A	Name of Facility:	Phone:	OSHPD #	
	Address:	Fax:	Sub #	
	City:	County:	Zip:	Facility ID #
	Scope Of Project:			Applicant Job #:
	Name of Facility Representative:		E-mail:	
	Address:		Phone:	Fax:
	City:		State:	Zip:
	Name of Architect:		E-mail:	
	Address:		Phone:	Fax:
	City:		State:	Zip:
Estimated Construction Cost (Includes fixed hospital equipment, excludes design and inspection fees): _____ \$				

B Submittal of this form constitutes a request for determination of Unreasonable Hardship and exception to the accessibility requirements of Chapter 11B of the 2007 California Building Code, as specifically noted below. This request for determination of Unreasonable Hardship is for (check one)

a project under the 'Valuation Threshold' specified in Section 1134B.2 of the 2007 CBC (Part C of this form), or

Other projects, pursuant to the definition of Unreasonable Hardship in Section 202, 2007 CBC (Part F of this form).

C **Exception for projects under the valuation threshold in Section 1134B.2, of the 2007 CBC**
 Applicable to projects in existing buildings where the construction cost for all projects in the same area of the building over the last three years does not exceed the valuation threshold amount.

Building element required to be accessible	Does this element meet current access requirements of Chapter 11B, 2007 CBC ?	If not, will this element be made accessible as a part of this project?	Cost of making element accessible. (Attach documentation)
1. Entrance	_____	_____	_____
2. Path of travel to area of alteration	_____	_____	_____
3. Sanitary facilities (Separate for each sex)	_____	_____	_____
4. Public telephone	_____	_____	_____
5. Drinking fountain	_____	_____	_____
6. Additional elements	_____	_____	_____
Total cost of accessible elements			\$ _____ (A)
Total cost of construction for this project and all other projects performed over the last 3 years. (Complete Section D below.)			
NOTE: If this amount exceeds the 'Valuation Threshold', exception 1 of Section 1134B.2, 2007 CBC does not apply.			
Complete Section F for unreasonable hardship exception.			\$ _____ (B)
Cost of accessible elements as a percentage of total project cost. (A) / (B) x 100			_____ %
NOTE: If this amount is less than 20%, all elements must be accessible.			
Complete Section F for unreasonable hardship exception.			

Description of accessible elements proposed to be provided in lieu of full code compliance (attach pages as needed) _____

D Alteration projects completed in the past three years are included in the total construction cost for determining unreasonable hardship for projects under the Valuation Threshold. List all projects completed in the last three years on the same path of travel that have been completed without providing accessibility to items 1 thru 5 above.

OSHPD Project #	Permit Date	Description	Valuation
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Application for Unreasonable Hardship Exception to Disabled Access Requirements

E	Name of Facility (from page 1): _____	OSHPD #: _____																																			
F	<p>Exception for projects meeting the definition of 'Unreasonable Hardship' from Section 202 of the 2007 CBC.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Exception requested for Code Section:</th> <th style="width:35%;">Description of element required to be accessible</th> <th colspan="2" style="width:20%;">Is Equivalent Facilitation Required?</th> <th style="width:20%;">Cost of making element accessible. (Attach documentation)</th> </tr> <tr> <td></td> <td></td> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <td></td> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td colspan="4" style="text-align:right;">Total Cost of Accessible Elements for which exception is requested</td> <td>\$ _____</td> </tr> </tbody> </table> <p>Describe equivalent facilitation proposed: _____ _____ _____ _____</p> <p>Provide or describe: 1. The cost of all construction contemplated: _____ 2. The impact of providing access on the financial feasibility of the project: _____ _____ 3. The nature of accessibility that would be gained or lost: _____ _____</p>		Exception requested for Code Section:	Description of element required to be accessible	Is Equivalent Facilitation Required?		Cost of making element accessible. (Attach documentation)			Yes	No		_____	_____	_____	_____	\$ _____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____	\$ _____	_____	_____	_____	_____	\$ _____	Total Cost of Accessible Elements for which exception is requested				\$ _____
Exception requested for Code Section:	Description of element required to be accessible	Is Equivalent Facilitation Required?		Cost of making element accessible. (Attach documentation)																																	
		Yes	No																																		
_____	_____	_____	_____	\$ _____																																	
_____	_____	_____	_____	\$ _____																																	
_____	_____	_____	_____	\$ _____																																	
_____	_____	_____	_____	\$ _____																																	
Total Cost of Accessible Elements for which exception is requested				\$ _____																																	
G	<p>This Application for Unreasonable Hardship Exception made by (check one):</p> <p><input type="checkbox"/> Legal Owner/Administrator <input type="checkbox"/> Architect <input type="checkbox"/> Facility Representative</p> <p>Name (printed): _____</p> <p>Signature: _____ Date: _____</p>																																				

FOR OSHPD USE ONLY

H	<p><input type="checkbox"/> Request Granted</p> <p><input type="checkbox"/> Exception based on Section 1134B.2 of the 2007 CBC. Provide accessible elements listed in Section C of this form, up to 20% of the total construction cost of the project.</p> <p><input type="checkbox"/> Exception to Section(s) _____ of the 2007 CBC is granted. All other accessible elements, as well as equivalent facilitation described in Section F of this form must be provided.</p> <p><input type="checkbox"/> Request Denied. If you disagree with this determination, you may seek an appeal through the Hospital Building Safety Board. Refer to Section 7-159 of the California Administrative Code for procedures.</p> <p>Remarks: _____ _____</p> <p>Reviewed by OSHPD Enforcing Official Name (Printed): _____</p> <p>Signature _____ Date: _____</p>	
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**INSTRUCTIONS FOR
Application for Unreasonable Hardship
Exception to Disabled Access Requirements
(OSH-FD-800)**

Do not write in areas designated "FOR OSHPD USE ONLY."

A Enter name of facility and address, phone and fax numbers as they appear on the facility license. Provide OSHPD project number for which this request applies, Annual Permit sub number if applicable and Facility ID number. Provide Scope of Project as it appears on the OSHPD Application for Plan Review. Provide Applicant job number if desired. Provide contact information for Facility Representative and Architect of Record for project. Enter the estimated construction cost of project, or contract amount, if known.

B New facilities, and existing facilities where alterations are performed, must comply with the accessibility requirements of Chapter 11B of the 2007 California Building Code (CBC). Exceptions are provided for 'Unreasonable Hardship' in 2 circumstances:

1. Remodel projects, where the cumulative construction cost of all projects in the remodel area for the past 3 years does not exceed a 'Valuation Threshold' specified in Section 1134B.2.1, exception 1 of the 2007 CBC.
(As of Jan. 1, 2008 the threshold is \$119,958.65, and is adjusted annually).
2. Unreasonable Hardship may also be granted for projects, based on the five criteria listed in the definition of 'Unreasonable Hardship' in Section 202 of the 2007 CBC.

Check the appropriate box to indicate under which exception this application is made.

C For projects under the Valuation Threshold, the CBC allows a determination of Unreasonable Hardship to be made when the cost of providing the specific accessible elements listed in Section 1134B.2.1 (primary entrance, path of travel, sanitary facilities, accessible telephones, and accessible drinking fountains) is considered disproportionate to the cost of the project. As defined in Section 1134B.2.1, the cost of providing those accessible features is considered to be 'disproportionate' when it exceeds 20% of the cost of the project cost without providing those accessible elements.

Indicate whether or not the specified elements already meet current accessibility requirements, if they will be made to comply with current accessibility requirements as a part of this project, and the cost of making the element accessible, if applicable. Provide the total cost of the specified accessible elements, and the total cost of all alteration projects on the same path of travel during the past three years (From part D). Compute the percentage of the cost expended on accessible elements. **If the number is less than 20%**, Unreasonable Hardship may **not** be determined based on this section. If the applicant believes that Unreasonable Hardship still exists, please fill out Section F.

If this number exceeds 20%, Unreasonable Hardship may be determined based on this section. The listed accessible elements must be provided in the order listed in 1134B.2.1 exception , until the facility reaches the 20% threshold. Indicate which elements will be made accessible as a part of this project. Provide additional documentation as required to demonstrate costs of specific accessible elements.

- D** Provide a listing of all projects completed in the last three years for which a minimum of 20% of construction costs were not spent on providing accessible elements. Provide OSHPD project number, permit date, project description and valuation of project. Provide additional documentation as required to show construction costs and amount expended on specific accessible elements.
- E** Provide name of facility and OSHPD number, as they appear on page 1.
- F** Unreasonable hardship may also be based on the definition of 'Unreasonable Hardship' from Section 202 of the 2007 CBC. The code allows a determination of Unreasonable Hardship to be made after evaluating a number of factors. In order to perform this evaluation, provide the following: a description of specific accessibility provisions for which an exception is desired, the code section where this requirement is found, whether or not the code requires equivalent facilitation and the cost of making the features accessible. Also, provide the cost of all construction contemplated, the impact of providing access on the financial feasibility of the project and the nature of the accessibility that would be gained or lost. Provide additional documentation as required to demonstrate costs of specific accessible elements.

Describe equivalent facilitation if proposed. The code addresses equivalent facilitation differently in different sections. In some cases, the code specifies what is acceptable as equivalent facilitation. In others, the code simply says that Unreasonable Hardship may be granted when equivalent facilitation is provided, but does not specify what form equivalent facilitation may take. When legal or physical constraints will not allow either compliance with the literal requirements of a code section or equivalent facilitation, then Unreasonable Hardship may be requested for relief from that code section.

- G** The person submitting the Application for Unreasonable Hardship must sign and date the Application.
- H** After reviewing the information provided on the form, an OSHPD Regional Supervisor (Office) or Regional Compliance Officer (Field) will make a determination as to whether to approve or deny the request. In the case of a denial of an Application for Unreasonable Hardship, the applicant may elect to use the CPR process (see OSHPD website) to continue to work directly with OSHPD management. Alternately, the applicant may appeal the decision to the Hospital Building Safety Board. See Section 7-159 of the California Administrative Code for appeal procedures.