



City of Rialto California

Application for: Unreasonable Hardship to Disabled Access Requirements

Project Address: _____

Project Description: _____

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 enumerated below:

Provide description below. Documentation may be required.

Access Features Item(s) _____

Code Section/Exception: _____

Cost of making feature accessible? \$ _____

Description of Hardship: (*Attach letter if necessary*) _____

The cost of all construction contemplated \$ _____

The access feature increases the cost of construction by: (percentage of construction cost) ____%
The impact on financial feasibility of the project if the requested exemption (s) is not approved is:

The facility is used by the general public for the purpose of: _____
The facility is available to persons with disabilities by: _____

Equivalent facilitation provided (*if any*): _____

Applicant Information

I certify that the above noted information is true and correct

Name (print) _____

Signature _____

FOR DEPARTMENT USE ONLY

Approved by: _____ Title _____ Date _____

Denied by: _____ Title _____ Date _____

_____ Title _____

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