



**BUILDING CODE MANUAL
COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION
Based on the 2011 LACBC**

**#9
1134B.2.1
Article 1
2-1-13
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UNREASONABLE HARDSHIP VALUE FOR YEAR 2013

The revised valuation threshold to be used during the year 2013 is \$139,934.00 for determining unreasonable hardship with regard to disabled access requirements. This valuation is based on the average Construction Cost Index of 9437.27 taken from the January, 2013 ENR magazine. Such information is posted by the Division of the State Architect at the following website: www.dgs.ca.gov/dsa/Programs/progAccess/threshold.aspx.


Applicants who use this criteria shall complete the "Application for Unreasonable Hardship to Disabled Access Requirements (Form "A")" and affix a copy of the form to the plans. Staff shall place the original approved or denied document in the job jacket.

Supersedes BCM 1134B.2.1 Article 1 dated 02-06-12

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Chief Engineer



County of Los Angeles
Department Of Public Works
Building and Safety Division
Based on the 2011 County of Los Angeles Building Code
Application for Unreasonable Hardship to Disabled Access Requirements
(Form "A")

(For existing buildings where cost of construction does not exceed \$139,934.00 – Section 1134B.2.1 Exception 1)

Project Address:	Plan Check #:
Project Description:	Total Construction Cost/Project Valuation \$ _____

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? <i>(Documentation may be required)</i>
1. Path of travel to entrance	_____	_____	\$ _____
2. Entrance to building	_____	_____	\$ _____
3. Path of travel within building / facility to area of remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Restrooms	_____	_____	\$ _____
6. Public telephones, if provided	_____	_____	\$ _____
7. Drinking fountains, if provided	_____	_____	\$ _____
8. Other (parking, 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 _____