

Application for Unreasonable Hardship Exception to Disabled Access Requirements

Date: _____

Project Name and Address:	
Owner:	Telephone (include area code):
Applicant Name (please print):	Telephone (include area code):
Signature of applicant:_____Date:_____	

[illegible]

CITY OF ONTARIO

Building Department

Application for Unreasonable Hardship Exception to Disabled Access Requirements (Continued)

Hardship Documentation No.: _____

Plan Check No.: _____

Date: _____

* Include cost of other work performed over the last 3 years in total valuation B on sheet one unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation below, including any previously approved Unreasonable Hardship Forms).

Alterations performed over the last three years in this tenant space:

Permit Number	Date	Valuation	Was 20% of cost of project spent on access feature?

For Jurisdiction Use Only

☐ Request Granted

☐ General Unreasonable Hardship Exception request is approved based on Section 1134B2.1 of Title 24. Access features listed in part A of the form shall be provided as part of this permit.

☐ Specific Exception(s) requested is approved based on Section(s) _____. All other access features shall be provided as specified in Title 24.

☐ Request denied. If you disagree with this determination, you may seek an appeal through the Chief Building Official.

Name of Chief Building Official:

Recommended by:

Name and Title (please print)

Name and Title (please print)

Signature

Date

Signature

Date