

D.A. CHECKLIST (p. 1 of 2):

The address of the project is _____

For ALL tenant improvement projects in commercial use spaces, this checklist is required to be reproduced on the plan set and signed.

1. The proposed use of the project is _____ (e.g. Retail, Office, Restaurant, etc.)
2. Describe the area of remodel, including which floor: _____
3. The construction cost of this project *excluding* disabled access upgrades is \$ _____, which is (check one) more than / less than the Accessibility Threshold amount of **\$119,958.65**, Per 2007 California Building Code Section 1134B.2.1 Exception1 (The cost index & threshold are updated annually).
4. Is this a City project and/or does it receive public funding? Check one: Yes / No Note: If Yes, then see Step 3 on the Instructions page for additional forms required.

Conditions below must be fully documented by accompanying drawings

5. Read A through G below carefully and check the most applicable box (one box only):

<input type="checkbox"/> A: All existing conditions serving the area of remodel fully comply with access requirements. No further upgrades are required.
<input type="checkbox"/> B: All existing conditions serving the area of remodel that do <u>not</u> fully comply with access requirements <u>will be</u> fully upgraded with this project.
<input type="checkbox"/> C: Proposed project (check one) <u>is less than the threshold</u> / <u>is over the threshold & falls under CBC 1134B.2.1 Ex. 2</u> ; Partial upgrades, including Equivalent Facilitation will be provided up to 20% of the project value as itemized on Form C. Priority of upgrades are to be considered in the order listed on p. 2 of the D.A. Checklist. Fill out Hardship request form(s) for non-fully complying items, including for Equivalent Facilitation items. Checking box C means there are still non-complying items serving the area of remodel.
<input type="checkbox"/> D: Access features will either fully comply or be provided with Code defined Equivalent Facilitation. Submit an Unreasonable Hardship Request (UHR) for the Equivalent Facilitation items.
<input type="checkbox"/> E: Hardship appeal to be filed with Access Appeals Commission (AAC). Note: Plan check of items not under AAC consideration will continue while resolution of AAC decision is sought.
<input type="checkbox"/> F: Consisting only of Barrier Removal, Notice of Accessibility Violation (NOV) Compliance or Exempted Work; Fill out Form F.
<input type="checkbox"/> G: Minor revision to previously approved permit drawings only. (Note: This shall <u>NOT</u> be used for new or additional work) Provide previous approved permit application here: _____ Description of revision: _____ _____

D.A. CHECKLIST (p. 2 of 2):

Check all applicable boxes and specify where on the drawings the details are shown:

Note: upgrades below are listed in priority based on CBC 1134B.2.1 Ex1		Existing Fully Complying	Upgrade to Full Compliance	Partial Upgrade / Hardship	Equivalent Facilitation/ Hardship	Hardship	None existing & not req'd by Code	Access Appeals Commission	Barrier Removal/ NOV	Location of detail(s)-include detail no. & drawing sheet (<i>do not leave this part blank!</i>). Also clarification comments can be written here.
1.	One accessible entrance serving the area of remodel. Note: This should be a primary entrance. Add'l upgrade may be required if it is not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	An accessible route to the area of remodel									
	2a. path of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2b. ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2c. elevator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2d. stairs (if no elevator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2f. other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	At least one accessible restroom for each sex serving the area of remodel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Accessible public pay phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Accessible drinking fountains (hi-low).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Signage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Visual Alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	path from parking area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If details are provided from a set of City approved reference drawings, provide its permit application number here: _____