

# **DISABLED ACCESS UPGRADE COMPLIANCE CHECKLIST PACKAGE (For Existing Buildings only)**



This package contains:

1. Instructions
2. Important Notification
3. City Projects – Department of Public Works
4. City Projects – Mayor’s Office on Disability
5. Disabled Access (D.A.) Checklist (2 pages)
6. Form C: Disabled Access 20% Rule
7. Form F: Projects that consist only of Barrier Removal, Notice of Accessibility Violation (NOV) Compliance, or Exempted Work.
8. Unreasonable Hardship Request Form

Note: This checklist is available in MS-Word & pdf format at our website: [www.sfgov.org/dbi](http://www.sfgov.org/dbi) → Forms/Checklists

---

# Disabled Access Compliance Checklist

---

## Instructions

**Step 1: Completely fill out both pages of the Disabled Access (D.A.) Checklist & check all appropriate boxes.**

Also, fill out any additional forms as specified on the D.A. Checklist. If you are submitting a revision to a previously approved permit, then fill out p. 1 of the D.A. Checklist only (Note: a revision is considered to be a slight modification to the original approved permit drawing set, not new or additional work). The original approved plans (or a copy of the original) are required to be brought back for reference in addition to 2 sets of the proposed revisions.

**Step 2: Filing an Unreasonable Hardship Request (UHR)**

The UHR is required to be filled out if there are still areas that will not be in compliance with the disabled access laws at the end of your project due to financial, physical, &/or other constraints that create unreasonable costs in proportion to the scope & estimated construction cost of your proposed project. The UHR is a request only and can be denied. If an Unreasonable Hardship Request is not required to be filed, skip to Step 3. Submit a new Unreasonable Hardship Request with each new application. **It must be reproduced on the plans.** If the request necessitates an appeal before the Access Appeals Commission, then a copy of the Notice of Decision must be submitted after the appeal process is complete. An unreasonable hardship approval is granted on a permit-by-permit basis only.

**Step 3: Is This a City Project?**

If the project is not a City project and is not publicly funded, skip to Step 4. City projects are buildings owned or leased by the City of San Francisco. Such projects must have a completed City Projects Form reviewed by the Disability Access Coordinator reproduced on the cover sheet of the plans. In addition, all publicly funded projects must be reviewed and approved by the Mayor's Office on Disability and the form reproduced on the cover sheet of the plans. Plans will not be accepted without proper review from the appropriate department(s) and the completed form(s) reproduced in the drawing set.

**Step 4: Submittal**

Be sure to clearly describe all work on the permit application and follow all instructions as above. Submit permit application and plans to the Department of Building Inspection.

---

## IMPORTANT NOTIFICATION

---

### **I. Construction Cost - Field Conditions**

1. Construction cost shall be based on the Marshall & Swift Construction Cost Index. DBI may accept bona-fide contract prices upon review and approval.
2. The cost is used to determine the level of disabled access upgrade. In general, projects with construction costs (excluding accessibility upgrades) above the valuation threshold (based on the ENR US 20 Cities Average Construction Cost Index) are required to fully comply, while costs below the threshold are required to be upgraded to a certain level not exceeding 20% of the project cost. Upgrades are required only to the area of remodel, including entrances, path of travel, restrooms, etc. serving the area of remodel. There are limited exceptions to the required full compliance for projects over the threshold (for example, see 1134B.2.1 Ex. 2 and SFBC Administrative Bulletins for equivalent facilitations).
3. Construction cost will be verified during plan check and inspection stages by DBI. In the event that the cost has to be adjusted above the valuation threshold, then the design may be required to provide full disabled access compliance.
4. The design professional shall verify existing field conditions and confirm that the information provided on the plans is accurate to the best of his/her knowledge. A DBI Field or District Inspector will issue a Stop Work Order or Correction Notice if the plans do not reflect the actual field conditions.

### **II. Americans With Disabilities Act (ADA)**

Two federal laws, the Americans with Disabilities Act (ADA) and the federal Fair Housing Act, are currently in effect. They impose new federal disability access requirements on construction projects. DBI does not enforce federal law and will not be checking plans for compliance with these requirements. It is your responsibility to make sure that your plans are in conformance with federal law.

For information concerning the ADA, contact the Architectural Transportation Barrier Compliance Board at 1-800-872-2253 or the Department of Justice at 1-800-514-0301.

For information concerning the Fair Housing Act, contact HUD at 1-415-436-6551.

### **III. Curb Ramps, Sidewalks, or Other Work Within the Public Way**

If the project includes the reconstruction of sidewalk, a curb ramp may be required. Curb ramps shall be constructed at each corner of street intersections and where a pedestrian way crosses a curb. In the event that the project triggers requirements for a curb ramp, the permit application will be routed to the Department of Public Works, Bureau of Engineering (DPW). Under certain circumstances, a minor sidewalk encroachment may be required. A Certificate of Final Completion will not be issued for the project until DPW confirms that required curb ramps have been completed. Contact DPW at (415) 558-6060.

**DEPARTMENT OF PUBLIC WORKS**  
Office of the Disability Access Coordinator  
30 Van Ness Avenue, 5<sup>th</sup> floor  
San Francisco, CA 94102-6020  
(415) 557-4685

---

**City Projects**

---

**CITY PROJECTS** (All City owned or sponsored projects must complete the items listed below.)

- The owner of this project is the City and County of San Francisco and is responsibly charged by

---

(Department / Agency)

TO: \_\_\_\_\_, Project Manager

FROM: Kevin Jensen, Disability Access Coordinator

SUBJECT: DISABILITY ACCESS QUALITY ASSURANCE REVIEW

PROJECT: \_\_\_\_\_

CLIENT DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

THIS MEMO IS TO CONFIRM THAT I HAVE REVIEWED THE CONSTRUCTION DOCUMENTS AND THE APPLICABLE FEDERAL AND STATE REQUIREMENTS FOR ACCESSIBILITY FOR THE ABOVE NOTED PROJECT.

Sincerely,

Kevin Jensen  
Disability Access Coordinator  
Department of Public Works

# Mayor's Office on Disability



## DISABILITY ACCESS COMPLIANCE APPROVAL

---

**Gavin Newsom**  
Mayor

**Susan Mizner**  
Director

PROJECT:

Number: FY 2009: \_\_\_\_\_

Project Address:

THE MAYOR'S OFFICE ON DISABILITY HAS REVIEWED AND APPROVED:

- Site Permit Plans
- Final Construction Plans

ACCESSIBILITY COMPLIANCE AT THE SITE HAS BEEN APPROVED IN THE FOLLOWING FORM:

- Temporary Certificate of Occupancy (TCO)
- Final Signoff
- Certificate of Final Completion (CFC)

\_\_\_\_\_  
By: Jim Whipple

\_\_\_\_\_  
Date:

---

401 Van Ness Avenue, Suite 300, San Francisco, CA 94102

415.554.6789  
415.554.6799 TTY

415.554.6159 Fax  
MOD@sfgov.org

**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 **\$126,764.66** based on the "2009 ENR Construction Cost Index" (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"/> <b>A:</b> All existing conditions serving the area of remodel fully comply with access requirements. No further upgrades are required.
<input type="checkbox"/> <b>B:</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"/> <b>C:</b> Proposed project (check one) <u>is less than the threshold</u> / <u>is over the threshold &amp; 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"/> <b>D:</b> 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"/> <b>E:</b> 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"/> <b>F:</b> Consisting only of Barrier Removal, Notice of Accessibility Violation (NOV) Compliance or Exempted Work; Fill out Form F.
<input type="checkbox"/> <b>G:</b> 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 2b. ramps 2c. elevator 2d. stairs (if no elevator) 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. <u>                    </u> 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: <u>                    </u> 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"/>	
<u>                    </u> 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"/>	
<u>                    </u>	<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: \_\_\_\_\_

## Form C: DISABLED ACCESS 20% RULE

This form is only required when box “C” is checked off on the D.A. Checklist and is for providing an itemized list of the estimated costs for the expenditures used for disabled access upgrades for this project. Reproduce this form along with the D.A. Checklist and the Unreasonable Hardship Request form(s) on the plans.

Based on CBC 1134B.2.1, Exception 1, only projects with a construction cost less than the valuation threshold (current ENR Construction Cost Index Amount) are eligible for the 20% rule, where the project must provide disabled access upgrades up to 20% of the cost of construction in the required priority as listed on p. 2 of the D.A. Checklist. In general, projects valued over the threshold are not eligible for the 20% rule (see CBC 1134.2.1 Exception 2 for a possible exception).

CBC 1134B.2.1 Exception 2 (abbreviated): In alteration projects involving buildings & facilities previously approved & built without elevators, areas above & below the ground floor are subject to the 20% disproportionality provisions described in Exception 1, even if the value of the project exceeds the valuation threshold in Exception 1. Refer to the Code for the types of buildings & facilities that qualifies for this 20% disproportionality provisions when project valuation is over the threshold.

	<b>Contractor's Estimated Cost</b>	<b>DBI Revised Cost</b>
<b>A) Cost of Construction:</b> (Excluding accessibility upgrade)	\$ _____	\$ _____
<b>B) 20% of A) :</b>	\$ _____	\$ _____

**List the Upgrade Expenditures and their respective construction cost below:**

1.	_____	\$	_____	\$	_____
2.	_____	\$	_____	\$	_____
3.	_____	\$	_____	\$	_____
4.	_____	\$	_____	\$	_____
5.	_____	\$	_____	\$	_____
6.	_____	\$	_____	\$	_____
7.	_____	\$	_____	\$	_____
8.	_____	\$	_____	\$	_____
9.	_____	\$	_____	\$	_____

<b>Total Upgrade Expenditures</b> Must approximately equal to Line B	\$ _____	\$ _____
---	----------	----------



---

## Form F: Consisting Only of Barrier Removal, Notice of Accessibility Violation Compliance, or Exempted Work

---

Reproduce this Form on the plan set. Check box I, II, or III. If checking box I, check all other appropriate boxes in section I.

**I. Barrier Removal Work (Section 1134B.2.1, Exception 3) only.**

Note: Barrier removal only projects do not necessarily constitute a fully complying disabled access condition or equivalent facilitation, unless the barrier(s) removed meet Code standards for a fully complying condition or equivalent facilitation. The determination can only be considered on a case-by-case basis.

This barrier removal only project (*check one*):  is /  is not intended to bring the area of remodel to full accessibility compliance or equivalent facilitation.

Alterations, structural repairs, or additions consisting of one or more of the following shall be limited to the actual work of the project (*check all that applies*):

- Altering one building entrance to meet accessibility requirements.
- Altering one existing toilet facility to meet accessibility requirements.
- Altering existing elevators to meet accessibility requirements.
- Altering existing steps to meet accessibility requirements.
- Altering existing handrails to meet accessibility requirements.
- Alteration solely for the purpose of removing barriers undertaken pursuant to the requirements of Sections 36.402 and 36.404 through 36.406 of Title III of the Department of Justice regulations promulgated pursuant to the Americans with Disabilities Act (Public Law 101-336, 28 C.F.R. Section 36.402, 28 C.F.R. Section 36.404, 28 C.F.R. Section 36.405, 28 C.F.R. Section 36.406), included but not limited to:
  - 1) Installing ramps
  - 2) Making curb cuts in sidewalks and entrances
  - 3) Repositioning telephones
  - 4) Adding raised markings on elevator control buttons
  - 5) Widening doors
  - 6) Installing grab bars in toilet stalls
  - 7) Rearranging toilet partitions to increase maneuvering space
  - 8) Creating designated accessible parking spaces
  - 9) Others upon approval of building official

Description of others:

---

---

---

**II. Submittal for Compliance to Notice of Accessibility Violation**

This project consists of corrective work per Notice of Violation No. \_\_\_\_\_ (Attached).

**III. Exempted Work (Section 1134B.2.1, Exception 4)**

“Projects which consist only of heating, ventilation, air conditioning, re-roofing, electrical work not involving the placement of switches and receptacles, cosmetic work that does not affect items regulated by this code, such as painting, carpeting, etc., are not considered alteration projects for the purposes of accessibility for persons with disabilities and shall not be subject to this code.”



## UNREASONABLE HARDSHIP REQUEST

For Exceptions to Disabled Access Regulations, Title 24

1. Site Address: \_\_\_\_\_
2. Floor: \_\_\_\_\_
3. Permit Application No.: \_\_\_\_\_
4. Hardship Request No.: \_\_\_\_\_
5. Existing Use: \_\_\_\_\_
6. Proposed Use: \_\_\_\_\_
7. Existing Occupancy: \_\_\_\_\_
8. Proposed Occupancy: \_\_\_\_\_
9. Description of proposed work which triggers access compliance upgrades: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CBC 1103B.1** – Accessibility to buildings or portions of buildings shall be provided for all occupancy classifications except as modified or enhanced by Chapter 11B. Occupancy requirements in this chapter may modify general requirements, but never to the exclusion of them. When a building or facility contains more than one use, the occupancy specific accessibility provisions for each portion of the building or facility shall apply.

We request that this project be granted an exception from the following specified requirements of Title 24 Part 2 of the California Code of Regulations because compliance would create an unreasonable hardship as defined in Section 202 of Title 24.

10. A. The access feature(s) that will not be provided is (are):
- |  |   |
|--|---|
| <input type="checkbox"/> Primary Accessible Entrance                 | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Path of Travel (includes path from parking) | <input type="checkbox"/> Sanitary Facilities <input type="checkbox"/> Parking |

B. The code section(s) that requires (require) the specific accessible feature(s) is (are): \_\_\_\_\_  
\_\_\_\_\_

11. Detailed description of the accessible feature(s) that will not be provided. What is the condition now? Note location on the plans or provide attachments if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Total cost of the project excluding this (these) accessible feature(s): \_\_\_\_\_

13. A. Cost of the accessible feature(s), which will not be provided: \_\_\_\_\_

B. Percentage of total cost shown on Line 12 (divide line 13 by line 12): \_\_\_\_\_

14. Choose either "A" or "B":

- A.  Equivalent facilitation is provided according to Code Section(s): \_\_\_\_\_  
Description of equivalent facilitation & why full compliance cannot be achieved: \_\_\_\_\_  
\_\_\_\_\_

- B.  Equivalent facilitation is not provided because of the following:  
 Cost constraints    Physical constraints    Legal constraints    Other constraints \_\_\_\_\_  
Description of constraint (Unreasonable Hardship). Provide attachments as needed.

Note: Ratification by the Access Appeals Commission is generally required for Unreasonable Hardship Requests when the work is valued over the threshold amount based on the ENR Construction Cost Index for the year 2009, **\$126,764.66**, and no equivalent facilitation is provided. Refer to the California Code of Regulations, Title 24 part 2, Section 109.1, Section 202 and Section 1134B.

16. Applicant's Name (Print): \_\_\_\_\_  
 Owner                                   Tenant                                   Agent

Applicant's Signature: \_\_\_\_\_

17. Applicant's Address: \_\_\_\_\_

<p>FOR THE DEPARTMENT OF BUILDING INSPECTION STAFF USE ONLY</p> <p><i>This exception for unreasonable hardship is:</i></p> <p><input type="checkbox"/> <b>GRANTED FOR THIS PERMIT ONLY</b>    <input type="checkbox"/> <b>DENIED*</b>    <input type="checkbox"/> <b>REQUIRES AAC RATIFICATION*</b></p> <p>Based on Section(s): _____ of the San Francisco Building Code, 2007 Edition</p> <p>Plans reviewed by (print name): _____</p> <p>Signature of the Plans Examiner: _____ Date: _____</p> <p>Denied for the following reason(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>*Signature of the Group Supervisor: _____ Date: _____  (needed only when Denied or requires AAC Ratification)</p>
--

If your Unreasonable Hardship Request is to be denied, the plans examiner shall inform you of the reasons for denying that request. In addition, the plans examiner's group supervisor shall provide you with a second opinion regarding the denial.

To file an appeal with the Access Appeals Commission (AAC), please pay a filing fee of \$374.00 and submit a document package consisting of eight individually bound notebooks. Please refer to the Access Appeals Commission Information Guide, available at the Customer Services desk, for more complete information. These appeal copies will be distributed by the Secretary of the AAC to each of the Commissioners. One copy is kept on file with the Secretary to the Commission for review as requested by any member of the public.

Please submit appeals in person to:    Secretary, Access Appeals Commission  
1660 Mission Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103  
(415) 558-6110