



ACCESSIBILITY UPGRADE WORKSHEET

Job Address \_\_\_\_\_ Date \_\_\_\_\_

Project Name \_\_\_\_\_ Permit Number B \_\_\_\_\_

Applicant \_\_\_\_\_ Owner \_\_\_\_\_

- 1. Construction Cost: \$ \_\_\_\_\_ a. Ground floor \$ \_\_\_\_\_
b. Basement \$ \_\_\_\_\_ c. Other floors ( ) \$ \_\_\_\_\_
2. Construction Cost on the same path of travel during the previous three years: \$ \_\_\_\_\_
3. Total Construction Cost (add amounts in 1 and 2 above): \$ \_\_\_\_\_
4. Current Valuation Threshold (Effective January 2020): \$ 170,466.00

SELECT YOUR APPLICABLE ACCESSIBILITY UPGRADE COMPLIANCE OBLIGATION

- This alteration consists solely of accessibility upgrades and is limited to its specific scope of work.
The existing primary entrance, route of travel, at least one restroom for each sex (as applicable), public phones or drinking fountains (if any), parking, storage and alarms that serve the area of alteration currently comply with all accessibility provisions as for new buildings.
The total Construction Cost (item 3 above) exceeds the current valuation threshold and the alteration occurs on the ground floor. I will upgrade the existing primary entrance, route of travel, at least one restroom for each sex (as applicable), public phones or drinking fountains (if any), parking, storage and alarms that serve the area of alteration to comply with all accessibility provisions as for new buildings.
The total Construction Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) or the alteration occurs on a floor other than the ground floor. I will upgrade the existing primary entrance, route of travel, at least one restroom for each sex (as applicable), public phones or drinking fountains (if any), parking, storage and alarms that serve the area of alteration, as applicable, to comply with all accessibility provisions as for new buildings.
The total Construction Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) or the alteration occurs on a floor other than the ground floor and providing compliance with all accessibility provisions as for new buildings would create an unreasonable hardship. I will provide accessibility to the maximum extent feasible without incurring disproportionate costs (i.e. 20 percent of the amount in Item 1 \$ \_\_\_\_\_). In choosing which accessible elements to provide, priority will be given to those elements that will provide the greatest access in the order provided in the Cost Table. (Please complete the Cost Table)

Signed \_\_\_\_\_ Date \_\_\_\_\_
(OWNER OR APPLICANT)

Building Division Plan Approval \_\_\_\_\_ Date \_\_\_\_\_

Cost Table

- Step A. Select the compliance status applicable to each category. If "Existing Full" is selected go to Step C. Otherwise, go to Step B.
Step B. Select the individual elements in this category that are non-complying. Describe the upgrades necessary for full compliance of each selected individual element and provide their costs.
Step C. Go to the next category (2, 3, 4, 5 then 6) and perform Step A. Repeat until all 6 categories have been completed in order.



<b>CATEGORY</b>		<b>COSTS</b>
<b>3.</b>	<b>RESTROOMS SERVING ALTERED AREA</b> Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
<input type="checkbox"/>	A. Enlarge restroom _____	\$ _____
<input type="checkbox"/>	B. Enlarge door(s) _____	_____
<input type="checkbox"/>	C. Strike side clearance _____	_____
<input type="checkbox"/>	D. Door symbols _____	_____
<input type="checkbox"/>	E. Signs and identification (Braille) _____	_____
<input type="checkbox"/>	F. Replacement or relocation of fixture (specify) 1. _____ 2. _____ 3. _____	_____
<input type="checkbox"/>	G. Replacement or relocation of accessories (specify) 1. _____ 2. _____ 3. _____	_____
<input type="checkbox"/>	H. Grab bars (bars and backing) _____	_____
<input type="checkbox"/>	I. Other _____ _____	_____
	Subtotal	\$ _____
<b>4.</b>	<b>PUBLIC TELEPHONES</b> Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
<input type="checkbox"/>	A. Retrofit/Add _____	\$ _____
	Subtotal	\$ _____
<b>5.</b>	<b>DRINKING FOUNTAINS</b> Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
<input type="checkbox"/>	A. Replace drinking fountain _____	\$ _____
<input type="checkbox"/>	B. Relocate existing drinking fountain _____	_____
<input type="checkbox"/>	C. Provide alcove _____	_____
<input type="checkbox"/>	D. Add wing walls and/or floor treatment _____	_____
<input type="checkbox"/>	E. Other _____ _____	_____
	Subtotal	\$ _____
<b>6.</b>	<b>PARKING, STORAGE, ALARMS</b> Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
<input type="checkbox"/>	A. Replace curb ramps _____	\$ _____
<input type="checkbox"/>	B. Re-slope parking space & loading/unloading aisle _____	_____
<input type="checkbox"/>	C. Paint the border of loading/unloading aisle blue _____	_____
<input type="checkbox"/>	D. Other _____ _____	_____
	Subtotal	\$ _____
	<b>TOTAL</b>	\$ _____