



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 2023): \$ 195,358.00

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.

NOTE: If providing an individual element is unfeasible or the costs of an individual element cause the total costs to exceed the disproportionate costs for this project, note it as such and skip to the next individual element selected. Your total costs should be approximately equal to or greater than the disproportionate costs unless full compliance for each category is achieved prior to exceeding disproportionate costs.

Disproportionate Costs for this project \$ _____
(Amount from *Accessibility Upgrade Worksheet*)

CATEGORY		COSTS
1.	PRIMARY ENTRANCE TO ALTERED AREA Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
<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"/>	DOOR A. Change of door _____ B. Threshold _____ C. Hardware _____ D. Kick plate _____ E. Strike-side clearance _____ F. Other _____ SIGNS AND IDENTIFICATION A. Sign at building entrance _____ B. Sign in building lobby _____ C. Other _____ <div style="text-align: right;">Subtotal</div>	\$ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____
2.	ROUTE TO THE ALTERED AREA Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
<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"/>	CHANGE OF ELEVATION(S) A. Ramps/Curb Ramps _____ B. Lifts _____ C. Elevators _____ DOORS A. Change of door _____ B. Threshold _____ C. Hardware _____ D. Kick plate _____ E. Strike-side clearance _____ F. Signs and identification (Braille) _____ G. Other _____ <div style="text-align: right;">Subtotal</div>	\$ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ \$ _____

CATEGORY		COSTS
3.	RESTROOMS SERVING ALTERED AREA	
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	\$ _____
4.	PUBLIC TELEPHONES	
Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial		
<input type="checkbox"/>	A. Retrofit/Add _____	\$ _____
	Subtotal	\$ _____
5.	DRINKING FOUNTAINS	
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	\$ _____
6.	PARKING, STORAGE, ALARMS	
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	\$ _____
TOTAL		\$ _____