



City of Oroville

COMMUNITY DEVELOPMENT - BUILDING DEPARTMENT

1735 Montgomery Street
Oroville, CA 95965-4897
(530) 538-2401 FAX (530) 538-2426
www.cityoforoville.org

Alison Schmidt, CBO
Building Official

Permit # _____

WORKSHEET FOR ACCESSIBILITY UPGRADE REQUIREMENTS FOR EXISTING NON-RESIDENTIAL BUILDINGS

Job Address: _____

Permit #: _____

Permit Valuation: \$ _____

The total cost of construction is the permit valuation minus the cost of access features.

1. Total Cost of Construction: \$ _____

If the total cost of construction is less than the current valuation threshold (Item 4 below) complete page 2 of this form (only if the path of travel to the altered area is not fully compliant.) Enter the total amount in item 2 below, if applicable, otherwise enter 0.

2. Total Amount from page (2): \$ _____

3. Total Cost (Add items 1 and 2 above): \$ _____

4. Current Valuation Threshold : \$ _____

Check the item below that best applies: If the Total Cost is greater than the Valuation Threshold (item 4 above), go to item 5 below. If the Total Cost is greater than the Valuation Threshold, go to item 6 below. If the area of alteration, an accessible route of travel to the altered area, restrooms service area, drinking fountains (if any), telephones (if any), and parking are fully accessible, go to item 7 below.

5. I understand that up to 20% of the Total Cost of Construction (Line 3) (\$ _____) shall be spent toward accessible upgrades. Itemize those upgrades on the Cost Table, pages 3-4 of this form.
6. I understand that the primary entrance, route of travel, restrooms, public phones and/or drinking fountains (if any) must be brought to full compliance. Please itemize required upgrades on pages 3-4 of this form.
7. I certify that the path of travel to the altered area, and elements servicing the altered area, comply with current State of California Title 24 Disabled Access Standards.

Printed Name of Responsible Party: _____

Signature of Responsible Party: _____ Date: _____

Building Department Use Only

In accordance with Title 24, CBC Section 11B-202, this request is: Approved Denied

Signature: _____ Date: _____

Declaration of Past Alterations, Additions, and Structural Repairs

(Applicable when the path of travel to the altered area is not fully compliant)

- This form is to be used when: the cost of alteration, addition and/or structural repair, without the cost of access features, is less than the current valuation threshold. (Item 5 from page 1 is checked)
- How this is applied: If an area has been altered, within the past three years, without providing an accessible path of travel to that area (accessible upgrades were performed on other elements as noted in CBC 11B202.4 exception 8), the total cost of alterations to areas on that path of travel shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

I, _____, owner or lessee of the project space referenced on page 1, have or have not, performed alteration(s), additions(s) and/or structural repairs(s) to the above space within the past three years of the date of this permit application.

If "have" is checked, state below the permit number, the permit valuation, and the amount spent towards accessible upgrades from the previous permit(s).

Permit # _____ Valuation \$ _____ Amount spent on upgrades \$ _____

Permit # _____ Valuation \$ _____ Amount spent on upgrades \$ _____

Permit # _____ Valuation \$ _____ Amount spent on upgrades \$ _____

Permit # _____ Valuation \$ _____ Amount spent on upgrades \$ _____

Signature: _____ Date: _____

Cost Table

If the box in item 5 or 6 from page 1 of this form has been checked, show below the features that are being added and/or altered to meet the requirements of CBC Section 11B-202. Within the column labeled 'Costs' fill in the amount spent on that specific accessible feature. Note that the total amount of money spent on accessible upgrades, as shown in the Cost Table, shall equal or exceed the amount shown in item 5 from page 1, unless full compliance is achieved without the need to spend the full amount.

1	PRIMARY ENTRANCE TO ALTERED AREA	COSTS
	Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
	a) Change of door	
	b) Threshold	
	c) Hardware	
	d) Maneuvering and Strike Side Clearances	
	e) Signs and Identification	
	f) Other (Please specify)	
	Subtotal:	
2	PATH OF TRAVEL	
	Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
	a) Ramps	
	b) Lifts	
	c) Elevators	
	d) Walks/Curbs/Grading	
	e) Doors	
	f) Signs and Identification	
	g) Other (Please specify):	
	Subtotal:	
3	RESTROOMS SERVING THE ALTERED AREA	
	Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
	a) Enlarge Restroom	
	b) Doors	
	c) Signs and Identification	
	d) Replacement or Relocation of Fixtures	
	e) Replacement or Relocation of Accessories	
	f) Grab Bars (bars and backing)	
	g) Other (Please Specify):	
	Subtotal:	

4	PUBLIC TELEPHONES Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	COSTS
	a) Provide Accessible Telephones	
	b) Signs and Identification	
	c) Other (Please specify)	
	Subtotal:	
5	DRINKING FOUNTAINS Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
	a) Replace Drinking Fountain	
	b) Relocate Existing Drinking Fountain	
	c) Provide Alcove	
	d) Add Wing Walls and/or Floor Treatment	
	e) Other (Please specify):	
	Subtotal:	
6	PARKING, STORAGE, ALARMS Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade Full <input type="checkbox"/> Upgrade Partial	
	a) Provide Accessible Parking Stall(s)	
	b) Grading (maximum 2% slope)	
	c) Re-Stripe	
	d) Signs and Identification	
	e) Curb Ramps	
	f) Provide Visual/Audible Alarms	
	g) Provide Accessible Storage Facilities	
	h) Other (Please Specify):	
	Subtotal:	
	Total Spent on Access Upgrades (from sections 1-6):	
	Additional Information/Comments:	