CITY OF NEWPORT BEACH

BUILDING DEPARTMENT

3300 NEWPORT BLVD.
P.O.BOX 1768, NEWPORT BEACH, CA 92658
(949) 644-3275

DOCUMENTATION OF UNREASONABLE HARDSHIP

[ ] Finding of unreasonable hardship for projects under $50,000* CBC Definition; 1134B.2.1 Except.1
[ ] CBC 1105B Exception 1 [ ]CBC 1115B.1 (Exception)
[ ] Other _____

Distribution:

[ ] Owner
[X] Petitioner
[ ] Inspection
[X] Plan Check
[ ] File
[ ] _____
[ ] _____
[ ] _____

1. Job Address: _____
   Suite Number: _____

2. Property Owner: _____
   Address: _____
   _____ Ph _____

3. Petitioner: _____
   Position/Relationship _____
   Address: _____
   _____ Ph _____

Project Info:

P.C.# _____
Permit # _____
Use _____
Stories _____

4. Total cost of construction contemplated (*not including disabled access work*) .$ _____

Identify the accessibility features, which will **NOT** be brought into compliance if the request is granted. Provide an estimate of the cost of compliance for each item.

[ ] Path of travel to entrance (ramps, walks) ..... $ _____
[ ] Door [ ] landing ..... $ _____
[ ] Path of travel to altered area .... $ _____
[ ] Path of travel to the sanitary facilities ..... $ _____
[ ] Sanitary facilities (bathrooms) ..... $ _____
[ ] Parking ..... $ _____
[ ] Path of travel to the drinking fountain(s) ..... $ _____
[ ] Drinking fountain(s) ..... $ _____
[ ] Path of travel to the public phone(s) ..... $ _____
[ ] Public phone(s) ..... $ _____
[ ] Other: _____ $ _____
[ ] _____ $ _____
Total cost of providing compliance: $ _____

Identify the accessibility features and equivalent facilities, which **will be provided** or brought into compliance as required by Code. Provide an estimate of the cost of each item.

1. _____ $ _____
2. _____ $ _____
3. _____ $ _____
4. _____ $ _____
5. _____ $ _____
6. _____ $ _____
7. _____ $ _____
TOTAL $ _____

Additional Information: _____
_____

5. Describe the impact of required access improvements on financial feasibility of the project: _____

6. Describe the nature of accessibility which would be gained or lost: _____

7. Describe the nature of the use of the facility under construction and its availability to disabled persons. _____

8. **Fill out this section if the path of travel from the disabled parking spaces to the tenant space is not accessible.** List projects (tenant improvements, additions, remodels, etc.) performed within the previous three years where no disabled access improvement was performed in conjunction with the project.

Project Description	Date Construction was Completed	Cost of Construction

The petitioner understands that although the City may approve this request of unreasonable hardship and the proposed equivalent access, the City reserves the right to require additional access compliance upon receiving a complaint of inadequate access at this location.

9. Petitioner's signature:_____ Date: _____

10. Owner's signature or authorized representative:

_____ Date: _____

Please pay $240.00 fee at the permit counter prior to submitting this form.

FOR CITY USE ONLY

1. Total cost of proposed construction: ..... $ _____
2. Cost of disabled access improvements: ..... $ _____

Approved/denied by:_____ Date: _____

*The $50,000 is in 1981 dollars, which is approximately $128,410 as of January 1, 2010.