



CITY OF UPLAND

Development Services
Building and Safety

Development Services Department
Building And Safety Division
460 N. Euclid Avenue
Upland, CA 91766
(909) 931-4110

ACCESSIBILITY IMPROVEMENT FORM

Project Address:		Permit No.	
Project Description:		Permit Valuation:	
Type: <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition		Adjusted Cost of Proposed Construction:	
PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION			
Accessible Features	Does existing feature meet accessibility requirements of Chapter 11B of the current CBC?	Will this feature be replaced or altered to meet Chapter 11B of the current CBC?	If so, how much will be spent to make this feature accessible?
1. Accessible entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2. Accessible route to the altered area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3. Accessible restroom for each sex or a unisex restroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4. Accessible telephones	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5. Accessible drinking fountains	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6. Other (Any of the below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
E. Accessible parking spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
F. Signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
G. Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
H. Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total of costs for all accessible features provided in Nos. 1–6 above.			Total:
Adjusted cost of construction, as defined (construction cost for all proposed work on this permit application except accessible features Nos. 1–6 provided above).			Total:
Percentage of upgrades provided			Total:
Description of Access Features Provided:			
Applicant Certification:			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature:		Date:	Company:
Name: (print)		Address:	
Title:		City, State Zip:	
Agent for: <input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor		Phone No.:	
For Building Official Use Only			
Approved by:	Title:	Date:	/ /
Denied by:	Title:	Date:	/ /
Reason(s) for denial:			
<input type="checkbox"/> No unreasonable hardship exists.			
<input type="checkbox"/> The project's Adjusted Construction Cost/Valuation does not exceed the current year's valuation threshold.			
<input type="checkbox"/> Additional elements/features, existing or proposed, does not demonstrate compliance by equivalent facilitation or to the greatest extent feasible.			
<input type="checkbox"/> The costs to upgrade the accessible path of travel is less than the required 20% of the project's construction costs/valuation.			

Barrier removal, as required by the ADA is a continuous and ongoing obligation. This request does not exempt the applicant from any obligations of the ADA, or the requirement for barrier removal.

By signing this document, you understand this request applies only to California disabled access compliance as required by the California Building Code.