



Community Development Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 264-5011

www.cityofsacramento.org/dsd



Accessibility Upgrade Requirements for Existing Non-Residential Buildings

Note: This worksheet may not apply to buildings that are considered historic by the City of Sacramento.

Job Address _____ Date _____

Project Name _____ Permit Valuation: \$ _____

Permit # _____ APN _____ 2010 CBC Occupancy Group _____

Owner _____ Applicant _____

1. Total Cost of Construction: \$ _____

a. Ground floor \$ _____ b. Basement \$ _____ c. Other floors () \$ _____

The Total Cost of Construction is the permit valuation minus the cost of access features, demolition, unattached fixtures and cases, and cosmetic and finish work that normally would not require a building permit. Also, subtract the cost of heating, ventilation, air conditioning, re-roofing, and electrical work not involving placement of switches and convenience receptacles per 2010 CBC Section 1134B.2.1, Exception 4. If, upon completion, the work described above is required for the usability of the space under consideration, the cost of such work cannot be subtracted from the valuation amount, except for access features, which may be subtracted.

2. Total cost of construction within the previous 3 yrs (see attached Declaration of Past Alterations, Remodels or Additions form): \$ _____

3. Total Cost (add costs in 1 and 2 above): \$ _____

4. Current Valuation Threshold: \$ 132,536.28 (valid through 12/31/11).

5. When the Total Cost (item 3 above) exceeds the Current Valuation Threshold (item 4 above) and the alteration occurs on the accessible floor (ground floor or any floor that is accessible by a complying elevator), go the item No. 8 below.

6. When the Total Cost exceeds the Current Valuation Threshold (item 4 above) and the alteration occurs on the floor above or below the ground floor of a non-elevator building, skip to item No. 9 below.

7. When the Total Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) for the ground floor and /or non-accessible floor alterations, go to item No. 9 below.

8. I understand that the existing primary entrance, path-of-travel, at least of one set of complying in restrooms, public phones, or drinking fountains (if any) must be brought up to full compliance.

9. I understand that only 20 percent of the Total cost of Construction (i.e., \$ _____) be spent on upgrading the primary entrance, path-of-travel, restrooms, public phones (if any), and drinking fountains (if any); and, when possible, parking, storage, and alarms. (Go to the Cost Table.)

I agree to comply. Signature: _____ Date: _____

BID Approval: Signature: _____ Date: _____

Access Compliance for Existing Buildings
Declaration of Past Alterations, Remodels, or Additions

Date of Application: _____

Address: _____

Permit No. _____ Cost of Alteration: _____

This form is to be used when:

- A. The cost of alteration, remodel, or addition without the cost of access features does not exceed the current valuation threshold.
- B. Alteration, remodel, or addition is made to the areas above or below the ground floor of a previously exempted non-elevator building of the following types:
 1. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor.
 2. Office of physicians and surgeons.
 3. Shopping centers [having one or more sales establishments or stories].
 4. Other building and facilities three stories or more and more than 3,000 square feet per floor if a reasonable portion of services sought and used by the public is available on the accessible level.

I, _____, owner or lessee of the project space at the above-mentioned address have / have not performed alteration(s), remodel(s), or addition(s) to the above space within the past three years of the date of this permit application (but not earlier than January 26, 1992).

If "have" is checked, state below the date(s) and the cost(s) of the previous alteration(s):

Date: _____ Cost: _____

Date: _____ Cost: _____

Signature of owner or lessee

Date

Mailing address

Telephone

Cost Table

Fill in COSTS column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals exceeds the amount from line 9 above. If an item causes the total amount to exceed the amount from line 9 of the worksheet, you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 9 above. The cost table shall be reviewed and approved by BID staff. Applicable 2007 CBC Code Sections are shown in parentheses next to each item.

| | PRIMARY ENTRANCE TO REMODELED AREA | COSTS |
|--------------|--|--------------|
| 1 F/P | DOOR | |
| _____ | A. Change of door (1133B.1, 1133B.2) | _____ |
| _____ | B. Threshold (1133B.2.4.1) | _____ |
| _____ | C. Hardware (1133B.2.5.2, 1133B.2.5.2) | _____ |
| _____ | D. Kick plate (1133B.2.6) | _____ |
| _____ | E. Maneuvering & Strike-Side Clearances (1133B.2.4.2, 1133B.2.4.3) | _____ |
| _____ | F. Other: | _____ |
| _____ | _____ | _____ |
| | Subtotal | \$ |
| | SIGNS AND IDENTIFICATION | |
| _____ | G. Sign at building entrance (1127B.3) | _____ |
| _____ | H. Sign in building lobby (1117B.5.8.1.2) | _____ |
| _____ | I. Other: | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | Subtotal | \$ |
| 2 F/P | PATH OF TRAVEL | |
| | CHANGE OF ELEVATION(S) | |
| _____ | A. Ramps (1133B.5) | _____ |
| _____ | B. Lifts (1116B.2) | _____ |
| _____ | C. Elevators (1116B.1) | _____ |
| _____ | D. Other: | _____ |
| _____ | _____ | _____ |
| | Subtotal | \$ |
| | DOORS | |
| _____ | E. Change of door (1133B.2) | _____ |
| _____ | F. Threshold (1133B.2.4.1) | _____ |
| _____ | G. Hardware (1133B.2.5.2, 1133B.2.5.2) | _____ |
| _____ | H. Kick plate (1133B.2.6) | _____ |
| _____ | I. Strike-side clearance (1133B.2.4.3) | _____ |
| _____ | J. Signs and identification (Braille) (1117B.5.6) | _____ |
| _____ | K. Other: | _____ |
| _____ | _____ | _____ |
| | Subtotal | \$ |

| 3. F/P | RESTROOMS SERVING REMODELED AREA | COSTS |
|--------------|--|--------------|
| | A. Enlarge restroom (1115B.3) | |
| | B. Enlarge door(s) (1115B.3.2, 133B.2.4.3) | |
| | C. Strike side clearance (133B.2.4.3) | |
| | D. Door symbols (1115B.6) | |
| | E. Signs and Identification (Braille) (1117B.5.5) | |
| | F. Replacement or Relocation of fixture (specify) | |
| | 1. | |
| | 2. | |
| | 3. | |
| | G. Replacement or Relocation of accessories (specify) | |
| | 1. | |
| | 2. | |
| | 3. | |
| | H. Grab bars (bars and backing) (1115B.7) | |
| | I. Other: | |
| | | |
| | | |
| | Subtotal | \$ |
| 4 F/P | PUBLIC TELEPHONES | |
| | A. Provide accessible telephones (1117B.2) | |
| | B. | |
| | | |
| | Subtotal | \$ |
| 5 F/P | DRINKING FOUNTAINS | |
| | A. Replace drinking fountain (1115B.4.6) | |
| | B. Relocate existing drinking fountain (1115B.4.6-2) | |
| | C. Provide alcove (1117B.1.2) | |
| | D. Add wing walls and/or floor treatment (1115B.4.6-3) | |
| | E. Other | |
| | | |
| | Subtotal | \$ |
| 6 F/P | PARKING, STORAGE, ALARMS | |
| | A. Provide accessible parking stall(s) (1129B) | |
| | B. Overlay Stall - Re-Pitch, Max. 2% Slope | |
| | C. Re-Stripe | |
| | D. Signage | |
| | E. Curb Ramp | |
| | F. Provide alarms (1114B.2.2.) | |
| | G. Provide accessible storage facilities (1125B) | |
| | | |
| | Subtotal | \$ |
| | TOTAL | \$ |

