



## Summary of Accessibility Upgrades for Commercial Projects

The provisions of Section **11B-202.4 Exception 8** apply to existing buildings or facilities used as public buildings, public accommodations, commercial buildings or public housing. When these buildings or facilities undergo alterations, structural repairs, or additions, an **accessible path of travel** must be provided to the specific area of construction.

When the adjusted construction cost<sup>1</sup> of **any alterations, structural repairs, or additions to existing buildings** and facilities within three years of the original alteration does not exceed a valuation threshold of **\$209,208.00** the cost of compliance with Section **11B-202.4** of the 2025 California Building Code shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions.

In choosing which accessible elements to provide, priority should be given to those elements that will provide the greatest access in the following order:

1. An accessible entrance;
2. An accessible route to the area of alteration, structural repair, or addition (see definition of accessible route **Section 202 & 11B-206.2.1** for more information on accessible routes and site arrival points);
3. At least one accessible restroom for each sex serving the area of alteration, structural repair or addition;
4. Accessible telephones, if provided, serving the area of alteration, structural repair, or addition;
5. Accessible drinking fountains, if provided, serving the area of alteration, structural repair, or addition; and
6. When possible, additional accessible elements such as parking, storage, and alarms.

The third page of this form provides an example showing a Summary of Accessibility Upgrades. Please carefully review the example, complete the attached worksheet (page 2), and prepare your building plans in accordance with the requirements set forth in **CBC 11B 202.4** prior to submission of plans.

<sup>1</sup> Adjusted cost of construction does not include the cost of alterations to path of travel elements required to be upgraded outside the area of alteration, structural repair, or addition.

\*If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

|                                                                                                                               |                                                                                                                                         |                                                                                  |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Project Address:</b>                                                                                                       |                                                                                                                                         | <b>Application No.</b>                                                           |                                                                |
| <b>Project Description/Location:</b>                                                                                          |                                                                                                                                         | <b>Permit Valuation:</b>                                                         |                                                                |
| <b>Type:</b> <input type="checkbox"/> Alteration <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition |                                                                                                                                         | <b>*Adjusted Cost of Proposed Construction:</b>                                  |                                                                |
| <b>PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION</b>                                     |                                                                                                                                         |                                                                                  |                                                                |
| Accessible Features                                                                                                           | Does existing feature meet accessibility standards 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                                                                                                        |                                                                                                                                         |                                                                                  |                                                                |
| 2. Accessible route to the altered area                                                                                       |                                                                                                                                         |                                                                                  |                                                                |
| 3. Accessible restroom for each sex or a unisex restroom                                                                      |                                                                                                                                         |                                                                                  |                                                                |
| 4. Accessible telephones                                                                                                      |                                                                                                                                         |                                                                                  |                                                                |
| 5. Accessible drinking fountains                                                                                              |                                                                                                                                         |                                                                                  |                                                                |
| 6. Other (Any of the below)                                                                                                   |                                                                                                                                         |                                                                                  |                                                                |
| A. Accessible parking spaces                                                                                                  |                                                                                                                                         |                                                                                  |                                                                |
| B. Signs                                                                                                                      |                                                                                                                                         |                                                                                  |                                                                |
| C. Alarms                                                                                                                     |                                                                                                                                         |                                                                                  |                                                                |
| D. Other:                                                                                                                     |                                                                                                                                         |                                                                                  |                                                                |
| Cost of All Features Provided (A)                                                                                             | Summary of costs of Accessible Features Nos. 1-6 provided above.                                                                        |                                                                                  |                                                                |
| Adjusted Cost of Proposed Construction (B )                                                                                   | Construction cost for all proposed work on this permit application <b>except</b> Accessible Features Nos. 1-6 provided above.           |                                                                                  |                                                                |
| Percentage Upgrades Provided (A / B)                                                                                          | Cost of all Features Provided / Total Cost on Same Path of Travel.                                                                      |                                                                                  |                                                                |
| <b>Description of Accessible Path of Travel Features Provided:</b>                                                            |                                                                                                                                         |                                                                                  |                                                                |
|                                                                                                                               |                                                                                                                                         |                                                                                  |                                                                |
|                                                                                                                               |                                                                                                                                         |                                                                                  |                                                                |
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|                                                                                                                               |                                                                                                                                         |                                                                                  |                                                                |
| <b>Applicant Certification</b>                                                                                                |                                                                                                                                         |                                                                                  |                                                                |
| 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.:                                                     |
| <b>For Building Official Use Only</b>                                                                                         |                                                                                                                                         |                                                                                  |                                                                |
| Approved by:                                                                                                                  | Title:                                                                                                                                  | Date:    /    /                                                                  |                                                                |

\*If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

|                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                  |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Project Address: 1234 Riverside Street</b>                                                                                                                                                                                                                                                               |                                                                                                                                         | <b>Permit Application Number: 17-1234</b>                                        |                                                                |
| <b>Project Description/Location:</b> Office tenant improvement (2,040 SF) at 5 <sup>th</sup> floor Suite No. 502                                                                                                                                                                                            |                                                                                                                                         | <b>Permit Valuation: \$120,000</b>                                               |                                                                |
| <b>Type:</b> <span style="color: blue;">Alteration</span> <input type="checkbox"/> Structural Repair <input type="checkbox"/> Addition                                                                                                                                                                      |                                                                                                                                         | <b>*Adjusted Cost of Proposed Construction: \$100,000</b>                        |                                                                |
| <b>PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION</b>                                                                                                                                                                                                                   |                                                                                                                                         |                                                                                  |                                                                |
| Accessible Features                                                                                                                                                                                                                                                                                         | Does existing feature meet accessibility standards 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? |
| 7. Accessible entrance                                                                                                                                                                                                                                                                                      | Yes                                                                                                                                     |                                                                                  |                                                                |
| 8. Accessible route to the altered area                                                                                                                                                                                                                                                                     | Yes                                                                                                                                     |                                                                                  |                                                                |
| 9. Accessible restroom for each sex or a unisex restroom                                                                                                                                                                                                                                                    | No                                                                                                                                      | Yes                                                                              | \$12,000                                                       |
| 10. Accessible telephones                                                                                                                                                                                                                                                                                   | N/A                                                                                                                                     |                                                                                  |                                                                |
| 11. Accessible drinking fountains                                                                                                                                                                                                                                                                           | No                                                                                                                                      | Yes                                                                              | \$6,000                                                        |
| 12. Other (Any of the below)                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                  |                                                                |
| E. Accessible parking spaces                                                                                                                                                                                                                                                                                | No                                                                                                                                      | No                                                                               |                                                                |
| F. Signs                                                                                                                                                                                                                                                                                                    | No                                                                                                                                      | Yes                                                                              | \$2,000                                                        |
| G. Alarms                                                                                                                                                                                                                                                                                                   | N/A                                                                                                                                     |                                                                                  |                                                                |
| H. Other:                                                                                                                                                                                                                                                                                                   | N/A                                                                                                                                     |                                                                                  |                                                                |
| Cost of All Features Provided (A)                                                                                                                                                                                                                                                                           | Summary of costs of Accessible Features Nos. 1-6 provided above.                                                                        |                                                                                  | \$20,000                                                       |
| Adjusted Cost of Proposed Construction (B )                                                                                                                                                                                                                                                                 | Construction cost for all proposed work on this permit application <u>except</u> Accessible Features Nos. 1-6 provided above.           |                                                                                  | \$100,000                                                      |
| Percentage Upgrades Provided (A / B)                                                                                                                                                                                                                                                                        | Cost of all Features Provided / Total Cost on Same Path of Travel.                                                                      |                                                                                  | 20%                                                            |
| <b>Description of Accessible Path of Travel Features Provided:</b>                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                                  |                                                                |
| New unisex restroom will be created immediately adjacent to existing men and women's restroom in corridor. Drinking fountain at ground floor lobby will be replaced with new hi-lo-accessible unit. Existing signage for 10 accessible parking spaces will be replaced and updated to current requirements. |                                                                                                                                         |                                                                                  |                                                                |
| Parking stall access aisle slopes are greater than 2% to existing curbs and cost of creating compliant slopes and curb ramps exceeds the required 20%.                                                                                                                                                      |                                                                                                                                         |                                                                                  |                                                                |
| EXAMPLE                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                  |                                                                |
| <b>Applicant Certification</b>                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                                  |                                                                |
| 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.:                                                                       |                                                                |
| <b>For Building Official Use Only</b>                                                                                                                                                                                                                                                                       |                                                                                                                                         |                                                                                  |                                                                |
| Approved by:                                                                                                                                                                                                                                                                                                | Title:                                                                                                                                  |                                                                                  | Date:     /     /                                              |



## ADVISORY NOTES:

### 1. Projects with Adjusted Construction Costs above the Valuation Threshold:

The 20-percent disproportionate cost limitation **does not apply to projects with adjusted construction costs above the valuation threshold currently set at \$209,208.00**. These projects must comply with all of the path of travel upgrade requirements, whatever the cost, to provide a single accessible path of travel to the specific area of alteration.

However; CBC Section 11B-202.4 Exception 8 also provides that: "When the adjusted construction cost exceeds the current valuation threshold, as defined in Chapter 2, Section 202, and the enforcing agency determines the cost of compliance with Section 11B-202.4 is an unreasonable hardship, as defined in Chapter 2, Section 202, full compliance with Section 11B-202.4 shall not be required."

A finding of **UNREASONABLE HARDSHIP** may be considered when the enforcing agency (City of Riverside) finds that compliance with this Building Standard would make the specific work of the overall project affected by this Building Standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of all construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility which would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities.

Furthermore; "**compliance shall be provided by equivalent facilitation or to the greatest extent possible without creating an unreasonable hardship; but in no case shall the cost of compliance be less than 20 percent of the adjusted construction cost of alterations, structural repairs or additions.**"

### 2. Barrier Removal and the federal Americans with Disabilities Act (ADA):

Barrier removal is an ongoing obligation for ADA compliance purposes and this permit application does not exempt the applicant of any obligation to remove barriers in accordance with federal law.