



FORM-025

## Summary of Accessibility Upgrades for Existing Building

(For existing buildings where the adjusted construction cost is less than or equal to \$203,611 per CBC Section 11B-202.4 Exception 8)

|   |   |  |  |
|---|---|--|--|
| PROJECT ADDRESS:  |   | PROJECT NUMBER:  |  |
| PROJECT DESCRIPTION/LOCATION:   |   | CONSTRUCTION VALUATION:<br>\$<br>ADJUSTED COST OF PROPOSED CONSTRUCTION:<br>\$   |  |
| Work Type: (check one box) <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Structural Repair |   |  |  |
| PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION  |   |  |  |
| 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.  |  | \$   |
| Total Cost on Same Path of Travel (B )  | Cost of Proposed Construction and Cost of Preceding Alterations.  |  | \$   |
| Percentage Upgrades Provided (A / B)  | Cost of all Features Provided / Total Cost on Same Path of Travel.  |  |  |
| 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:     /     /  |

\*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.

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at [longbeach.gov/lbcd](http://longbeach.gov/lbcd) and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.