



A Tradition of Stewardship  
A Commitment to Service

# ACCESSIBILITY UPGRADE WORKSHEET

County of Napa  
Building Division

## Worksheet for Accessibility Upgrade Requirements for Existing Non-Residential Buildings

Job Address: \_\_\_\_\_ Permit #: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_

Project Name: \_\_\_\_\_ Permit Valuation: \_\_\_\_\_

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_

1. Total Cost of Construction: \$ \_\_\_\_\_

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

**The Total Cost of Construction** is the project valuation as verified by the Building Official. New work that requires accessible features shall be included in the project valuation.

**The Adjusted Construction Cost:** Total monies needed for the project (including the costs of providing or complying with disabled access requirements associated with the project), minus permitting costs, minus architectural fees/costs, minus development fees, minus disabled access upgrade costs.

2. Total cost of any alterations within the previous three years (see attached Declaration of Past Alterations, Remodels or Additions form): \$ \_\_\_\_\_

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

4. Current Valuation Threshold: \$ **170,466.00** (January 1, 2020)

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 to Item 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 9 below. (A Determination of Unreasonable Hardship must be approved by the Chief Building Official)

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 9 below.

8.  I understand that the existing primary entrance, path-of-travel and at least one set of complying restrooms, public phones, and drinking fountains (if any) must be brought up to full compliance. (If the cost of providing restrooms drinking fountains and telephones, and the primary path of travel exceeds 20% of the cost of the actual project without these features, the owner may apply for a Determination of Unreasonable Hardship. If approved the 20% becomes the minimum obligation. The CBO will determine how much over the 20% constitutes a hardship upon reviewing the particular circumstances involved).

9.  I understand that only 20 percent of the Total Cost of Construction (Item 3 above) must 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.)

10.  This building and site are fully accessible. If inspection by the Building Division reveals non-compliance with current accessibility requirements I will revise this worksheet and the plans and modify the scope of work so that the building and site are in full compliance.

Total Cost (Item 3 above): \$ \_\_\_\_\_ x .20 \_\_\_\_\_ = **Obligation:** \$ \_\_\_\_\_

I agree to comply. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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-elevated 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. Offices of physicians and surgeons.
3. Shopping centers.
4. Other buildings 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.

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

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 or 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 Building Division staff.

1 (Full/Partial)	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	<b>DOOR</b>	
_____	A. Change of door	
_____	B. Threshold	
_____	C. Hardware	
_____	D. Kick plate	
_____	E. Strike-side clearance	
_____	F. Auto Closer	
_____	G. Other	
	<b>SIGNS AND IDENTIFICATION</b>	
_____	G. Sign at building entrance	
_____	H. Sign in building lobby	
_____	I. Other	
_____		
_____		
	Subtotal:	\$
2 (Full/Partial)	PATH OF TRAVEL TO REMODELED AREA	COSTS
	<b>CHANGE OF ELEVATION(S)</b>	
_____	A. Ramps/Handrails/Landings	
_____	B. Lifts/Handrails/Landing	
_____	C. Elevators/Lifts	
_____	D. Other	
_____		
_____		
	<b>DOORS</b>	
_____	E. Change of door	
_____	F. Threshold	
_____	G. Hardware	
_____	H. Kick plate	
_____	I. Strike-side clearance	
_____	J. Signs and identification (braille)	
_____	K. Other	
_____		
_____		
	Subtotal:	\$



## **Determination of Unreasonable Hardship**

An unreasonable hardship exists when the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility that would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities. The details of any finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency.

## **Technically Infeasible**

Technically infeasible means, with respect to an alteration of a building or a facility, that it has little likelihood of being accomplished because existing structural conditions would require removing or altering a load-bearing member which is an essential part of the structural frame; or because other existing physical or site constraints prohibit modification or addition of elements, spaces, or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.