



Accessibility Upgrade Requirements for Existing Non-Residential Buildings

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

Job Address _____ Date _____

Project Name _____ Permit Valuation: \$ _____

Permit # _____ APN _____ 2016 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 2016 CBC Section 11B-202.4, Exception 8. 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: \$ 156,162.00 (valid through 12/31/17).

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 pervious 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 2016 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 (11B 404)	_____
_____	B. Floor & Ground Surfaces (11B 302)	_____
_____	C. Hardware (11B 404.2.7, 11B 309.4)	_____
_____	D. Kick plate (11B 404.2.10)	_____
_____	E. Maneuvering & Strike-Side Clearances (11B 404.2.4)	_____
_____	F. Other:	_____
_____	Subtotal	\$ _____
	SIGNS AND IDENTIFICATION	
_____	G. Signs (11B-703)	_____
_____	H. International Symbol of Accessibility (11B 703.7)	_____
_____	I. Other:	_____
_____	Subtotal	\$ _____
2 F/P	PATH OF TRAVEL	
	CHANGE OF ELEVATION(S)	
_____	A. Ramps (11B 405)	_____
_____	B. Lifts (11B 410)	_____
_____	C. Elevators (11B 407)	_____
_____	D. Other:	_____
_____	Subtotal	\$ _____
	DOORS	
_____	E. Change of door (11B 404)	_____
_____	F. Threshold (11B 303, 11B 608.7)	_____
_____	G. Hardware (11B 404.2.7, 11B 309.4)	_____
_____	H. Kick plate (11B 404.2.10)	_____
_____	I. Strike-side clearance (11B 404.2.4.1)	_____
_____	J. Signs and identification (Braille) (11B 703.3)	_____
_____	K. Other:	_____
_____	Subtotal	\$ _____

