



**CITY OF FORTUNA, CALIFORNIA**  
**Community Development Department**  
**Building and Safety Division**  
 621 11<sup>th</sup> street  
 Fortuna, California 95540  
 Phone: 707-725-7600 - Fax: 707-725-7610

**ACCESS COMPLIANCE DOCUMENTATION FOR ALTERATIONS TO EXISTING BUILDINGS.**

Project Address: \_\_\_\_\_ AP Number \_\_\_\_\_

Project Description: \_\_\_\_\_

January 1, 2009

**2007 CALIFORNIA BUILDING CODE (Section 1134B). Accessibility for Existing Buildings.**

All *existing* buildings and facilities, when alterations, structural repairs or additions are made to such buildings or facilities, shall comply with all provisions of Division I, New Buildings, except as modified by this Division. These requirements shall apply only to the area of specific alteration, structural repair or addition, and shall include: A primary entrance to the building or facility and the primary path of travel to the specific area of alteration, structural repair or addition, and sanitary facilities, drinking fountains, signs and public telephones serving the area.

**Exception:** Where the total cost of the project is less than the current 2009 ICC Construction Valuation Threshold (\$126,784.66) an additional 20% of that value shall be added to the cost of the project to eliminate the architectural barriers. If the existing building already complies with these regulations, no additional access is required. (The Threshold is change January 1<sup>ST</sup> each year)

- 1. The cost of all proposed construction. \$ \_\_\_\_\_
- 2. The cost of construction multiplied by (.2). \$ \_\_\_\_\_

Please give detailed estimates for removing architectural barriers outside the area of work. Or, identify them as meeting current standards subject to verification and approval in the approved building plans and in the field by a City Inspector.

**Existing compliance is required to be shown and /or noted on plans.**

**Please put a check if the existing area complies**

- 3. An accessible entrance. Path of travel from right-a-way & Parking. \$ \_\_\_\_\_
- 4. An accessible route of travel to and through the altered area. (*Within structure*) \$ \_\_\_\_\_
- 5. At least one accessible restroom for each sex. (For each gender if code req.) \$ \_\_\_\_\_
- 6. Accessible telephone and drinking fountains. \$ \_\_\_\_\_
- 7. When possible, additional accessible elements such as parking, Storage and alarms. \$ \_\_\_\_\_
- 8. The total cost of providing accessible features. \$ \_\_\_\_\_

(Add the lines 3 through 7 which should be equal to or greater than line 2 unless the existing building already complies)

I the undersigned certify that the above costs are based upon a valid estimate by a qualified person Or firm and existing compliance is based upon a site inspection by a qualified person or firm.

Signature \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_