

PROJECT INFORMATION

Project Address: _____
 Project Description: _____
 Use of Building: _____ No. of Stories: _____ Type of Construction: _____
 Project Valuation: \$ _____ Current Valuation of Threshold: **\$143,303.00** (Rev. 1/14)

APPLICANT INFORMATION

Name: _____ Position: _____
 Address: _____

FULL COMPLIANCE COST OF DISABLED ACCESS UPGRADES OUTSIDE OF AREA OF REMODEL

* Path of travel to building or facility entrance including parking:	Complies or	\$ _____
* Path of travel to building or facility:	Complies or	\$ _____
* Sanitary facilities:	Complies or	\$ _____
* Drinking fountains:	Not applicable or Complies	\$ _____
* Public Telephones:	Not applicable or Complies	\$ _____
	TOTAL	\$ _____

The Accessibility Feature Upgrade would increase construction costs by: _____ %

Specify accessibility feature upgrades to be provided and cost under the following priority listing: 20% of PROJECT VALUATION: \$ _____

1. Accessible path of travel to building or facility entrance (including entry doorway):	\$ _____
2. Accessible path of travel within building or facility to the area of remodel:	\$ _____
3. Accessible restroom for each sex:	\$ _____
4. Accessible drinking fountains and public telephones:	\$ _____
5. Additional accessible features (list):	\$ _____
	TOTAL \$ _____

I have review the above-described features and their cost and they are an accurate description of the work being provided.

Signature of Applicant

Position

Date

Signature of Building Official

Date