

REQUEST FOR DETERMINATION OF TECHNICAL INFEASIBILITY

To be used where it is technically infeasible to meet the prescriptive requirements of the code within the scope of work of an alteration or within an existing path of travel to the area of work of an alteration or addition.

California Building Code §11B-202.3, § 11B-103, §202

1. Site Address: _____
2. Permit Application No.: _____
3. Request No.: _____
4. Existing Use: _____
5. Proposed Use: _____
6. Existing Occupancy: _____
7. Proposed Occupancy: _____
8. Accessible Elements, Spaces or Features Subject to Request: _____

9. I request a determination that the proposed alteration of this building or facility has little likelihood of being accomplished because one or more of the following constraints prohibit modification or addition of elements, spaces or features that are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility:

- Existing structural conditions require the removal or alteration of a load-bearing member that is an essential part of the structural frame.
- Other existing physical or site constraints: _____.

10. I request a determination that the proposed alternative solution will provide either:

- Equivalent facilitation i.e. use of designs, products or technologies as alternatives to those prescribed, resulting in substantially equivalent or greater accessibility and usability that provide for the maximum independence of persons with disabilities while presenting the least risk of harm, injury or other hazard to such persons or others.
- Compliance with the applicable accessibility requirements to the maximum extent feasible.

11. Provide narrative, details, documents and drawings as necessary to establish justification for structural, physical and/or site constraints and the alternative solution proposed. See attached information.

12. Applicant's Name/Title/Role (Print): _____
13. Applicant's Signature: _____
14. Applicant's Address/City/Zip: _____
15. Applicant's Phone(s): _____
16. Applicants Email: _____

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FOR STAFF USE ONLY

This technical infeasibility request is:

- APPROVED (FOR THIS PERMIT ONLY)** **DENIED**

Approved for the following reason(s): _____

Conditions of Approval: _____

Denied for the following reason(s): _____

Action Taken By: _____

Print Name, Title

Signature

Date

Note: Details of findings that full compliance with the requirements is technically infeasible must be recorded and entered into the files of the enforcing agency.