

Development Services Building & Safety Bureau 411 W. Ocean Boulevard, 2nd Floor, Long Beach, CA 90802 562.570.PMIT (7648) | longbeach.gov/lbds



## FORM-025

## Summary of Accessibility Upgrades for Nonresidential Projects (For existing buildings where the adjusted construction cost is less than or equal to \$172,418.00 Sec. 11B-202.4 Exception 8)

| PROJECT ADDRESS:   |   |   |               |              | PROJECT NUMBER:  |       |  |   |  |  |
|--|---|---|---------------|--------------|--|-------|--|---|--|--|
| PROJECT DESCRIPTION/LOCATION:  |   |   |               |              | CONSTRUCTION VALUATION:  |       |  |   |  |  |
|  |   |   |               |              | \$   |       |  |   |  |  |
| Work Type: (check one box)  Alteration  Addition  Structural Repair                |   |   |               |              | ADJUSTED COST OF PROPOSED CONSTRUCTION:<br>\$                                    |       |  |   |  |  |
| PATH OF TRAVEL REQUIREMENTS FOR AREA OF ALTERATION, STRUCTURAL REPAIR, OR ADDITION |   |   |               |              |  |       |  |   |  |  |
| Accessible Features  |   | Does existing feature meet<br>accessibility standards of Chapter<br>11B of the current CBC? |               | altere       | Will this feature be replaced or altered to meet Chapter 11B of the current CBC? |       | If so, how much will be spent to make this feature accessible? |   |  |  |
| 1. Accessible entrance   |   |   |               |              |  |       | \$   |   |  |  |
| 2. Accessib  | ole route to the altered area   |   |               |              |  |       | \$   |   |  |  |
| 3. Accessible restroom for each sex or a<br>unisex restroom                        |   |   |               |              |  |       | \$   |   |  |  |
| 4. Accessib  | ole telephones  |   |               |              |  |       | \$   |   |  |  |
| 5. Accessib  | ole drinking fountains  |   |               |              |  |       | \$   |   |  |  |
| 6. Other (A  | ny of the below)  |   |               |              |  |       | \$   |   |  |  |
| A. Acc   | essible parking spaces  |   |               |              |  |       | \$   |   |  |  |
| B. Signs   |   |   |               |              |  |       | \$   |   |  |  |
| C. Alarms  |   |   |               |              |  |       | \$   |   |  |  |
| D. Other:  |   |   |               |              |  |       | \$   |   |  |  |
| Cost of All Features Provided (A)  |   | Summary of costs of Accessible Features Nos. 1-6 provided above.                            |               |              |  |       | \$   |   |  |  |
| Total Cost on Same Path of Travel (B)  |   | Cost of Proposed Construction and Cost of Preceding Alterations.                            |               |              |  |       | \$   |   |  |  |
| Percentage Upgrades Provided (A / B)   |   | Cost of all Features Provided / Total Cost on Same Path of Travel.                          |               |              |  |       |  |   |  |  |
| DESCRIPTION OF ACCESS FEATURES PROVIDED:   |   |   |               |              |  |       |  |   |  |  |
|  |   |   |               |              |  |       |  |   |  |  |
|  |   |   |               |              |  |       |  |   |  |  |
|  |   |   |               |              |  |       |  |   |  |  |
|  |   |   |               |              |  |       |  |   |  |  |
|  | APPLICANT CERTIFICATION<br>I certify that the above information is true and correct to the best of my knowledge and belief. |   |               |              |  |       |  |   |  |  |
|  |   |   | Date: / /     | -            | mpany:   |       |  |   |  |  |
|  | Name: (print)   |   |               |              | dress:   |       |  |   |  |  |
| Title:   |   |   |               | , State Zip: |  |       |  |   |  |  |
| Agent for:   | 🗆 Owner 🗆 Architect 🗆 Eng   | actor   | or Phone No.: |              |  |       |  |   |  |  |
| FOR BUILDING OFFICIAL USE ONLY   |   |   |               |              |  |       |  |   |  |  |
| Approved by:   |   |   | Title:        |              |  | Date: | /  | / |  |  |

\*If an area has been altered without providing an accessible path of travel to that area, and subsequent alterations of that area or a different area on the same path of travel are undertaken within three years of the original alteration, the total cost of alterations to the areas on that path of travel during the preceding three-year period shall be considered in determining whether the cost of making that path of travel accessible is disproportionate.

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at longbeach.gov/lbds and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.