

**CITY OF MODESTO  
DISABLED ACCESS DECLARATION WORKSHEET**

PROJECT ADDRESS: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
APPLICANT'S NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

1. The total cost of all construction contemplated for this project. \$ \_\_\_\_\_

2. I certify that the existing building and site comply 100% with current State Title 24 Disabled Access Standards

YES *If the answer is YES, sign and date below Item No. 6*       NO *If the answer is NO, complete the remainder of this form and include it with your Building Permit Application submittal*

3. The following is a list of costs to provide access features in order to comply 100% with the current State Title 24 Disabled Access Standards. (All costs to be documented by actual bids or other information accepted by the Building Official.)

a. The cost of providing a primary entrance. (Including but not limited to, a level threshold, landings, door hardware, maximum door pull, etc.) \$ \_\_\_\_\_

b. The cost of providing the primary path of travel to the specific area of alteration, structural repair, or addition. \$ \_\_\_\_\_

c. The cost of providing accessible restroom facilities. (If this item puts you above the 20% figure, provide a complete breakdown for each restroom.) \$ \_\_\_\_\_

d. The cost of providing an accessible drinking fountain. (If required or if a drinking fountain is present.) \$ \_\_\_\_\_

e. The cost of providing accessible public telephones. (If public telephones exist.) \$ \_\_\_\_\_

f. The cost of providing path of travel to the main entrance, including but not limited to, signage, parking, loading/unloading, ramps, and walks. \$ \_\_\_\_\_

4. The total cost listed under item No. 3. \$ \_\_\_\_\_

• Item No. 4 is less than or equal to 20% of Item No. 1       YES       NO

*If No: please indicate in Item No. 5 how you will spend 20% of Item No. 1 toward accessibility.*

5. I agree to allocate 20% of the total cost in expenditures for the following access features:

a. An accessible entrance \$ \_\_\_\_\_

b. An accessible route to the remodeled area \$ \_\_\_\_\_

c. At least one accessible restroom for each sex \$ \_\_\_\_\_

d. Accessible telephones \$ \_\_\_\_\_

e. Accessible drinking fountains \$ \_\_\_\_\_

f. Path of travel, parking, storage, and alarms \$ \_\_\_\_\_

6. Give description of scope of work to provide the access features identified in Item No. 5.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**BUILDING SAFETY DIVISION USE ONLY**

In accordance with Title 24, CBC, Section 1134B, this request is:       Approved       Disapproved

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