



CITY OF CALISTOGA

Building Division

1232 Washington Street • Calistoga, CA 94515 • 707.942.2827

ACCESSIBILITY UPGRADE WORKSHEET

Job Address _____ Date _____

Project Name _____ Permit Number _____

Applicant _____ Owner _____

1. Adjusted Construction Cost: \$ _____ a. Ground floor \$ _____

b. Basement \$ _____ c. Other floors () \$ _____

2. Adjusted Construction Cost on the same *path of travel* during the previous three years: \$ _____

3. Total Adjusted Construction Cost (add amounts in 1 and 2 above): \$ _____

4. **Current Valuation Threshold (effective January 2015): \$147,863.29**

SELECT ONE ADDITIONAL ACCESSIBILITY UPGRADE COMPLIANCE OBLIGATION BELOW

- A. Exempt:
- Project consists solely of accessibility upgrades or barrier removal.
 - Project consists solely of existing parking lot resurfacing or restriping.
 - Project does not affect the usability of the building, consisting solely of heating, ventilation, air condition, reroofing, electrical work not involving the placement of switches and receptacles, cosmetic work that does not affect items regulated by the code, and equipment not considered to be part of the building's architecture such as computer terminals and office equipment.

- B. The existing primary entrance, route of travel, toilet and bathing facilities, drinking fountains, public phones, signs, parking, storage and alarms that serve the area of alteration currently comply with all applicable accessibility provisions.

- C. The Total Adjusted Construction Cost (item 3 above) exceeds the current valuation threshold and the alteration occurs on the ground floor.

I will upgrade the existing primary entrance, route of travel, toilet and bathing facilities, drinking fountains, public phones, signs, parking, storage and/or alarms that serve the area of alteration to comply with all applicable accessibility provisions.

- D. The Total Adjusted Construction Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) or the alteration occurs on a floor other than the ground floor.

I will upgrade the existing primary entrance, route of travel, toilet and bathing facilities, drinking fountains, public phones, signs, parking, storage and/or alarms that serve the area of alteration to comply with all applicable accessibility provisions.

- E. The Total Adjusted Construction Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) or the alteration occurs on a floor other than the ground floor.

I will provide accessibility to the maximum extent feasible without incurring disproportionate costs (i.e. 20 percent of the amount in Item 1 \$ _____). In choosing which accessible elements to provide, priority will be given to those elements that will provide the greatest access in the order provided in the *Cost Table*.

If obligation E is selected, also complete the *Cost Table*

Signed _____ Date _____
(OWNER OR APPLICANT)

Building Division Plan Approval _____ Date _____

CATEGORY	COSTS
<p>3. RESTROOMS SERVING ALTERED AREA</p> <p>Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade to Full <input type="checkbox"/> N/A <input type="checkbox"/> Existing Partial - Additional Upgrades Exceed Disproportionate Costs <input type="checkbox"/> Upgrade to Partial - Additional Upgrades Exceed Disproportionate Costs</p> <p><input type="checkbox"/> A. Enlarge restroom _____</p> <p><input type="checkbox"/> B. Enlarge door(s) _____</p> <p><input type="checkbox"/> C. Strike side clearance _____</p> <p><input type="checkbox"/> D. Door symbols/Signs and identification (Braille) _____</p> <p><input type="checkbox"/> E. Replacement or relocation of fixture (specify) 1. _____ 2. _____</p> <p><input type="checkbox"/> F. Replacement or relocation of accessories (specify) 1. _____ 2. _____</p> <p><input type="checkbox"/> G. Grab bars (bars and backing) _____</p> <p><input type="checkbox"/> H. Other _____</p> <p>_____</p> <p style="text-align: right;">Subtotal</p>	<p>_____</p> <p>\$ _____</p> <p>_____</p> <p>\$ _____</p>
<p>4. PUBLIC TELEPHONES</p> <p>Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade to Full <input type="checkbox"/> N/A <input type="checkbox"/> Existing Partial - Additional Upgrades Exceed Disproportionate Costs <input type="checkbox"/> Upgrade to Partial - Additional Upgrades Exceed Disproportionate Costs</p> <p><input type="checkbox"/> A. Retrofit/Add _____</p> <p style="text-align: right;">Subtotal</p>	<p>_____</p> <p>\$ _____</p> <p>_____</p> <p>\$ _____</p>
<p>5. DRINKING FOUNTAINS</p> <p>Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade to Full <input type="checkbox"/> N/A <input type="checkbox"/> Existing Partial - Additional Upgrades Exceed Disproportionate Costs <input type="checkbox"/> Upgrade to Partial - Additional Upgrades Exceed Disproportionate Costs</p> <p><input type="checkbox"/> A. Replace/Relocate drinking fountain _____</p> <p><input type="checkbox"/> B. Provide alcove _____</p> <p><input type="checkbox"/> C. Add wing walls and/or floor treatment _____</p> <p><input type="checkbox"/> D. Other _____</p> <p style="text-align: right;">Subtotal</p>	<p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p>
<p>6. PARKING, STORAGE, ALARMS</p> <p>Compliance Status: <input type="checkbox"/> Existing Full <input type="checkbox"/> Upgrade to Full <input type="checkbox"/> N/A <input type="checkbox"/> Existing Partial - Additional Upgrades Exceed Disproportionate Costs <input type="checkbox"/> Upgrade to Partial - Additional Upgrades Exceed Disproportionate Costs</p> <p><input type="checkbox"/> A. Re-slope parking space & loading/unloading aisle _____</p> <p><input type="checkbox"/> B. Paint the border of loading/unloading aisle blue _____</p> <p><input type="checkbox"/> C. Other _____</p> <p style="text-align: right;">Subtotal</p>	<p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>\$ _____</p>
TOTAL	\$ _____