

# Mayor's Office on Disability



City and County of San Francisco

Nicole Bohn  
Director

## UNDUE BURDEN DOCUMENTATION

*To be used on CCSF publicly funded projects where it is an undue burden 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, as per ADA section 35.150 applicable to Title II entities.*

1. Site Address: \_\_\_\_\_
2. Floor: \_\_\_\_\_
3. Permit Application No.: \_\_\_\_\_
4. Request No.: \_\_\_\_\_
5. Existing Use: \_\_\_\_\_
6. Proposed Use: \_\_\_\_\_
7. Existing Occupancy: \_\_\_\_\_
8. Proposed Occupancy: \_\_\_\_\_
9. Description of proposed scope of work for which an undue burden is requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Applicant's Name (Print): \_\_\_\_\_  
 Owner  Architect

Applicant's Signature: \_\_\_\_\_

11. Applicant's Address: \_\_\_\_\_

### **Title II -State and Local Governments**

CFR Section 35.150 and Title II of the ADA, requires that each service, program or activity of local and State governments, as well as other non-Federal government agencies, conducted by a public entity, when viewed in its entirety, be readily accessible to and usable by individuals with disabilities.

**Title II requires a public entity to make its programs accessible in all cases, except where to do so would result in a fundamental alteration in the nature of the program or in undue financial and administrative burdens.**

In those circumstances where personnel of the public entity believe that the proposed action would fundamentally alter the service, program, or activity or would result in undue financial and administrative burdens, a public entity has the burden of proving that compliance with this subpart would result in such alteration or burdens.

The decision that compliance would result in such alteration or burdens must be made by the head of the public entity or his or her designee after considering all resources available for use in the funding and operation of the service, program, or activity and must be accompanied by a written statement of the reasons for reaching that conclusion.

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If an action required to comply with this subpart would result in such an alteration or such burdens, a public entity shall take any other action that would not result in such an alteration or such burdens but would nevertheless ensure that, to the maximum extent possible, individuals with disabilities receive the benefits or services provided by the public entity.

12. The access feature(s) that will not be provided is (are):

- |  |   |
|--|---|
| <input type="checkbox"/> a. Accessible Entrance.                           | <input type="checkbox"/> b. An accessible route to the area of remodel. |
| <input type="checkbox"/> c. Accessible restrooms.                          | <input type="checkbox"/> d. Accessible public pay phones.               |
| <input type="checkbox"/> e. Accessible drinking fountain.                  | <input type="checkbox"/> f. Accessible signage.                         |
| <input type="checkbox"/> g. Visual alarms, storage and additional parking. | <input type="checkbox"/> h. Dwelling unit dispersion 11B233             |
| <input type="checkbox"/> i. Other _____                                    |   |

13. Detailed description of the accessible feature(s) that will not be provided. What is the condition now? Note location on the plans and **PROVIDE A NARRATIVE ATTACHMENT**. \_\_\_\_\_  
\_\_\_\_\_

14. Reference drawings and give a description of how compliance will be provided to the maximum extent possible:  
\_\_\_\_\_  
\_\_\_\_\_

15. Total adjusted cost of construction for the project: \_\_\_\_\_

16 A. Cost of the accessible feature(s), which will not be provided: \_\_\_\_\_

B. Percentage of total cost shown on Line 14 (divide line 15 by line 13): \_\_\_\_\_

FOR THE MAYOR'S OFFICE ON DISABILITY

***This exception for undue burden is:***

**GRANTED FOR THIS PERMIT ONLY**

Based on Section(s): \_\_\_\_\_ of the ADA 2010 Standard.

Plans reviewed by (print name): \_\_\_\_\_

Signature of the Plans Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_