

COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT BUILDING DIVISION

PO Box 1609, Mammoth Lakes, CA 93546 www.townofmammothlakes.ca.gov/building buildingtech@townofmammothlakes.ca.gov (760) 965-3632

Disabled Access Compliance Documentation

	Project Address	Permit Number					
and acce acce	CALIFORNIA BUILDING CODE 11B-202.4 Path of structural repairs. When alterations or additions are ssible path of travel to the specific area of alteration ssible path of travel shall include a primary entranceing the area, drinking fountains serving the area, pub	e made to existing buil or addition shall be pro to the building or facil	dings or facilities, an ovided. The primary ity, toilet and bathing faci	·			
(\$19: cost	eption: When the adjusted construction cost is less to 5,358 as of January 2023), the cost of compliance should be structural repairs or additions. When the exceed 20%, compliance shall be provided to the exceed 20%, compliance shall be provided to the exceed 20%.	nall be limited to 20% on the cost of full complia	of the adjusted construction of the adjusted construction 11B-202	2.4			
	1. The cost of all proposed construction		\$				
	2. The cost of construction multiplied by (.2)		\$				
	Existing compliance is required to be shown and detailed on plans. Please detail these costs on page 3, 'Itemized cost estimate of disabled access improvements.' 3. An accessible entrance (into the structure)						
	(See additional page for details if needed)		\$				
	4. An accessible route to the altered area and accessible additional page for details if needed)	ssible parking (See	\$				
	5. At least one accessible restroom.(See additional page for details if needed)		\$				
	6. Accessible telephone and drinking fountains. (See additional page for details if needed)		\$				
	7. When possible, additional accessible elements so parking, storage and alarms (See additional page for		e \$				
	The total cost of providing accessible	features.	\$				

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(Add lines 3 through 7; this amount must be equal to or greater than the amount in line 2.)

a valid estimate by a qualified person or firm.
 Signature ______
 Title ______
 Date ______
 Project notes: FOR OFFICE USE ONLY

I, the undersigned, certify that the above information is true and accurate, and costs are based upon

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ITEMIZED COST ESTIMATE OF DISABLED ACCESS IMPROVEMENTS

3. PRIMARY ENTRANCE	=									
NEW DOOR DOOR SIDE CLEARANCE		LEVER HARDWARE	\$	OTHER	\$					
ACCESS SIGN		DOOR KICKPLATE	\$ \$	- -						
TOTAL COST OF IMPROVEMENTS FOR PRIMARY ENTRANCE \$										
4A. PATH OF TRAVEL										
ENTRY DOOR LANDING	\$	ACCESS RAMP	\$	REMOVE PATHWAY	\$					
CURB RAMP		RAMP HANDRAILS		OBSTRUCTIONS	\$					
LEVEL SIDEWALK	\$	CURB/WHEELGUARDS	\$	OTHER	\$					
TOTAL COST OF IMPROVEMENTS FOR PATH OF TRAVEL \$										
4B. PARKING										
NEW STRIPING	\$	RESTRIPE EXISTING	\$	OTHER	\$					
PARKING STALL SIGN	\$	STRIPE VAN UNLOAD	\$	-						
TOTAL COST OF IMPROVEMENTS FOR PARKING \$										
5. RESTROOMS										
ENLARGE ROOM		MODIFY FIXTURES		NEW DOOR	\$					
LEVER HARDWARE	\$	DOOR SIGNS	\$	GRAB BARS	\$					
RELOCATE FIXTURES PROVIDE 2nd RESTROOM		RELOCATE ACCESS LAV INSULATION	\$ \$	OTHER	\$					
	TOTAL COS	Γ OF IMPROVEMENTS FO	R RESTROC	OM \$						
6. TELEPHONE/DRINKING FOUNTAIN										
NEW DRINKING		NEW PUBLIC								
FOUNTAIN	\$	TELEPHONE	\$	-						
RELOCATE (E) FOUNTAIN	\$	RELOCATE (E) TELEPHONE	\$	-						
TOTAL COST OF IMPROVEMENTS FOR TELEPHONE/DRINKING FOUNTAIN \$										
7. ADDITIONAL ELEMEI	NTS									
MODIFY SWITCHES/OUTLETS/CONTROLS \$OTHER \$										
TOTAL COST OF IMPROVEMENTS FOR ADDITIONAL ELEMENTS \$										
TOTAL COST OF ALL DISABLED ACCESS IMPROVEMENTS \$										

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