



City of Salinas

COMMUNITY DEVELOPMENT DEPARTMENT

65 W. Alisal Street • Salinas, California 93901
(831) 758-7251 • (831) 758-7938 (Fax) • www.ci.salinas.ca.us

STATEMENT OF ACCESS COMPLIANCE

Based on the 2025 California Building Code

Required to be submitted for all nonresidential alterations or additions to existing buildings.

Project Address: _____ Permit No. _____

Scope of Work: _____

Project Designer: _____

In accordance with California Building Code Section 11B-202.1, all new and altered elements in existing nonresidential buildings under this permit application shall comply with the accessibility requirements of Chapter 11B.

In addition to accessibility for new and altered elements, existing elements of the path of travel to the area of alteration are required to be accessible as outlined in Section 11B-202.4, including Exceptions 1 through 10.

For the subject project, select one of the following four (4) paths to compliance. This form shall be completed and signed by the Project Designer. This form must be reviewed and approved by the Authority Having Jurisdiction prior to obtaining a building permit.

I am the responsible designer for this project. I have visited the site and can confirm that all elements of the path of travel specified in Section 11B-202.4 are existing and in compliance with the requirements of Chapter 11B. Elements of the path of travel shall be verified by the contractor and are subject to inspection by the city inspector. Any discrepancies shall be submitted as a revision for review and, upon approval, be constructed prior to final inspection.
Signature: _____ Date: _____

I am the responsible designer for this project. All elements of the path of travel specified in 11B202.4 are compliant or are to be brought into compliance with work proposed under this permit. There is no request for Unreasonable Hardship determination.
Signature: _____ Date: _____

I am the responsible designer for this project. The scope of work for this project does not require improvements to the path of travel. This determination is based on application of the following exception(s) to Section 11B-202.4 (Circle All That Apply): Exception 2 3 4 5 6 7 10
Signature: _____ Date: _____

I am the responsible designer for this project. The Adjusted Construction Cost for this project is below the Current Valuation Threshold (\$209,208.00). Improvements to the path of travel are being proposed which will constitute no less than 20% of the total Adjusted Construction Cost. See the tabulation on the following sheet. 11B-202.4, Exception 8.
Signature: _____ Date: _____

PLEASE CONTACT THE BUILDING OFFICIAL REGARDING REQUESTS FOR TECHNICAL INFEASIBILITY DETERMINATION OR HARDSHIP BEYOND THE SCOPE OF THIS FORM. ADDITIONAL DOCUMENTATION WILL BE REQUIRED.

CBC 11B-202.4, Exception 8

The following calculation justifies that at least 20% of the total adjusted construction costs is being dedicated to improvements to the path of travel. Priority should be given to those elements that will provide the greatest access in the order listed below.

- Adjusted Construction Cost for this Project: _____ (A)
- Total Adjusted Construction Cost of all work performed in this area, in the past three (3) years: _____ (B)
- Sum of A and B (A + B): _____ (C)
- 20% of C (0.20 x C): _____ (D)

Element	Currently Complies? (Yes/No)	If no, is work included in this project? (Yes/No)	Cost of work proposed
Accessible Entrance			
Accessible route to altered area (including accessible parking)			
At least one accessible restroom for each sex or one accessible single-user restroom			
Accessible telephones (if provided)			
Accessible drinking fountains (if provided)			
Additional accessible items			
		Total: (equal to or greater than D)	

Note that the Adjusted Construction Cost (A) includes the cost of improvements to the path of travel listed here.

Additional notes regarding the information in this worksheet:

I ___ have/ ___ have not attached additional sheets to justify the information in this worksheet.

BUILDING DEPARTMENT USE ONLY:

Rec'd by: _____ Date: _____ Approved by: _____ Date: _____
 Print Name: _____