



PORT of SAN FRANCISCO
 BUILDING PERMIT SERVICES
 HOURS: M-F, 8:30AM-11:30AM
 PHONE: (415) 274-0554
 Pier 1, The Embarcadero
 San Francisco, CA 94111

D.A. CHECKLIST (p. 1 of 2): The FIN/address of the project is: _____

For ALL tenant improvement projects in commercial use spaces, both pages of this checklist are required to be reproduced on the plan set and signed.

1. The proposed use of the project is _____ (e.g. Retail, Office, Restaurant, etc.)
2. Describe the area of remodel, including which floor: _____
3. The construction cost of this project *excluding* disabled access upgrades to the path of travel is \$ _____, which is; (check one) more than / less than the **2025** Valuation Threshold \$ **203,611.00**.
4. Is this a **Port** project and/or does it receive any form of public funding? Check one: Yes / No Note : If Yes, then see Step 3 on the Instructions page of the Disabled Access Upgrade Compliance Checklist package for additional forms required.

Conditions below must be fully documented by accompanying drawings

5. Read **A** through **E** below carefully and check the most applicable box. Check one box only:

<input type="checkbox"/> A: All existing conditions serving the area of remodel fully comply with access requirements. No further upgrades are required: Fill out page 2 of D.A. Checklist
<input type="checkbox"/> B: Project Adjusted cost of construction is greater than the current valuation threshold: Fill out and attach page 2 of D.A. Checklist and any other required forms to plans
<input type="checkbox"/> C: Project adjusted cost of construction is less than or equal to the current valuation threshold: List items that will be upgraded on Form C. All other items shall be checked on page 2 of the D.A. Checklist in the "Not required by code" column.
<input type="checkbox"/> D: Proposed project consists entirely of Barrier removal: Fill out and attach Barrier removal form to Plans
<input type="checkbox"/> E: Proposed project is minor revision to previously approved permit drawings only. (Note: This shall NOT be used for new or additional work) Provide previously approved permit application here: _____ . Description of revision: _____

CBC chapter 2 section 202 Definitions:

Technically Infeasible. An alteration of a building or a facility, that has little likelihood of being accomplished because the existing structural conditions require the removal or alteration of a load-bearing member that is an essential part of the structural frame, or because other existing physical or site constraints prohibit modification or addition of elements, spaces or features that are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.

Unreasonable Hardship. When the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of all construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility which would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities

*The details of any Technical Infeasibility or Unreasonable Hardship shall be recorded and entered into the files of the **PORT**. All Unreasonable Hardships shall be ratified by the **Access Appeals Commission***



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D.A. CHECKLIST (p. 2 of 2): The FIN/address of the project is : _____

Check all applicable boxes and specify where on the drawings the details are shown:

<p>Note: upgrades below are listed in priority based on CBC-11B-202.4, exception 8</p>	Existing Fully Complying	Will be Up-graded to Full Compliance	Equivalent facilitation will provide full access	Compliance is Technically infeasible	Approved in compliance with immediately preceding code	Not required by Code (and/or none existing)	Non-compliant request URH <u>Must be ratified by AAC</u>	Location of detail(s)- include detail no. & drawing sheet (<u>do not leave this part blank!</u>). Also clarification comments can be written here.
A. One accessible entrance including: approach walk, vertical access, platform (landings), door / gate and hardware for door/gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. An accessible route to the area of remodel including: Parking/access aisles and curb ramps Curb ramps and walks Corridors, hallways, floors Ramps elevators, lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
C. At least one accessible restroom for each sex or a single unisex restroom serving the area of remodel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Accessible public pay phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Accessible drinking fountains.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Additional accessible elements such as parking, stairways, storage, alarms and signage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
See the requirements for additional forms listed below	1.	2.	3.	4.	5.	6.	7.	

1. No additional forms required
2. No additional forms required
3. Fill out Request for Approval of Equivalent Facilitation form for each item checked and attach to plan.
4. Fill out Request for Approval of Technical Infeasibility form for each item checked and attach to plans.
5. Provide details from a set of Port approved reference drawings; provide its permit application number here: _____ and list reference drawing number on plans.
6. No additional forms required
7. Fill out Request for an Unreasonable Hardship form for each item checked and attach to plan. All UHR must be ratified by the Access Appeals Commission (see UHR form for details)



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Form C: DISABLED ACCESS 20% RULE

This form is only required for projects equal to or under the valuation threshold when box “C” is checked off on the D.A. Checklist and is for providing an itemized list of the estimated costs for the expenditures used for disabled access upgrades for this project. Reproduce this form, on the plans, along with the D.A. Checklist and any required form(s).

Based on CBC Section 11B-202.4 Exception 8, only projects with a construction cost less than or equal to the valuation threshold (current ENR Construction Cost Index Amount) are eligible for the 20% rule. In choosing which accessible elements to provide, priority should be as listed on p. 2 of the D.A. Checklist.

In general, projects valued over the threshold are not eligible for the 20% rule (see CBC 11B-202.4 Exceptions 1 through 8 for other exceptions).

CBC Section 11B-202.4, Exception 9 (*abbreviated*): In alteration projects involving buildings & facilities previously approved & built without elevators, areas above & below the ground floor are subject to the 20% disproportionality provisions described in Exception 8, even if the value of the project exceeds the valuation threshold in Exception 8. Refer to the Code for the types of buildings & facilities that qualify for this 20% disproportionality provision when project valuation is over the threshold.

	Contractor's Estimated Cost	Revised Cost
A) Cost of Construction: (Excluding Alterations to the Path of Travel as required by 11B-202.4)	\$ _____	\$ _____
B) 20% of A) :	\$ _____	\$ _____

List the Upgrade Expenditures and their respective construction cost below:

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____
11. _____	\$ _____	\$ _____
12. _____	\$ _____	\$ _____

Total Upgrade Expenditures Should be approximately equal to, but not to exceed, Line B	\$ _____	\$ _____
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