



City of Dixon, Ca
Community Development Department
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Accessibility Worksheet for Existing Commercial & Public Accommodation Buildings

Job Address _____ Date _____

Project Name _____

Application No. _____ CBC Occupancy Group _____

Owner _____

Applicant _____

1. **Adjusted Construction Cost*** (see last page for explanation): \$ _____

The **Total Cost of Construction** is the project valuation as verified by the Building Official. New work that requires accessible features shall be included in the project valuation per CBC Section 11B-202.4.

2. Cost of any alterations to this building within the previous three years: \$ _____

3. Accumulative Total Cost of Construction (add costs in 1 and 2 above): \$ _____

4. Current Valuation Threshold: **\$200,399.00** (as of January 1, 2024)

5. When the Total Cost of Construction (item 3 above) exceeds the Current Valuation Threshold (item 4 above) or the tenant/owner will be a government entity (Title II) complete compliance is required. Provide construction documents for the building and site that show complete compliance.

6. When the Total Cost of Construction (item 3 above) does not exceed the Current Valuation Threshold (item 4 above), removal of architectural barriers shall be performed in the order required by CBC 11B-202.4 and apply only to the area of specific alteration. Provide construction documents that clearly show the improvements proposed and the features currently in compliance. Include a cost analysis listing the required 20% to be applied; with the itemized cost of the improvements accordingly.

Print: _____ Signature: _____

By signing this document I agree to complete the accessibility upgrade items shown throughout this worksheet

Suggested Cost Analysis

Fill in **COSTS** column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals or exceeds the amount referenced in item 6 above (20% of valuation). The cost table shall be reviewed and approved by the Building Division.

Amount from item 6 of the worksheet \$ _____

1 F/P	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	Door	
	A. Threshold	
	B. Hardware	
	C. Kick plate	
	D. Strike-side clearance	
	E. Auto Closer	
	F. Landing Placard at building entrance	
	G. Tactile Exit Sign	
	H. Other	
	Subtotal	\$
2 F/P	PATH OF TRAVEL	
	A. Ramps/Handrails Landing	
	B. Stairs/Handrails/Landing	
	C. Elevators/Lifts	
	Exit Doors	
	A. Change out door	
	B. Threshold	
	C. Elevators	
	D. Hardware	
	D. Kick plate	
	E. Strike-side clearance	
	F. Signs and Identification (Braille)	
	G. Other	
	Subtotal	\$
3 F/P	RESTROOMS SERVING REMODELED AREA	
	A. Enlarge restroom	
	B. Enlarge door(s)	
	C. Strike-side clearance	
	D. Door symbols	
	E. Signs and Identification (Braille)	
	F. Replacement or Relocate plumbing fixtures (specify)	

	G. Grab bars (bars and backing)	
	H. Other	
	Subtotal	\$
4 F/P	PUBLIC TELEPHONES	
	A. Retrofit Existing	
	B. Additional for Compliance	
	C. Other	
	Subtotal	\$
5 F/P	DRINKING FOUNTAINS	
	A. Replace drinking fountain	
	B. Relocate existing drinking fountain	
	C. Provide alcove	
	D. Add wing walls and/or floor treatment	
	E. Other	
	Subtotal	\$
6 F/P	SITE	
	A. Access From Public Way	
	B. Accessible Parking Stall	
	C. Access From Van accessible Stall	
	D. Accessible Route To All Exits	
	E. Access Aisles	
	F. Detectable Warnings	
	G. Curb Ramps	
	H. Ramps	
	I. Stairs	
	J. Other	
	Subtotal	\$
	GRAND TOTAL	\$

F=Full compliance

P=Partial compliance

***Adjusted Construction Cost:** Total monies needed for the project (including the costs of providing or complying with disabled access requirements associated with the project), minus permitting costs, minus architectural fees/costs, minus development fees, minus disabled access upgrade costs.