



ACCESSIBILITY COMPLIANCE FORM APPLIES TO ALTERATIONS AND ADDITIONS EXCEPT ONE & TWO FAMILY DWELLING

A.	<u>Customer's Information</u>	Important: Applicant to complete all <u>non-shaded</u> areas and mark or circle where applicable.		
		Important: Level of compliance - Occupancy is contingent upon an accurate assessment of the space and compliance with the requirements of the 2006 International Building Code (IBC) and the 2003 ICC/ANSI A117.		
	<u>"Arlington County ISD Inspectors will determine FINAL compliance acceptance."</u>			
	Project Name			
Project address	Number and Street	Suite	On site phone number if available	
B.	<u>Level of Compliance:</u>		Note that the level of compliance fields is intended for the Owner or the Designer to fill. Failure to comply with this requirement would result in the delay of the review process. Please read CAREFULLY and check the box that applies.	
	<input type="checkbox"/>	1.	The accessible route, from the accessible parking to the altered space, including the restrooms and drinking fountains serving that space, is in full compliance with the accessible requirements of the Virginia Uniform Statewide Building Code.	
			If this box (1) is checked, sufficient details must be included or attached to the set to show the compliance.	
	<input type="checkbox"/>	2.	Alteration is not to a primary function area.	
	<input type="checkbox"/>	3.	Improvement to the accessible route will provide full compliance with the accessibility requirements of the Virginia Uniform Statewide Building Code, and will include upgrading of the following items: _____ _____ _____	
<input type="checkbox"/>	4.	The cost of providing a fully compliant route exceeds 20% of the cost of the proposed alterations; including mechanical, electrical and plumbing costs (see IBC section 3409.7). Accordingly compliance will only be provided up to the 20% limit and will include upgrading the following items: (the accessible route includes any restrooms and drinking fountains that serve the primary function area.)		
		Estimated cost of Alterations: \$	Estimated cost of improving accessibility: \$	
		_____ _____ _____		
C.	<u>Certification</u>		I hereby certify as the <u>Designer/ Owner</u> of the above mentioned project, that I have the authority to make the foregoing application, that the application is correct, and that the construction documents and the accessible route will conform to the Current adopted Virginia Uniform Statewide Building Code.	
	Name (print)	Specify identity	Signature	Date