

Township of Findlay

1271 Rt 30 P.O. Box W
Clinton, PA 15026
724-695-0500

ACCESSIBLE ROUTE COST VERIFICATION FORM

FOR USE WHEN UTILIZING EXCEPTION 1 OF THE 2021 IEBC SECTION 306.7.1

A. Total Cost of Alteration to Primary Function Area:

(To include MEP cost but to exclude costs listed under Item B)

\$ _____

B. Cost to Provide Accessible Route:

This includes exterior route from public arrival point and/or from accessible parking spaces (if parking provided) to accessible entrance.

- 1. Related to accessible entrance: \$ _____
- 2. Related to components of accessible route (Ramps, elevators, platform lifts): \$ _____
- 3. Related to accessible parking: \$ _____
- 4. Costs associated with toilet room accessible upgrades: \$ _____
- 5. Costs associated with accessible drinking fountain: \$ _____
- 6. Cost of other accessible upgrades: \$ _____

Please explain upgrades: _____

Total Cost of Accessible Route:

\$ _____

This total shall equal or exceed 20% of the cost of Item A above.

Building Owner: _____

Building Address: _____

Location in Building: _____

Tenant (if leased space): _____

Registered Design Professional (printed): _____

Registered Design Professional (signed): _____ Date: _____

(Must match Registered Design Professional listed on application and submitted drawings)

Affix seal here: