



## Accessibility Certification Statement

Version 2019-05-08

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Owner: \_\_\_\_\_

Classification of Work (VEBC)

- ☐ Level 1 Alteration (602) Removal and replacements or the covering of existing materials, elements, equipment, or fixtures using new materials, elements, or fixtures that serve the same purpose.
- ☐ Level 2 Alteration (603) Addition or elimination of any door or window, the reconfiguration or extension of any system, or the installation of any additional equipment, and shall apply where the work area is less than or equal to 50 percent of the building area.
- ☐ Level 3 Alteration (604) Level 3 alterations apply where the work area exceeds 50 percent of the building area. Level 3 alterations shall comply with the applicable provisions of Sections 602, 603, and 604.
- ☐ Change of Occupancy (Chapter 7) Any change in the occupancy classification of a building or structure. Any change in the purpose of or a change in the level of activity within a building or structure.

Level of Compliance

- ☐ The accessible route, restrooms, and drinking fountains are in full compliance with the accessibility requirements of the 2015 VUSBC and ICC A117.1-2009
- ☐ The accessible route, restrooms, and drinking fountains will be in full compliance with the accessibility requirements of the 2015 VUSBC and ICC A117.1-2009 at the completion of this project.
- ☐ The cost of providing a fully accessible route to the area of primary function, accessible bathrooms, and accessible drinking fountains exceeds 20% of the overall cost of construction affecting the primary function area. The following is a list of items that will be upgraded to increase the accessibility as shown on the plans. \*Only applicable to alterations and upgrades to existing elements\*

Total Cost of the alterations affecting the primary function area is \$ \_\_\_\_\_

20% of the cost of alterations affecting the primary function area \$ \_\_\_\_\_

Cost to provide fully accessible route, restrooms, and drinking fountain \$ \_\_\_\_\_

Accessible Elements	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

By signing this form, I certify that I am the owner of the property or the designer

\_\_\_\_\_  
Printed Name                      Signature                      Date

Designer of Record Seal