

CITY OF PITTSBURGH
DEPARTMENT OF
PERMITS, LICENSES, AND
INSPECTIONS

200 Ross Street, Suite 320, Pittsburgh, PA 15219
phone (412) 255-2175, fax (412) 255-2974



ACCESSIBLE ROUTE COST
VERIFICATION FORM

ACCESSIBLE ROUTE COST VERIFICATION FORM

APPLICABILITY:

This form shall be submitted with all building permits citing Section 305.7 of the *2018 International Existing Building Code* Exception 1 to limit accessible route improvements to 20% of remaining cost of work for renovation to primary function area. The form shall be completed and signed by the Design Professional whom stamped the construction documents.

RECOMMENDED SEQUENCE OF IMPROVEMENTS:

Please see [PLI's Accessibility Guidelines](#) for:

- PLI's recommended accessible route improvement sequence.
- Clarification of the differences between American's with Disabilities Act (ADA) requirements and the accessibility requirements of the PA Uniform Construction Code (UCC).

Note: PLI does not enforce ADA; approval/issuance of a PLI permit does not ensure compliance with ADA. Please consult your design professional for ADA compliance.

VALUE OF CONSTRUCTION DOCUMENTATION:

Job-Site Address: _____

Project Description: _____

PRIMARY FUNCTION AREA RENOVATION VALUE OF CONSTRUCTION

This shall exclude value of construction associated with accessible route improvements.

1. Building Permit: \$ _____
2. Mechanical Permit (as applicable): \$ _____
3. Electrical Permit (as applicable): \$ _____
4. Plumbing Permit (as applicable): \$ _____
5. Fire Alarm Permit (as applicable): \$ _____
6. Suppression System Permit (as applicable): \$ _____

Primary Function Area Total \$ _____

COST OF PROPOSED ACCESSIBLE ROUTE IMPROVEMENTS

All components below with an assigned a value shall be documented on the construction drawings. Please note the order of this list corresponds with PLI's recommended accessible route sequence of improvements.

1. Access to site: \$ _____
2. Exterior route to accessible entrance: \$ _____
3. Accessible entrance: \$ _____
4. Interior route (ramp, elevator, platform lift): \$ _____
5. Toilet and/or bathing rooms: \$ _____
6. Drinking fountains: \$ _____
7. Accessible parking spaces: \$ _____
8. Visual alarm devices: \$ _____
9. Accessible signage: \$ _____
10. Other, explain: \$ _____

Accessible Route Total: \$ _____

This total shall equal or exceed 20% of Primary Function Area Total.

Design Professional's Information and Signature:

Name: _____

Firm/Company: _____

PA License #: _____

Phone: _____

Email/Fax: _____

I certify that the above provided project data is correct.

Signature: _____