



Accessibility Compliance Form

Alterations to Existing Structure

Building Permit # _____

Division of Zoning & Development Services
 Fauquier County Department of Community Development
 29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 540-422-8230
 Facsimile: 540-422-8231

Every permit application for an alteration or renovation of an existing building (except single family dwellings) must include this form. Occupancy is contingent upon an accurate assessment of the space and compliance with the requirements of the 2015 Virginia Construction Code (VCC) and the 2009 ICC/ANSI A117.1. Fauquier County Inspectors will verify final compliance acceptance.

Project Information:

Project Name: _____

Project Address: _____ Suite: _____

Prior Group or occupancy: _____ Proposed Group or Occupancy: _____

Level of Compliance:

Choose which item(s) apply:

All work is for providing handicap accessibility.

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 accessibility requirements of the 2015 VCC.

Upgrading the existing restrooms is *technically infeasible* as defined by the 2015 Virginia Existing Building Code (VRC) Section 404, and the existing fixture count cannot be reduced per VCC Section 2902. Therefore, an accessible family or assisted use toilet room is being provided in accordance with VEBC Section 404.4.10.

The cost of providing a fully compliant accessible route exceeds 20% of the cost of the proposed alterations, including mechanical, electrical and plumbing costs. Therefore, the following items on the accessible route will be upgraded up to the 20% limit. See VEBC Section 404.3. Please provide cost analysis for review on a separate sheet.

Certification:

I, _____, as the designer of this project, have reviewed the construction _____ print designer's name

documents and the accessible route to the space for compliance with the Virginia Uniform Statewide Building Code and submit the above as being accurate.

 Signature of Designer Date