

# Mono County Community Development Department

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## Building Division

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### Disabled Access Compliance Documentation

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Project Address

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Permit Number

**2025 CALIFORNIA BUILDING CODE 11B-202.4 Path of travel requirements in alterations, additions and structural repairs.** When alterations or additions are made to existing buildings or facilities, an accessible path of travel to the specific area of alteration or addition shall be provided. The primary accessible path of travel shall include a primary entrance to the building or facility, toilet and bathing facilities serving the area, drinking fountains serving the area, public telephones serving the area, and signs.

**Exception, Note 8:** When the adjusted construction cost is less than or equal to the current valuation threshold (\$209,208 as of January 2026), the cost of compliance shall be limited to 20% of the adjusted construction cost of alterations, structural repairs or additions. When the cost of full compliance with section 11B-202.4 exceeds 20%, compliance shall be provided to the greatest extent possible without exceeding 20%.

- |   |          |
|---|----------|
| 1. The cost of all proposed construction.       | \$ _____ |
| 2. The cost of construction multiplied by (.2). | \$ _____ |

***Existing compliance is required to be shown and detailed on plans. Please detail these costs on page 3, 'Itemized cost estimate of disabled access improvements.'***

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|---|----------|
| 3. An accessible entrance. (into the structure)<br>(See additional page for details if needed)  | \$ _____ |
| 4. An accessible route to the altered area and accessible parking (See additional page for details if needed)                                       | \$ _____ |
| 5. At least one accessible restroom.<br>(See additional page for details if needed)   | \$ _____ |
| 6. Accessible telephone and drinking fountains.<br>(See additional page for details if needed)  | \$ _____ |
| 7. When possible, additional accessible elements such as more accessible parking, storage and alarms<br>(See additional page for details if needed) | \$ _____ |
| <b>The total cost of providing accessible features.</b>   | \$ _____ |

*(Add lines 3 through 7; this amount must be equal to or greater than the amount in line 2.)*

I, the undersigned, certify that the above information is true and accurate, and costs are based upon a valid estimate by a qualified person or firm.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Project notes: FOR OFFICE USE ONLY

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ITEMIZED COST ESTIMATE OF DISABLED ACCESS IMPROVEMENTS

**3. PRIMARY ENTRANCE**

NEW DOOR	\$ _____	LEVER HARDWARE	\$ _____	OTHER	\$ _____
DOOR SIDE CLEARANCE	\$ _____	DOOR THRESHOLD	\$ _____		
ACCESS SIGN	\$ _____	DOOR KICKPLATE	\$ _____		

**TOTAL COST OF IMPROVEMENTS FOR PRIMARY ENTRANCE** \$ \_\_\_\_\_

**4A. PATH OF TRAVEL**

ENTRY DOOR LANDING	\$ _____	ACCESS RAMP	\$ _____	REMOVE PATHWAY	\$ _____
CURB RAMP	\$ _____	RAMP HANDRAILS	\$ _____	OBSTRUCTIONS	\$ _____
LEVEL SIDEWALK	\$ _____	CURB/WHEELGUARDS	\$ _____	OTHER	\$ _____

**TOTAL COST OF IMPROVEMENTS FOR PATH OF TRAVEL** \$ \_\_\_\_\_

**4B. PARKING**

NEW STRIPING	\$ _____	RESTRIPE EXISTING	\$ _____	OTHER	\$ _____
PARKING STALL SIGN	\$ _____	STRIPE VAN UNLOAD	\$ _____		

**TOTAL COST OF IMPROVEMENTS FOR PARKING** \$ \_\_\_\_\_

**5. RESTROOMS**

ENLARGE ROOM	\$ _____	MODIFY FIXTURES	\$ _____	NEW DOOR	\$ _____
LEVER HARDWARE	\$ _____	DOOR SIGNS	\$ _____	GRAB BARS	\$ _____
RELOCATE FIXTURES	\$ _____	RELOCATE ACCESS	\$ _____	OTHER	\$ _____
PROVIDE 2nd RESTROOM	\$ _____	LAV INSULATION	\$ _____		

**TOTAL COST OF RESTROOM IMPROVEMENTS** \$ \_\_\_\_\_

**6. TELEPHONE/DRINKING FOUNTAIN**

NEW DRINKING FOUNTAIN	\$ _____	NEW PUBLIC TELEPHONE	\$ _____
RELOCATE (E) FOUNTAIN	\$ _____	RELOCATE (E) TELEPHONE	\$ _____

**TOTAL COST OF TELEPHONE/DR. FOUNTAIN IMPROVEMENTS** \$ \_\_\_\_\_

**7. ADDITIONAL ELEMENTS**

MODIFY SWITCHES/OUTLETS/CONTROLS	\$ _____	OTHER	\$ _____
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**TOTAL COST OF ALL DISABLED ACCESS IMPROVEMENTS** \$ \_\_\_\_\_