



CITY OF FAIRFAX- VIRGINIA

FIRE DEPARTMENT-CODE ADMINISTRATION

10455 Armstrong Street Suite 208 Fairfax, VA 22030-3630

Phone 703-385-7830 E-mail codeadministration@fairfaxva.gov

www.fairfaxva.gov/code



Accessibility Compliance Form For Alterations to Existing Structures

Project Name: _____

Project Address: _____

Building Permit Number: _____

Accessibility Compliance Statement

Check the applicable box below:

☐ **Full Compliance:** The accessible route to the altered area, including exterior walkways, entrances, doors and hardware, restrooms, and drinking fountains, will be fully accessible and in compliance with the Virginia Uniform Statewide Building Code (USBC), Chapter 12 of the Virginia Existing Building Code (VEBC), the Virginia Construction Code (VCC), and technical provisions of ICC A117.1 Accessibility and Usable Buildings and Facilities.

☐ **Disproportionate Cost (20% Rule):** The cost of providing a fully compliant accessible route exceeds twenty percent of the total cost of the proposed alterations. In accordance with Chapter 12 of the Virginia Existing Building Code (VEBC), as adopted by the Virginia Uniform Statewide Building Code (USBC), accessibility upgrades will be provided up to the twenty percent cost threshold and will include the required elements serving the primary function area, such as restrooms and drinking fountains.

Estimated Cost of Alterations: \$ _____

Estimated Cost of Accessibility Improvements: \$ _____

Description of accessibility improvements to be provided:

Certification: I hereby certify that I am the designer or legal owner of the project identified above. I have reviewed the construction documents and affirm that the accessible route serving the altered area will comply with all applicable provisions of the Virginia Uniform Statewide Building Code (USBC), including Chapter 12 of the Virginia Existing Building Code (VEBC), the Virginia Construction Code (VCC), and the ICC A117.1 accessibility standards.

Print Name: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____