

Facility & Property Services

Physical Access Compliance Program

2020

APR - Accessibility Plan Review Application
3rd Party Plan Reviewer Request

SUBMITTAL DATE: _____

OPU: _____ Affiliate: _____ Facility: _____

Address: _____ City: _____

Project Name: _____ **FPS number (if applicable):** _____

Was this property acquired after 2010? _____ **If yes, please provide survey #: RE** _____

| | | |
|------------------------------------|--------------------|--|
| Total Construction \$ _____ | x 20% _____ | 20% Path of Travel Barrier Removal Obligation CBC 11B-202.4 Exception #8 - Disproportionate Cost Applies to Project Valuations <u>under \$170,466.</u> |
| Cost | | |

PROJECT TYPE (select one):

BR: Barrier Removal (Limited Scope resulting from Survey & Architectural Barrier Removal Plan)

NC: New Construction (Tenant Improvement / Alteration / Addition) *path of travel verification required to area of work*

CO: Change Order (Scope Modification to Existing PAC Plan Review) **PAC Project Number:** _____

SUBMITTAL REVIEW OPTIONS (select one):

APR: 3rd Party Accessibility Plan Review (Applicant submits 90% complete CD's to PAC for 3rd party APR)

ACM: Alternate Compliance Method (3rd party specialists integrated into design process)

IHR: "In-house" Review (Eligibility to be verified by PAC)

Name of Applicant: _____ **Email:** _____ **Phone:** _____
Facility Representative SH FPS PM

Asst. Contact: _____ **Email:** _____ **Phone:** _____
Facility Representative SH FPS PM

Billing Contact: _____ **Email:** _____ **Phone:** _____

Architectural Firm: _____ **AOR License #:** _____

Arch. of Record: _____ **Email:** _____ **Phone:** _____

Contact #1: _____ **Email:** _____ **Phone:** _____

APPROVING AGENCY:

OSHPD Project #: _____ **Increment #:** _____ (See Attachment 'A')

City / County Project #: _____ **Permit #:** _____

To be filled out by PAC FPD Staff:

| | | |
|---------------------|--|---------------------|
| Date APR Activated: | 3 rd Party Access Specialist Reviewer Assigned: | PAC Project Number: |
| | | |

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ATTACHMENT – A

List all Increments and Submittals Expected to be Reviewed:

| Increments | Submt. | Aprvd. |
|-------------------|--------|--------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

| Submittals | Submt. | Aprvd. |
|-------------------|--------|--------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

| Additional Comments |
|----------------------------|
| |