

# Facility & Property Services

## Physical Access Compliance Program

**\*2019\***

**APR - Accessibility Plan Review Application**  
**3<sup>rd</sup> 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** \_\_\_\_\_

<b>Total Construction \$</b> _____	<b>x 20%</b> _____	20% Path of Travel Barrier Removal Obligation CBC 11B-202.4 Exception #8 - Disproportionate Cost Applies to Project Valuations <u>under \$166,157.</u>
<b>Cost</b>		

**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: 3<sup>rd</sup> Party Accessibility Plan Review** (Applicant submits 90% complete CD's to PAC for 3<sup>rd</sup> party APR)
- ACM: Alternate Compliance Method** (3<sup>rd</sup> 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 <sup>rd</sup> Party Access Specialist Reviewer Assigned:	PAC Project Number:

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**ATTACHMENT – A**

List all Increments and Submittals Expected to be Reviewed:

<b>Increments</b>	Submt.	Aprvd.
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

<b>Submittals</b>	Submt.	Aprvd.
1		
2		
3		
4		
5		

Additional Comments