CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF CODE ADMINISTRATION

4850 Mark Center Drive, Suite 2013
Alexandria, VA 22314
PHONE: 703.746.4200 www.alexandriava.gov/code

ALTERATION COST OF ACCESSIBILITY CERTIFICATE

Case/Permit Number _____

Building Name:_____ Date: _____

Building Address: _____

- This form is to indicate that work will be done to increase the accessibility of the route to area of primary function, including the restrooms and drinking fountains serving the primary function area.
- This is also to certify that the cost of providing a fully accessible route exceeds 20% of the cost of the alterations to the primary function area, including mechanical, electrical and plumbing work

	Currently complies?	If not, will this feature comply?	Cost of compliance
1. Entrance (door, hardware, threshold, approach)	yes ☐ no ☐	yes ☐ no ☐	$_____
2. Route to the altered area	yes ☐ no ☐	yes ☐ no ☐	$_____
3. At least one accessible restroom for each sex	yes ☐ no ☐	yes ☐ no ☐	$_____
4. Accessible stairways	yes ☐ no ☐	yes ☐ no ☐	$_____
5. Accessible drinking fountains	yes ☐ no ☐	yes ☐ no ☐	$_____
6. Additional elements such as parking, dining and alarms	yes ☐ no ☐	yes ☐ no ☐	$_____

If an accessible element does not fully comply, partial upgrades and/or equivalent facilitation may be provided to achieve the greatest accessibility. Include detailed plans to correspond with all proposed work.

Cost of the alteration to the primary function areas: $ _____

Cost of providing an accessible route: $ _____

20% of the alteration cost: $ _____

The cost of the following work is equal to, or more than 20% of the cost of the alteration to the primary function area:

Accessible element	**Estimated Cost**
Total Cost of Alterations for accessible route	**$**

I hereby certify that I have the authority to make the foregoing statements and that this certification, to the best of my knowledge, is complete and correct.

Printed Name of Owner/Agent

Signature of Owner/Agent

City/County of _____

State of _____

Subscribed and sworn to before me on this _____

day of _____ 20 _____

_____
Notary Public

My commission expires _____