



Attachment B

Compliance Affidavit

Mandatory Disability Access Improvement Program CATEGORY CHECKLIST COMPLIANCE FORM

PRIMARY ENTRY COMPLIANCE FORM – NO FEE

Note to the Owner or Tenant: Ordinance No. 51-16, effective May 22, 2016, requires all non-exempt/non-waiver “Public Accommodations” either to have all primary entries and paths of travel into the building accessible or receive a determination of Equivalent Facilitation, Technical Infeasibility or Unreasonable Hardship from the Department of Building Inspection within a specified time period. If you are uncertain whether you are a “Public Accommodation” or if you are exempt, please review our *Pre-Screening Form* prior to hiring a licensed design professional or Certified Access Specialist (CASp). The *Pre-Screening Form* may be found in Information Sheet DA-17, Attachment A1.

Submittal of this Compliance Affidavit is required for any building or portion of a building with a Place of Public Accommodation. This **Category Checklist Compliance Form** is for buildings with a primary entry or entries that are categorized in one of four categories as specified in the Ordinance. (Ordinance No. 51-16 may be found at <http://sfbos.org/ordinances-2016>).

The building owner shall obtain an inspection of elements on the Compliance Form by a California licensed design professional or Certified Access Specialist (CASp). This form is intended to assist in compliance with the Ordinance and must be filled out by a licensed design professional or CASp. A separate document, *Technical Specifications Guidelines*, provides explanation, instructions, and minimum standards to be used in completing this form.

Multiple Businesses in One Building: Please submit one or multiple Compliance Affidavit(s) for the building(s) with multiple businesses. The Accessible Business Entrance (ABE) Program applies just to the primary entry (does not apply to the elevators and the individual offices tenant entry doors) and any primary entries serving tenant spaces which are fronting the public way. If a (public accommodation) building provides parking for its customers, then the path from the accessible parking stall to the primary entry is required to comply with the ordinance.

Submit the completed **Category Checklist Compliance Form** either:

- As a pdf attachment to dbi.businessentrance@sfgov.org, with “Category Checklist Submittal” in subject line; or,
- As a hardcopy in person or by U.S. mail to Disability Access Compliance Unit, Department of Building Inspection, 1660 Mission Street, 1st Floor, San Francisco, CA 94103.

SECTION 1 – ADMINISTRATIVE INFORMATION

BLOCK / LOT NUMBER _____

BUILDING ADDRESS(ES) _____

If this property has multiple addresses, please provide here or as an attachment.

ENTRY ADDRESS _____ # of entries total _____

OWNER INFORMATION

Owner name(s)

Owner mailing address

Owner telephone

Owner email

TENANT/AGENT INFORMATION

Tenant/Agent name(s)

Tenant/Agent mailing address

Tenant/Agent telephone

Tenant/Agent email

Any required work will be done by (*check one*): Owner Tenant Both Tenant and Owner

Does this Category Checklist Compliance Form replace or supplement a previously submitted Form for the same building and Place of Public Accommodation? Yes No

SECTION 2 – STREET VIEW OF ENTRY

Attach digital photographs of unobstructed street view of primary entry or entries.

Photo taken on: _____
Date

SECTION 3 – PRIMARY ENTRY COMPLIANCE CHECKLIST

CBC Section 202: ENTRANCE. Any access point to a building or portion of a building or facility used for the purpose of entering. An entrance includes the approach walk, the vertical access leading to the entrance platform, the entrance platform itself, vestibule if provided, the entry door or gate, and the hardware of the entry door or gate.

CBC Section 202: PRIMARY ENTRANCE. The principal entrance through which most people enter the building, as determined by the Building Official.

Note: The architect/engineer/CASp shall make a good faith effort to identify the primary entry and when they submit the building permit, to comply with the ABE ordinance, DBI will determine then if that is the primary entry. DBI will not “pre-determine” for the licensed design professional.

This section is an inventory of **existing conditions** and is intended to assist in determining which Compliance Category the entrance will be classified as and identify the barrier removal work required. Complete this section for the primary entry to all public accommodations.

Check ONE box for each item listed below.

CODE REQUIREMENTS	DOES THE ENTRY COMPLY?		
1) Site Arrival – Accessible entrance route from public transportation, and parking spaces/facilities See Technical Specifications: Section 1: Site Arrival Point – Accessible Routes	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
2) Site Arrival – Sidewalks: Free of excessive damage; changes in level > ½”; grates and other openings > ½” ; cross slope greater than 1:48 See Technical Specifications: Section 2: Site Arrival Point – Sidewalks	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
3) Entry Approach – Exterior Ramps See Technical Specifications: Section 3: Entry Approach – Exterior Ramps	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
4) Entry Approach – Exterior Lifts See Technical Specifications: Section 4: Entry Approach – Exterior Elevator & Lifts	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
5) Level landings both sides of door. ** See Technical Specifications: Section 5: Level Landings – Exterior / Interior ** <i>Power door operator as per Information Sheets DA-04/05 may be considered equivalent</i>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
6) Threshold max ½” (1/4” vertical max; ¼” max at a slope of 2:1 maximum) See Technical Specifications: Section 6: Thresholds	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
7) Floor levels within ½” both sides of door, no vertical elevation or drop-off adjacent to threshold. See Technical Specifications: Section 7: Floor Levels at Doors	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
8) Doorway sized to permit a door that is 36” wide and 6’8” in height. Net clear door opening = 32” min. See Technical Specifications: Section 8: Doorway Size	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>
9) Door has a smooth, uninterrupted surface at bottom 10” of push side of door. ** See Technical Specifications: Section 9: Doors – Smooth Surface. ** <i>Power door operator as per Information Sheets DA-04/05 may be considered equivalent</i>	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	<u>N/A</u> <input type="checkbox"/>

<p>10) Hardware operable with one hand, single motion, no grasping, pinching, or twisting of the wrist. See Technical Specifications: Section 10: Doors – Hardware</p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>11) Door hardware located between 30” and 44” above the floor on both sides of door.¹ See Technical Specifications: Section 11: Doors – Hardware Height</p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>12) Door operating force maximum 8.5lbs (fire door-15lbs max) ¹ ** See Technical Specifications: Section 12: Door Operating Force <i>** Power door operator as per Information Sheets DA-04/05 is considered equivalent</i></p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>13) Panic Hardware* See Technical Specifications: Section 13: Panic Hardware</p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>14) Maneuvering space both sides of door. ** See Technical Specifications: Section 14: Maneuvering Space – Exterior / Interior <i>** Power door operator as per Information Sheets DA-04/05 is considered equivalent</i></p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>15) Recessed doormats, adequately anchored See Technical Specifications: Section 15: Recess Doormats</p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>16) Vestibules and doors in series See Technical Specifications: Section 16: Vestibules and Doors in Series</p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>17) Automatic / Power doors¹ tested and in operating condition. (required and non-required) ** See Technical Specifications: Section 17: Automatic Doors <i>** Power door operator as per Information Sheets DA-04/05 is considered equivalent</i></p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>18) Turnstiles, rails, and pedestrian controls ; Security doors/ gates/ roll up doors See Technical Specifications: Section 18: Turnstiles, Rails, Pedestrian Controls, Security Doors, and Gates</p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>
<p>19) Historic Buildings-entry approved per CHBC* See Technical Specifications: Section 19: Historic Buildings-CHBC Approved under PA# _____</p>	<p><u>Yes</u> <input type="checkbox"/></p>	<p><u>No</u> <input type="checkbox"/></p>	<p><u>N/A</u> <input type="checkbox"/></p>

<p>20) CONCLUSION:</p> <p>All responses to proceeding questions either Yes or N/A?</p>	<p><u>Yes</u></p> <p><input type="checkbox"/></p>	<p><u>No</u></p> <p><input type="checkbox"/></p>
<p>¹These requirements differ from the current or subsequent CBC or 2010 ADA's requirements. See Technical Specifications Guidelines for discussion of the differences.</p> <p>* Document how the CHBC was used and which elements would be threatened by strict compliance with the CBC in Section 5. See Technical Specifications Guidelines, Section 19 for further information.</p> <p>** Information Sheets may be found at http://sfdbi.org/information-sheets</p>		

SECTION 4 – CATEGORY DETERMINATION

Determine which Compliance Category the primary entry most closely falls into and check the appropriate box below:

- CATEGORY ONE:** If all of the checklist items in SECTION 3 were checked either Yes or N/A and there are no steps or other barriers, check this box.
- CATEGORY TWO:** If any of the checklist items in SECTION 3 were checked No and there are no steps, check this box. (Note: A ramp that has a slope greater than 1:10 for a distance of more than 5 feet, or a slope greater than 1:6 for a distance of more than 13 inches shall be considered a step. See Below.)
If there are only minor corrections such as changing the door hardware or removing a door stop in the 10 inch smooth surface, please correct these items and submit as Category One.
- CATEGORY THREE:** If the entry has one step, check this box. (Note: A ramp that has a slope greater than 1:10 for a distance of more than 5 feet, or a slope greater than 1:6 for a distance of more than 13 inches shall be considered a step.)
 - Check here if entry has a ramp that qualifies as a step.
- CATEGORY FOUR:** If the entry has more than one step or any other major barriers, check this box.

CATEGORY ONE: If you checked Category One, complete SECTIONS 1, 2, 3, 4, and 6 and submit this form to dbi.businessentrance@sfgov.org. Be sure to include a photograph of the entry.

CATEGORIES TWO THROUGH FOUR: Complete the information asked in ALL SECTIONS and submit this form by the date of Compliance Schedule. Full plans are not required at this time. If required, plans will be submitted with a permit application when applying for a permit.

SECTION 5 – PROPOSED BARRIER REMEDIATION

This section must be completed by the California licensed design professional or CASp in consultation with the Owner or Tenant.

Any box checked “No” in SECTION 3 will require a remedy and must be addressed. Please give a concise description of all non-compliant elements and propose the work needed to make the entry useable. Attach any additional information or sketches needed to this form. This is a rough proposal for the removal of barriers and a full set of plans is not required at the time of checklist submittal.

You may use any equivalency offered in the San Francisco Administrative Bulletins or Information Sheets and the Division of the State Architect’s 2016 California Access Compliance Reference Manual as applicable. Some “equivalencies” based upon the 1998 California Building Code are discussed in the *Technical Specifications Guidelines*, but these only apply if allowed and approved at the time of construction or alteration.

IMPORTANT NOTE: Before submitting this proposal to the Disability Access Compliance Unit for review, **it is recommended that you consult with the San Francisco Planning Department** to determine if the proposed remedies will be in compliance with the Planning Code. **Your building may be classified as having historic significance**, which could restrict how the entry may be altered. You may be eligible for use of the California Historic Building Code. Please see the manual section “Use of the California Historic Building Code.”

Complete the following clearly and legibly, and/or attach a separate document with the address clearly listed at the top of all pages. This form and all attachments will be kept by the Department and will not be returned to the owner/applicant, make any copies necessary prior to submittal.

5.1 PROPOSED BARRIER REMEDIATION

On the lines provided, please enter all of the items checked “No” on the checklist and enter a proposed remediation next to the number.

Please itemize the numbers and remedies in the order they appear on the checklist.

Example: Item 2: Sidewalk smooth firm and level. Repair 4 damaged cracked and warped flags of sidewalk.

Item 6: Threshold to be replaced with a maximum ½” high threshold

Item 12: Per Information Sheet DA-04 power door operator

Item 14: See Item 12

The barriers listed herein will be remedied as noted below:

SECTION 6 –VERIFICATION AND SIGNATURES

6.1 LICENSED DESIGN PROFESSIONAL/CASp

Under penalty of perjury, I certify that the information provided in Sections 3, 4, and 5 of this form is based on my personal review of the building and its records, or review by others acting under my direct supervision, and is correct to the best of my knowledge.

Professional name

Professional telephone

Professional email

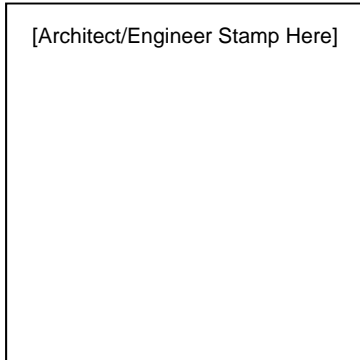
Signature

Date

Certification Number

Expiration date

(NOTE: For CASp inspectors, provide certification number and expiration date)



6.2 OWNER / AGENT

Under penalty of perjury, I certify that the information provided in Sections 1 and 2 of this form is correct to the best of my knowledge.

- Owner / Property Manager
- Agent Agent Authorization Form (see Attachment C) is attached

Signature

Date

FOR DBI USE ONLY

DBI has received the materials submitted and filed under "Mandatory Disability Access Improvement Program" per Ordinance No. 50-16 and Ordinance No. 102-18.

Date received by DBI: