



**A. TOTAL COST OF ALTERATION TO PRIMARY FUNCTION AREA:**

(To include MEP cost but to exclude costs listed under Item B)

\$ \_\_\_\_\_

**B. COST TO PROVIDE ACCESSIBLE ROUTE:**

This includes exterior route from public arrival point and/or from accessible parking spaces (if parking is provided) to accessible entrance.

1. Related to accessible entrance: \$ \_\_\_\_\_
2. Related to components of accessible route (Ramps, elevators, platform lifts): \$ \_\_\_\_\_
3. Related to accessible parking: \$ \_\_\_\_\_
4. Costs associated with toilet room accessible upgrades: \$ \_\_\_\_\_
5. Costs associated with accessible drinking fountain: \$ \_\_\_\_\_
6. Cost of other accessible upgrades: \$ \_\_\_\_\_

Please explain upgrades: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL COST OF ACCESSIBLE ROUTE:**

\$ \_\_\_\_\_

This total shall equal or exceed 20% of the cost of item A above.

**Responsible Design Professional in Charge:**

**Professional Seal:**

Name: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

PA License #: \_\_\_\_\_

Phone: \_\_\_\_\_

Email/Fax: \_\_\_\_\_

I certify that the above provided project data is correct.

Signature: \_\_\_\_\_