

# **DISPROPORTIONALITY FORM**

A disproportionality form shall be submitted with the plan application form and plans at the time of building plan review.

The plan review will determine compliance with the alteration requirements specified in IEBC 306.7.1.

## **BUILDING LOCATION**

Street Address

City **Madison** State **Wisconsin** Zip

Owner's Name (Please Print)

Owner's Signature

Date

# **DISPROPORTIONALITY**

IEBC 306.7.1

## **A. TOTAL COST OF ALTERATION TO PRIMARY**

**FUNCTION AREA. Does not include plumbing, heating, or electric work.** \$ \_\_\_\_\_

**Minimum Expenditures for a path of travel:**

(20% of the total cost of alteration to a primary function)

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

## **B. COSTS NEEDED TO PROVIDE A FULLY ACCESSIBLE PATH OF TRAVEL**

(Listed in the order of priority in the event of disproportionality)

1. Costs associated with providing an accessible entrance \$ \_\_\_\_\_ 1.

2. Costs associated with providing an accessible route to the remodeled area: \$ \_\_\_\_\_ 2.

3. Costs associated with making the toilet rooms accessible: \$ \_\_\_\_\_ 3.

4. Costs associated with providing accessible telephones: \$ \_\_\_\_\_ 4.

5. Costs associated with relocating an inaccessible drinking fountain: \$ \_\_\_\_\_ 5.

6. Costs associated with providing accessible elements such as; parking, alarms, etc \$ \_\_\_\_\_ 6.

**TOTAL COSTS TO PROVIDE FULL ACCESSIBILITY:** \$ \_\_\_\_\_ total

## **C.**

**\*List items to be completed with this project and associated cost\***

If the total cost of the expenditures in B. is greater than 20% of the total cost of the alteration in A. list the accessibility features that will equal or exceed 20% of the total cost of the alteration.

---

---

---

---

**TOTAL ACTUAL EXPENDITURE FOR ACCESSIBILITY: \$ \_\_\_\_\_**