



Accessibility Certification Statement

Project Name: _____ Permit Number: _____

Project Address: _____

Owner: _____

Classification of Work (VEBC)

- Level 1 Alteration (602)** Removal and replacement or the covering of existing material, element, equipment, or fixtures using new materials, elements, or fixtures that serve the purpose.
- Level 2 Alteration (603)** Addition or elimination of any door or window, the reconfiguration or extension of any system, or the install of any additional equipment, and shall apply where the work area is less than 50 percent of the building area.
- Level 3 Alteration (604)** Level 3 alterations apply where the work exc system, or the install of any additional equipment, and shall apply where the work area is less than 50 percent of the building area.
- Change of Occupancy (Chapter 7)** Any change in the occupancy classification of a building or structure. Any change in the purpose of or a change in the level of activity within a building or structure.

Level of Compliance

- The accessible route, restrooms, and drinking fountains are in full compliance with the accessibility requirements of the 2015 VUSBC and ICC a117.1-2009.
- The accessible route, restrooms, and drinking fountains will be in full compliance with the accessibility requirements of the 2015 VUSBC and ICC A117.1-2009 at the completion of this project.
- The cost of providing a fully accessible route to the area of a primary function, accessible bathrooms, and accessible drinking fountains exceeds 20% of the overall cost of construction affecting the primary function area. The following is a list of items that will be upgraded to increase the accessibility as shown on the plans. *Only applicable to alterations and upgrades to existing elements.

| | |
|---|----------|
| Total cost of the alterations affecting the primary function area | \$ _____ |
| 20% of the cost of alterations affecting the primary function area | \$ _____ |
| Cost to provide fully accessible route, restrooms and drinking fountain | \$ _____ |

| Accessible Elements | Cost |
|---------------------|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total | \$ _____ |

By signing this form, I certify that I am the owner of the property or the designer.

Printed Name Signature Date

Submit by email to: permittech@warrentonva.gov

Designer of Record Seal