



TOWN OF MANCHESTER - BUILDING INSPECTION DIVISION

494 MAIN STREET

P.O. BOX 191

MANCHESTER, CT 06045-0191

PHONE: 860-647-3052

IEBC 2021 Accessibility for Existing Buildings Form

Date: _____

Permit #: _____

Project Name & Address: _____

Alterations affecting an area containing a primary function. Where an alteration affects the accessibility to, or contains an area of primary function, the route to the primary function area shall be accessible. The accessible route to the primary function area shall include toilet facilities or drinking fountains serving the primary function area.

Exceptions:

1. The cost of providing the accessible route is not required to exceed 20 percent of the costs of the alteration affecting the area of primary function.
2. This provision does not apply to alterations limited solely to windows, hardware, operating controls, electrical outlets and signs.
3. This provision does not apply to alterations limited solely to mechanical systems, electrical systems, installation or alteration of fire protection systems and abatement of hazardous materials.
4. This provision does not apply to alterations undertaken for the primary purpose of increasing the accessibility of an existing building, facility or element.
5. This provision does not apply to altered areas limited to type B dwelling and sleeping units.

Renovation costs _____	Required 20% for accessibility improvements _____
(Round to nearest dollar)	

	Complies? Yes or No	Cost to provide full compliance	Cost of alteration to be performed	Balance of 20% left to apply
Accessible Parking	_____	_____	_____	_____
Accessible Entrance	_____	_____	_____	_____
Accessible Route	_____	_____	_____	_____
Accessible Signage	_____	_____	_____	_____
Accessible Bathroom	_____	_____	_____	_____
Accessible D. Fountains	_____	_____	_____	_____
Accessible Alarms	_____	_____	_____	_____
Accessible Telephone	_____	_____	_____	_____

Signature of Applicant _____	Date _____	Printed Name _____
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Street Address _____	City _____	State _____	Zip Code _____
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Phone _____	Email _____
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