City and County of San Francisco
Department of Building Inspection

London N. Breed, Mayor
Patrick O'Riordan, C.B.O., Director

APPROVAL OF TECHNICAL INFEASIBILITY REQUEST

To be used where it is technically infeasible to meet the prescriptive requirements of the code within the scope of work of an alteration or within an existing path of travel to the area of work of an alteration or addition.
as per CBC section *11B-202.3*

1. Site Address: _____ 2. Floor: _____
3. Permit Application No.: _____ 4. Request No.: _____
5. Existing Use: _____ 6. Proposed Use: _____
7. Existing Occupancy: _____ 8. Proposed Occupancy: _____
9. Description of proposed alteration element or path of travel upgrade for which technical infeasibility approval is requested:

_____

_____

CBC 11B-202.3, In alterations, where the enforcing authority determines compliance with applicable requirements is technically infeasible, the alteration shall provide equivalent facilitation or comply with the requirements to the maximum extent feasible. See CBC Chapter 2, section 202; *Technically Infeasible*

10. This alteration is technically Infeasible due to:
    - ❑ It would require removal or alteration of a load bearing member that is an essential part of the structural frame
    - ❑ other existing physical or site constraints

11. Detailed description of the technical infeasibility. (provide details, documents and drawings if required or requested by staff)

_____

_____

_____

12. ☐ Compliance with the regulations will be provided to the maximum extent feasible; (give description) _____

_____

_____

_____

(For the re-use of this form.) I have verified that the above stated compliance is still in effect and is the maximum degree of compliance possible. Applicant initials _____ and date _____.

13. Applicant's Name (Print): _____
    ❑ Owner ❑ Tenant ❑ Agent

    Applicant's Signature: _____

14. Applicant's Address: _____

15. Applicant's Phone: _____ Applicants Email: _____

APPROVAL OF TECHNICAL INFEASIBILITY REQUEST (page 2)

FOR THE DEPARTMENT OF BUILDING INSPECTION STAFF USE ONLY

This technical infeasibility request is:

❑ *APPROVED (FOR THIS PERMIT ONLY)* ❑ *DENIED*

Plans reviewed by (print name):_____

Signature of the Plans Examiner: _____ Date: _____

Approved for the following reason(s): _____

_____

_____

_____

_____

_____

Denied for the following reason(s): _____

_____

_____

_____

_____

_____

*Signature of the Group Supervisor: _____ Date: _____

☐ Approved for re-use Supervisor initials _____ and Date_____.

If your Request for Approval of Technical Infeasibility has been denied, the plans examiner shall inform you of the reasons for denying that request. In addition, the plans examiner's group supervisor shall provide you with a second opinion regarding the denial.

If your Request for Approval of Technical Infeasibility has been denied, you may file an appeal with the Access Appeals Commission. Please refer to the Access Appeals Commission Information Guide, available at the Customer Services desk, for complete information on this process.

Please submit appeals in person to:

Secretary, Access Appeals Commission
49 South Van Ness Avenue, Suite 500
San Francisco, CA 94103
(628) 652-3721