

**APPLICATION FOR RELAXATION OF REQUIRED FACILITIES FOR THE DISABLED**

Sentence 2.2.1.4.(1) of Division C of the Alberta Building Code 2006 states:

The *Chief Building Administrator* may grant relaxation of one or more of the requirements of Section 3.8. if an *owner* can demonstrate to the satisfaction of the *Chief Building Administrator* that

- a) the specific requirements are unnecessary, or
- b) extraordinary circumstances prevent conformance.

We the owner(s) (or owners representative(s)), of the building described below have been asked to provide barrier-free facilities as indicated below (X) in conformance with the requirements of Section 3.8 of the Alberta Building Code and are requesting a relaxation.

**PLEASE PRINT CLEARLY**

Building Address \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Applicant's Address \_\_\_\_\_

New Building  Addition to Existing Building  Renovation of Existing Building

**CODE REQUIREMENTS REQUESTED TO BE RELAXED (Mark with X)**

- 1. Access to the building
- 2. Access to and supply of washroom facilities
- 3. Other (please specify) \_\_\_\_\_

We seek relaxation of the marked (X) items for the following reasons.

**Note:** Please explain your reasons for each marked item. (Attach separate sheets if needed.)  
 Please attach plan(s) describing the area of concern.

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

Send payment (payable to the Minister of Finance) & application to:

Alberta Municipal Affairs, Safety Services  
 16<sup>th</sup> Floor, Commerce Place  
 10155 – 102 Street  
 Edmonton, Alberta T5J 4L4  
 Attention: Chief Building Administrator

(An initial payment of \$100.00 (plus \$5.00 G.S.T.) is to be submitted with this application. Please note that if more than one hour is required for processing an additional \$100.00 per hour will be invoiced.)

Payment Information:		G.S.T. Registration #R124072513	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> M/C
Cardholder _____	Signature _____		
Card No. _____	Expiry Date _____		