



# CITY OF FOUNTAIN VALLEY BUILDING DEPARTMENT

714/593-4429

## DISABLED ACCESS COMPLIANCE

THE ENTIRE TENANT SPACE, THE PRIMARY ENTRANCE TO THE BUILDING, THE PRIMARY PATH OF TRAVEL FROM THE ACCESSIBLE PARKING SPACE(S) TO THE TENANT SPACE, AND THE SANITARY FACILITIES (FOR BOTH SEXES), DRINKING FOUNTAINS AND PUBLIC TELEPHONES SERVING THE TENANT SPACE MUST BE ACCESSIBLE TO PEOPLE WITH DISABILITIES IN COMPLIANCE WITH STATE OF CALIFORNIA TITLE 24.

I HAVE READ, UNDERSTAND, AND ACCEPT RESPONSIBILITY FOR COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN THE STATEMENT ABOVE.

\_\_\_\_\_  
Project Address

Sign & Date

**Arch or Engineer:** \_\_\_\_\_

**Tenant:** \_\_\_\_\_

**Owner or Property Management:** \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_