

**"SITE IMPRACTICALITY" Provisions of the
Fair Housing Amendments Act Accessibility Guidelines (FHAAAG)**

FHAAAG contains a provision relating to "site impracticality". This general exception is applicable in new construction, as follows:

Section 5. Guidelines

Requirement 1. (2) Site Impracticality. Covered Multifamily dwellings with elevators shall be designed and constructed to provide at least one accessible entrance on an accessible route, regardless of terrain or unusual characteristics of the site. Covered multifamily dwellings without elevators shall be designed and constructed to provide at least one accessible entrance on an accessible route unless terrain or unusual characteristics of the site are such that the conditions as explained in Section 5 Requirement 1 (2)(a) and (b) are found to exist.

**"SITE IMPRACTICALITY" STATEMENT
Relating to a project under review for §103-50, HRS**

Project Name: _____

Dept. Project Number: _____ DCAB Project Number: _____ (If applicable)

The following item in the planned new construction project is not in full compliance with FHAAAG as noted in the review by the Disability and Communication Access Board. As determined by the Department/Agency overseeing the project and/or the project consultant, this item is in compliance with FHAAAG Section 5 Requirement 1 (2)(a) or (b) requirements to the extent that site impracticality due to terrain or due to unusual characteristics exist in the area specified.

Reference to DCAB Document Review Dated: _____ (If applicable) Item Number: _____ (If applicable)

Explanation of why "site impracticality" applies to the area specified in this form (attach additional sheets, drawings, sketches as necessary):

I acknowledge that responsibility for determining "site impracticality" rests with the Department/Agency overseeing the project and the project consultant.

*Note: If signing for Department Director, please submit memo confirming such authorization.

Department / Agency

Name (Print) of Director, Title

Signature

Date

Consultant Firm

Name (Print) of Consultant

Signature

Date