

**"STRUCTURALLY IMPRACTICABLE" Provisions of the
American's with Disabilities Act Accessibility Guidelines (ADAAG)**

ADAAG contains a provision relating to "structural impracticability". This general exception is applicable in new construction, as follows:

4.1.1 Minimum Requirements. Application

(5) General Exceptions (a) In new construction, a person or entity is not required to meet fully the requirements of these guidelines where that person or entity can demonstrate that it is structurally impracticable to do so. Full compliance will be considered structurally impracticable only in those rare circumstances when the unique characteristics of terrain prevent the incorporation of accessibility features. If full compliance with the requirements of these guidelines is structurally impracticable, a person or entity shall comply with the requirements to the extent it is not structurally impracticable. Any portion of the building or facility which can be made accessible shall comply to the extent that it is not structurally impracticable.

**"STRUCTURAL IMPRACTICABILITY" 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 ADAAG as noted in the review by the Disability and Communication Access Board. As determined by the Department overseeing the project and/or the project consultant, this item is in compliance with ADAAG 4.1.1(5)(a) requirements to the extent it is not structurally impracticable.

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

Explanation of why item is "structurally impracticable" (attach additional sheets, drawings, sketches as necessary):

I acknowledge that responsibility for determining "structurally impracticable", including research/analysis of alternate design(s), 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