City of Milwaukee | DEPARTMENT OF NEIGHBORHOOD SERVICES

Accessibility Analysis Disproportionality Worksheet

Permit & Development Center
809 N. Broadway, Milwaukee, WI 53202 | (414) 286-8210 | milwaukee.gov/permits | DevelopmentCenterInfo@milwaukee.gov

DATE: _____

PROJECT NAME: _____

ADDRESS: _____

OWNER'S NAME: _____

Federal and state laws require that an alteration that affects or could affect the usability of, or access to an area containing a primary function shall be made so that, to the maximum extent feasible, the path-of-travel to the altered area and the restrooms and drinking fountains serving the altered area, are readily accessible to and usable by individuals with disabilities. ***Note****: This form is to be submitted for all IEBC regulated Projects.*

The City of Milwaukee is obligated to enforce state laws and codes as they pertain to accessibility. When existing buildings are altered, accessibility improvements outside the intended project scope are often required. The International Existing Building Code (IEBC), adopted by the State of Wisconsin, limits the cost of those required accessibility improvements to 20% of the cost of alterations affecting the primary function area. To demonstrate compliance with this obligation, complete the shaded areas:

Total cost of alterations of primary function area:	
20% to Be Applied to Path of Travel Upgrades:	

☐ Check if primary function area (project), and the route to it, is already 100% accessible to individuals with disabilities per current code (to be Inspector verified).

	Priority	Complies (Y / N) (if yes, no changes required)	Cost of Alterations to Provide Full Compliance	Cost of Alterations to Be Performed (either full or partial compliance)	Balance of 20% Path-of-Travel Upgrades
1	**An accessible entrance**				
2	**An accessible route to the primary function area**				
3	**At least one accessible restroom for each gender**				
4	**Accessible drinking fountains**				
5	**Parking**				
6	**Storage and alarms**				

Note: Unless the primary function area (project), and the route to it, is already determined to be 100% accessible, all funds allocated to meet the path-of-travel obligation **MUST** be applied in order of priority listed below. Reasonable cost estimates shall be provided.

Proposed Construction Modifications

In the table below, provide a brief description of the proposed path-of-travel modifications upgrading accessibility to the primary function area.

	Priority	Description of Work
1	An accessible entrance	
2	An accessible route to the primary function area	
3	At least one accessible restroom for each gender	
4	Accessible drinking fountains	
5	Parking	
6	Storage and alarms	

I hereby certify that the above information is based on my best cost estimates and represents a true analysis of accessible requirements and expenditures for this project. I understand that the acceptance of these contract documents by the City of Milwaukee Department of Neighborhood Services does not constitute an approval for compliance with applicable federal laws not enforced by the City of Milwaukee.

Owner or Design Professional Responsible for the Project: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____

All forms documenting path-of-travel upgrades shall be submitted to the City of Milwaukee Department of Neighborhood Services Development Center at the time of application. Questions in regards to completing this form shall be directed to the Development Center at (**414) 286-8210**. Forms submitted after permit application shall be forwarded to the Plan Examiner assigned to the project.

Mailing Address: City of Milwaukee
Development Center
809 North Broadway, 1st Floor
Milwaukee, WI 53202-3617

Fax: (414) 286-0232