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ALTERATION ACCESSIBILITY COST ANALYSIS

DATE: _____

PROJECT TITLE OR TENANT NAME: _____

ADDRESS: _____

AUTHORITY HAVING JURISDICTION: _____

DESCRIPTION (SCOPE) OF WORK: _____

TOTAL PROJECT COST OF ALTERATION: _____

20% ACCESSIBILITY UPGRADE VALUE: _____

DESCRIPTION (IN DETAIL) OF ACCESSIBILITY UPGRADES AND THEIR INDIVIDUAL

COST: _____

TOTAL COST OF ACCESSIBILITY UPGRADES: _____

CODE OF RECORD (CHOOSE ONE):

IBC SECTION 3411.7 _____

IEBC SECTION 310.7 _____