

Americans with Disabilities Act Compliance Worksheet

Is facility in compliance with ADA? Yes _____ No _____
If yes, attach documentation and turn in form.

Date: _____

Contractor: _____

Owner: _____

1. Total Cost of Project \$ _____

2. Total Cost of Construction \$ _____

3. Description of Facilities _____

4. Cost of Total ADA Compliance \$ _____

5. If compliance exceeds 20% of total cost, describe ADA plans _____

6. Why were these plans elected over others? _____

7. Attach the following:

Building Plans

List of General or Subcontractors

Signature: _____