

# 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: \_\_\_\_\_