MARYLAND ACCESSIBILITY COMPLIANCE FORM
For Alteration and Addition to Existing Commercial Buildings

To be completed by Architect:

Project Name: ____________________________________________________________

Project Address: ______________________________________________________________________

AP Number: ______________

This is to certify that (check all that apply):

☐ The “path of travel”, which includes bathrooms and drinking fountains serving the altered area, conforms with the ADAAG.

☐ The cost of providing an accessible “path of travel” (including bathrooms and drinking fountains serving the altered area) exceeds 20% of the alteration cost as listed below:

A = Cost of alterations to the “primary function” areas = $ _____________________________

B = 20% x cost of alteration to the “primary function” area = 0.2 x A = $ _____________________________

List elements that will be made accessible up to 20% of the alteration cost “B” (See “Excerpts From ADA, Title III” for the priority of elements that provide the greatest degree of access):

____________________________________________________________________________________

____________________________________________________________________________________

☐ The tenant only is making the alteration. The “path of travel” outside the tenant area is under the landlord’s authority and is not being altered.

I ___________________________ as the licensed Architect for the project do hereby certify that the alteration/addition complies with the provisions of the Maryland Accessibility Code.

______________________________________
Signature

______________________________________
Date

______________________________________
Maryland Registration Seal