

TECHNICAL INFEASIBILITY JUSTIFICATION FORM



Project Name:	
Project Number:	Project Type:
Project Phase:	<input type="checkbox"/> New Construction
<input type="checkbox"/> Preliminary (Conceptual)	<input type="checkbox"/> Renovation/Alteration
<input type="checkbox"/> Design Development	<input type="checkbox"/> Exterior Only
<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Other (Please Specify)
<i>Technical infeasibility means, with respect to an alteration of a building or a facility, that it has little likelihood of being accomplished due to structural conditions or other physical or site constraints.</i>	

1. City of Mississauga FADS Requirement (Please provide Section/Item No.)

2. Please describe the intent of the accessibility requirement.

3. Please describe why achieving the accessibility requirement is technically infeasible.

4. Is equivalent facilitation being proposed? (If so, please complete the Equivalent Facilitation Proposal Form. If not, please explain why not.)

PLEASE USE ADDITIONAL SHEETS AS NECESSARY

Applicant:

Project Designer: _____

Company: _____

Date: _____

Acknowledgement:

City of Mississauga Project Manager: _____