

**"HISTORIC PRESERVATION" Provisions of the
2004 Americans with Disabilities Act Accessibility Guidelines (2004 ADAAG)**

The 2004 ADAAG contains a provision relating to "historic preservation." This general exception is applicable in alterations, as follows:

202.5 Alterations to Qualified Historic Buildings and Facilities. Alterations to a qualified historic building or facility shall comply with 202.3 and 202.4. EXCEPTION: Where the State Historic Preservation Officer or Advisory Council on Historic Preservation determines that compliance with the requirements for accessible routes, entrances, or toilet facilities would threaten or destroy the historic significance of the building or facility, the exceptions for alterations to qualified historic buildings or facilities for that element shall be permitted to apply. 106.5 Defined Terms. Qualified Historic Building or Facility. A building or facility that is listed in or eligible for listing in the National Register of Historic Places, or designated as historic under an appropriate State or local law.

**"HISTORIC PRESERVATION" STATEMENT
Relating to a project under review for §103-50, HRS**

Project Name: _____

Dept. Project Number: _____ DCAB Project Number: _____(if applicable)

The following item in the planned alteration project is not in full compliance with 2004 ADAAG as noted in the review by the Disability and Communication Access Board. As determined by the Department/Agency overseeing the project and/or the project consultant, this item is in compliance with 2004 ADAAG 202.5 requirements to the extent it does not threaten or destroy the historic significance of the building or facility, and the exceptions for alterations to qualified historic buildings or facilities are being used.

Reference to DCAB Document Review Dated: _____(if applicable) Item Number: _____(if applicable)

Explanation of why item has "historic preservation" applicability (attach additional sheets, drawings, sketches, as necessary). Also attach a letter or memo from the appropriate historic preservation department/agency stating the reason why altering the item would threaten or destroy the historic significance of the building or facility.

I acknowledge that responsibility for determining the "historic preservation" applicability rests with the Department/Agency overseeing the project and the project consultant.

*Note: If signing for Department Director, please submit memo confirming such authorization.

State Historic Preservation Office

Name (Print) of Director, Title _____	Signature _____	Date _____
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Department/Agency

Name (Print) of Director, Title _____	Signature _____	Date _____
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Consultant Firm

Name (Print) of Consultant _____	Signature _____	Date _____
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