

Objective Design Standards Handbook: Menu of Inclusive Design Options



This document serves as a comprehensive addendum to the Association of Bay Area Governments' Objective Design Standards (ODS) Handbook, and is specifically designed to enhance accessibility and inclusivity in multifamily residential and mixed-use developments. The ODS are crucial for ensuring that new developments seamlessly integrate into existing Bay Area communities and for providing a positive user experience for all residents and visitors. The needs of people with disabilities and older adults are often left behind; this document aims to address those needs while providing seamless integration options.

While the ODS Handbook provides detailed guidance on exterior aesthetics and site design, this addendum expands that scope by offering a "menu of options" for designers to integrate inclusive features across three primary domains: Exteriors, Interior Common Areas, and Residential Dwelling Units. The goal of this document is to help designers and developers move beyond minimum code compliance by implementing Inclusive Design decisions to foster independence, long-term stability, and social equity for all community members.

Inclusive Design is a methodology that draws on the full range of human diversity. It is proactive and performance-based, shaping spaces around how people actually use them throughout their lives, and involves people with disabilities in the design process. Universal Design, on the other hand, is principle-based and focuses on broad usability. It creates spaces that can be used by the widest range of people, regardless of age, ability, or circumstance. Both design frameworks have merit and are important for creating usable spaces. These recommendations are meant to impact as many people as possible by addressing a cross-section of individual access needs.

Access needs are the specific conditions a person requires to fully participate in a space or activity. The recommendations in this document are designed to support cross-disability access, and each recommendation supports one or more impact areas. Impact areas are intentionally not named after a diagnosis or type of disability, but instead link to the access needs that different design choices can support. The impact areas addressed in this document are: Mobility and Height, Acoustics and Hearing, Vision,



Health and Wellness, Cognitive Access, and Support Needs. You can read more about the impact areas at the end of this document.

These proposed design options differ from standard building codes by intentionally moving beyond minimum compliance to prioritize true habitability and inclusion. While standards like the Americans with Disabilities Act (ADA), the Fair Housing Act (FHA), and the California Building Code (CBC) provide a baseline, these recommendations provide guidance for increasing accessibility for people with all types of disabilities. It is important to note that all design recommendations in this menu of options remain subject to applicable codes and standards, such as those mentioned above.

This menu of options is structured to help project teams quickly identify and implement design interventions that address specific barriers in the built environment. By utilizing this menu, architects and developers can tailor their projects to be more welcoming and habitable, ensuring that the housing stock is resilient and inclusive for generations to come.



Exteriors

Category	Recommendation Description	Impact Areas	Link
Accessible Parking Space Count	Include more accessible parking spaces than what is required by code	Mobility	Read more
Drop-Off Areas	Provide vehicular drop-off areas on heavy-traffic streets	Mobility, Vision	Read more
Duplexes	Prioritize stacked duplexes over side-by-side	Mobility	Read more
Ground Floor Finish Level (no-step entry)	Prioritize at-grade entrances when not in a floodplain	Mobility, Vision	Read more
Multiplexes	Provide at-grade entries at the ground floor level	Mobility, Vision	Read more
Patios	Prioritize at-grade patios over raised platform typologies	Mobility, Vision	Read more
Pedestrian Access Openings	Make pedestrian access openings at least 42 inches wide	Mobility, Vision	Read more
Pet Relief Areas	Include pet relief areas in multifamily residential communities	Support Needs	Read more
Residential Pedestrian Path Width	Pedestrian paths in residential settings should be at least 48 inches wide	Mobility, Vision	Read more
Semi-Enclosed Frontage Areas	Incorporate at-grade entries on sloping sites	Mobility, Vision	Read more
Sound Transmission Class (STC) Rating	Residential unit entry doors and unit windows should exceed the required STC rating	Hearing, Cognition, Health and Wellness	Read more
Townhouses	Include a bedroom and a full bathroom on the ground floor	Mobility, Health and Wellness	Read more



Category	Recommendation Description	Impact Areas	Link
Window Sill Height	Window sill heights are between 18" and 30" above the finished floor	Mobility, Vision	Read more

Interiors - Common Areas

Category	Recommendation Description	Impact Areas	Link
Automatic Entry Doors	Use automatic entry doors at larger multi-family buildings, especially those with elevators	Mobility, Vision, Cognition	Read More
Corridors	Design corridors to be at least 72 inches wide	Mobility, Vision, Cognition	Read more
Directional Signage	Directional signage should be clear and broadly usable	Vision, Cognition	Read more
Handrails	Incorporate handrails on one or both sides of a corridor	Mobility, Vision	Read more
Large Space Acoustics	Minimize acoustic reverberation	Hearing, Cognition	Read more
Low- and No-VOC Materials	Use low- and no-VOC materials in common areas and dwelling units	Health and Wellness	Read more
Low-Glare Materials	Use low-glare materials/finishes in interior spaces	Vision, Cognition	Read more
Single-Occupancy Restrooms	Prioritize single-occupancy restrooms over multi-stall restrooms, and specify touch-free fixtures	Mobility, Cognition, Health and Wellness, Support Needs	Read more
Turning Space	Provide a minimum 67-inch-diameter turning circle near doors	Mobility	Read more



Interiors - Residential Dwelling Units

Category	Recommendation Description	Impact Areas	Link
Adaptable Units	Make all units adaptable	Mobility	Read more
Bathroom Flooring	Use textured, non-slip flooring in bathrooms	Mobility, Health and Wellness	Read more
Closets	Closet doors should be at least 32 inches wide	Mobility	Read more
Flooring Materials	Use of hard surfaces rather than carpet	Mobility, Health and Wellness	Read more
Grab Bar Backing	Include grab bar backing for toilets, tubs, and showers in all unit bathrooms	Mobility	Read more
Hallway Width	Hallways within the unit should be at least 42 inches wide	Mobility, Cognition	Read more
Kitchen and Bathroom Faucets	Faucets used in kitchens and bathrooms should have a single lever for temperature and water flow control	Mobility	Read more
Lever Handles	Use lever handles on all doors in the unit, including linen-type closets	Mobility	Read more
Refrigerator Location	Position refrigerators so the door(s) can swing open 180 degrees	Mobility, Health and Wellness	Read more
Roll-In Showers	Provide roll-in showers for at least 10% of units	Mobility	Read more
Visible Alerts	Install visible alert systems in at least 25% of dwelling units	Hearing	Read more



Recommendations: Exterior

Accessible Parking Space Count

Include more accessible parking spaces than what is required by code. By reducing physical barriers, accessible parking spaces provide safe, independent, and equitable access to community facilities, businesses, and services. Use the following guidance: one additional space (in addition to what is already required by code) for the first 25 spaces, and one additional space for every 50 spaces thereafter. If budget allows, consider automated parking (robotic valet systems).

Drop-Off Areas

Provide vehicular drop-off areas on heavy-traffic streets. Drop-off areas allow automobile passengers to exit vehicles without stepping directly into traffic. This is especially helpful and safer for people who use mobility devices when exiting vans and ride-shares, and it improves safety outcomes for everyone. Strategically avoid curbs at drop-off areas by using curb cuts. Drop-off areas should be at least 25 feet long and 10 feet wide to allow for passing traffic.

Duplexes

Prioritize stacked duplexes over side-by-side duplexes. Duplexes, like townhomes, are often less accessible than other building types, primarily because of their frequently used multi-level design. Prioritize stacked-unit duplexes over side-by-side duplexes, and prioritize accessibility for ground-floor units by providing an at-grade entrance or a ramp for people with mobility disabilities.

Ground Floor Finish Level

Prioritize at-grade entrances when not in a floodplain. The ground-floor finish level can mean the difference between a residential property that is habitable and visitable by persons with mobility disabilities and one that is not. To make residential buildings more accessible to people with disabilities, prioritize at-grade entrances when not in an area prone to flooding. Use setbacks, landscaping, and fencing to create privacy instead of elevation changes. When adding ramps, integrate them into the architecture so they appear intentional rather than an afterthought.



Multiplexes

Provide at-grade entries at the ground floor level. Multiplexes are detached, multi-unit buildings with access typically provided through one or more lobbies directly from the sidewalk. Multiplexes may or may not include an elevator. At-grade entries are always preferred for people with disabilities, but if at-grade entries are not possible, for multiplexes with elevators, provide a ramp at the front entry for people with mobility disabilities.

Patios

Prioritize at-grade patios over raised platform typologies. Patios provide a semi-private residential space that is separated from the sidewalk. At-grade patios enhance accessibility while still providing an attractive, personal space for residents. Prioritize this typology over raised-platform typologies in areas with lower flood risk.

Pedestrian Access Openings

Make pedestrian access openings at least 42 inches wide. Pedestrian access openings allow people to access semi-enclosed areas, such as porches, terraces, stoops, and patios. Typical opening widths start at about 36 inches; to accommodate larger mobility devices, ensure a minimum opening of 42 inches.

Pet Relief Areas

Include pet relief areas in multifamily residential communities. Approximately 70% of households in the United States own pets or service animals. Designated pet relief areas allow residents to care for their animals without leaving the property. When properties contain shared open spaces, provide a pet relief area and/or dog run, if feasible. Pet relief areas should be approximately 50-100 square feet to accommodate quick breaks; dog runs should be several hundred square feet to accommodate exercise. Include waste bags and a waste receptacle, and provide signage advising usage details. Ensure fencing does not allow smaller animals to escape the area.

Residential Pedestrian Path Width

Pedestrian paths in residential settings should be at least 48 inches wide. Pedestrian paths that run through communal residential green spaces, such as in cottage courts or larger complexes, should be at least 48 inches wide. The minimum path width is typically 36 inches. Increasing the path width to 48 inches allows a person to pass or



walk side-by-side with a person using a mobility device without stepping off the path. To increase accessibility, make pedestrian paths 6 feet wide.

Semi-Enclosed Frontage Areas (Porches, Terraces, Stoops, etc.)

Incorporate at-grade entries to semi-enclosed frontage areas on sloping sites. Porches, terraces, and stoops are frontage areas that separate pedestrian circulation from the main sidewalk or thoroughfare. For properties on sloping sites, incorporate at least one at-grade entry to these typologies and other separated frontage areas to allow people with mobility disabilities to more easily access the area.

Sound Transmission Class (STC) Rating

Residential unit entry doors and unit windows should exceed the required STC rating. Reduced noise levels benefit people with hearing, cognitive, or sensory disabilities, and make units more comfortable for all residents by enhancing hearing and communication and reducing distractions. All residential unit entry doors and unit windows should exceed the required STC rating to control noise from outside. This is especially important on active streets with heavy automobile or pedestrian traffic.

Townhouses

Include a bedroom and a full bathroom on the ground floor. Townhouses are not typically the most accessible building types, but they can be designed with accessibility, or at the very least, visitability, in mind. Include one bedroom and one full bathroom on the ground floor. If this is not feasible, providing a powder room on the ground floor will make it easier for people with mobility disabilities to visit homes.

Window Sill Height

Window sill heights are between 18" and 30" above the finished floor. For people in seated positions, like wheelchair users, sill height can mean the difference between seeing out the window and not. The best sill heights for seated users are between 18" and 30" above the finished floor.

Recommendations: Interior - Common Spaces

Common areas are shared spaces in a building that are available to all occupants, tenants, and leaseholders. Access should be prioritized for people with disabilities so all



members of the community can interact with and experience the communal spaces. The following recommendations apply to interior common areas in mixed-use and residential buildings.

Automatic Entry Doors

Use automatic entry doors at larger multi-family buildings, especially those with elevators. Automatic entry doors are crucial for people who use mobility devices because they provide independence, safety, and equal access to spaces without requiring assistance. Use automatic entry doors at larger multi-family buildings, especially those with elevators. When using automatic doors, install vertical actuators rather than square push-plate actuators, as vertical ones provide a larger, more versatile activation surface that accommodates users with varying physical abilities and mobility aids or devices.

Corridors

Design corridors to be at least 72 inches wide. The 2025 California Building Code requires corridors to be at least 44 inches wide. This is barely enough room for a single person to comfortably walk or roll down a hallway. Corridors that are 72 inches wide allow two people using mobility devices to pass each other or roll side by side. Wide corridors create a more open atmosphere, which can be more comfortable for people with sensory or mental health disabilities, and are also better for white cane users, people who use sign language, people handling pets, and people passing in a hallway.

Directional Signage

Directional signage should be clear and broadly usable. Directional signage is used for navigation and wayfinding, and is an important aspect of a building's interior. Signage design should be as inclusive as possible to assist as many users as possible. Signage should be high-contrast (e.g., white letters on a black background or black letters on a white background) and include Braille. These features assist people who are blind or have low vision. Text should be raised and in a sans-serif font, and the sign should feature a description of the room's intended purpose - this helps with cognitive accessibility. Room signage should include pictograms that represent the room's purpose (e.g., a waste bin for the trash room) for people who cannot read or speak a different language, children, and people with cognitive disabilities. Signage should be consistent across the building.



Handrails

Incorporate handrails on one or both sides of a corridor. Handrails on one side of the corridor can help people with ambulatory disabilities travel longer distances more safely and serve as a guide for people who are blind or have low vision. Installing handrails on both sides of the corridor can help people with one-sided dominance travel more effectively and safely.

Large Space Acoustics

Minimize acoustic reverberation. This can be achieved through floor-plan modifications, materials selection, and the use of acoustic treatments like baffles, wall panels, and varied ceiling heights. Minimizing acoustic reverberation through material and floor-plan design is recommended for large interior spaces, such as lobbies and community rooms. This can be achieved by lowering portions of the ceiling to create pocket areas, changing flooring materials, or adding acoustic treatments such as ceiling baffles and wall panels. These augmentations benefit people with cognitive and sensory disabilities, aid communication for people with hearing aids or cochlear implants that can overload in noisy environments, and assist people who use acoustic wayfinding techniques. They also provide a better sensory experience for everyone in the space.

Low- and No-VOC Materials

Use low- and no-VOC materials in common areas and dwelling units. Low- and No-VOC materials reduce environmental hazards to residents, staff, and visitors. Volatile Organic Compounds (VOCs) are carbon-based chemicals that emit gases at room temperature from solid or liquid products. VOCs, such as formaldehyde and benzene, are frequently used in building materials and furnishings, like paint, flooring, and furniture. These chemicals can lead to poor air quality and can cause dizziness, headaches, nausea, and respiratory issues, which can be especially harmful to people with underlying health conditions. Long-term exposure can lead to liver, kidney, and central nervous system damage, and even cancer.

Low-Glare Materials

Use low-glare materials and finishes in common interior spaces. Matte and medium-value surfaces are better at reducing glare, which can cause discomfort and eye strain, as well as impair lip-reading. These types of finishes absorb excess light and improve contrast, allowing individuals to distinguish edges, text, and details that would otherwise



be obscured by reflections. By minimizing visual noise, low-glare materials also create a better environment for neurodivergent individuals who experience heightened sensory sensitivities that may become overwhelmed by high-glare materials.

Single-Occupancy Restrooms

Prioritize single-occupancy restrooms over multi-stall restrooms, and specify touch-free fixtures. Common-area single-occupancy restrooms are recommended for residential, mixed-use, and commercial spaces. Common-area restrooms are important for visitors, staff, and service personnel and are also helpful for residents (especially those with mobility disabilities), as they allow residents to use the restroom without returning to their dwelling units. Making common-area restrooms single-occupancy and gender neutral creates a restroom option for everyone. They also offer privacy for people with health aides or who are uncomfortable sharing a restroom with others, provide more space for people using mobility devices, and are helpful for families with children. Moreover, it is recommended to install an adult changing table in at least one restroom. Adult changing tables enable full access to people with disabilities of all ages who need that level of assistance.

Common area restrooms should have automatic, touch-free faucets and soap dispensers. Automatic fixtures provide a better experience for people with limited dexterity, are more convenient, and more hygienic than their touch-required counterparts.

Turning Space

Provide a minimum 67-inch-diameter turning circle near doors. The ADA requires a 60-inch-diameter turning circle or a 60-inch T-shaped turning space near doors in accessible areas of mixed-use properties. This is the minimum requirement from standards produced in the early 1990s and is based on older, often smaller mobility devices than those commonly used today. Turning circles are preferred over T-shaped turning spaces because they allow a continuous 180- or 360-degree turn in one motion, whereas T-shaped turning spaces require a complex three-point turn. Provide a minimum 67-inch-diameter turning circle near doors in communal areas to ensure people using larger mobility devices have enough space to enter or exit the area comfortably and easily.



Recommendations: Interior - Dwelling Units

Dwelling units represent the most vital component of the built environment, as they are where residents spend the majority of their time. By prioritizing inclusive design within the home, designers can foster independence and long-term stability for the community, moving beyond minimum code compliance to create spaces that are fundamentally flexible and equitable. Implementing these recommendations is a proactive investment that benefits both residents and developers by significantly reducing the need for costly future retrofits as occupants' needs evolve.

Adaptable Units

Make all units adaptable. All units should meet the ADA 809.2 requirements for accessible routes, as well as FHA and other applicable local and state building code accessibility requirements. Adaptable units offer long-term flexibility, superior functional customization, and lower long-term costs. While standard units can be cheaper to install initially, they are more costly to change, whereas adaptable units are built to evolve with user needs or to accommodate diverse occupants without requiring expensive retrofits.

Bathroom Flooring

Use textured, non-slip flooring in bathrooms. People who use mobility aids, such as walkers, or who have other forms of instability, are more likely to slip on a wet bathroom floor. This design decision will improve health and safety outcomes for all residents.

Closets

Closet doors should be at least 32 inches wide. Storage is an essential part of a home, and should be accessible to every resident, regardless of stature or ability. Unit closet doors should be at least 32 inches wide to allow a forward approach for people using mobility devices. Additionally, closet rods should be adjustable between 36 inches and 30 inches for flexible use by people with different strength and reach abilities. These guidelines should apply to all non-linen type closets within the unit.

Flooring Materials

Use of hard, non-slip surfaces rather than carpet in all areas of the dwelling unit. Hard surfaces are easier to clean, harbor fewer allergens, and are more durable than their softer counterparts. They are better for people with allergies, chemical sensitivities, and



immunocompromised individuals. They are also easier to navigate for people who use mobility devices such as walkers and wheelchairs. Non-slip surfaces are beneficial for people with mobility disabilities, but also improve safety outcomes for everyone.

Grab Bar Backing

Include grab bar backing for toilets, tubs, and showers in all unit bathrooms. Grab bars are a reasonable modification that any resident can request for their unit, whether or not it's an accessible unit. Installing backing during initial construction will save the owner time and money by avoiding expensive retrofits required to meet residents' needs. Backing should use 2x10 material to provide greater flexibility in installation heights to accommodate future tenant needs.

Hallway Width

Hallways within the unit should be at least 42 inches wide. Wider hallways allow easier turns through doors perpendicular to the hallway for people using mobility devices, compared with standard 36-inch hallways. Additionally, a 90-degree turn into a bedroom or bathroom from a hallway is difficult to achieve without scraping door and wall surfaces; providing larger unit hallways will reduce move-out renovation costs.

Kitchen and Bathroom Faucets

Faucets used in kitchens and bathrooms should have a single lever for temperature and water flow control. Lever-handle faucets require less force and dexterity than knob faucets and provide better control over water temperature and flow. Kitchen faucets should also include a pull-out sprayer. Kitchen faucets with pull-out sprayers bring the water closer to the user, which is especially helpful for people with limited reach, who are short of stature, or are in seated positions, and makes washing dishes in the sink easier.

Lever Handles

Use lever handles on all doors in the unit, including linen-type closets. Lever handles operate with a simple upward or downward push, requiring no tight grasping, pinching, or twisting of the wrist. This design enables operation by people with limited dexterity, arthritis, or mobility disabilities using a closed fist, elbow, or forearm. They also reduce the required force by approximately 50% compared to traditional knobs.



Refrigerator Location

Position refrigerators so the door(s) can swing open 180 degrees. A refrigerator whose door opens less than 180 degrees can be an impediment to a person with mobility disabilities, and makes it more difficult to put groceries away or to pull the shelves out for cleaning.

Roll-In Showers

Provide roll-in showers for at least 10% of units. Roll-in showers benefit people who use mobility devices such as walkers or wheelchairs because they have a zero-threshold design that allows people to roll or step directly into the shower area without impediment, helping residents maintain independence. In multi-story buildings with concrete slab-on-grade or concrete podium foundations, roll-in showers can be recessed into the floor, saving money and requiring fewer waterproofing measures than recessed showers in wood-framed floors. No more than 50% of roll-in showers should be installed on the first floor; distribute the remaining showers evenly among different floors and unit types to ensure choice and equity.

Visible Alerts

Install visible alert systems in at least 25% of dwelling units. Visible alerts are primarily designed for people who are d/Deaf or hard of hearing and typically involve flashing or strobing lights activated by doorbells or fire alarms. Visible alert systems should be installed in at least 25% of dwelling units, distributed across unit types, to ensure equitable options during unit selection.



Impact Areas Explained

To help designers understand the human value of each choice, every recommendation is mapped to one or more "impact areas." These impact areas are intentionally not named after a diagnosis or type of disability, but instead link to access needs that different design or program choices can support.

Mobility (and Height)

Individuals who have limited use of their limbs, limited range of motion or dexterity, who use mobility supports (i.e., wheelchairs - manual and motorized; scooters; walkers; canes; grab bars), who are of short stature, and/or who use assistive tools (i.e., reachers, step ladders, stools, etc.) to access spaces.

Hearing (and Acoustics)

Individuals who are d/Deaf or hard of hearing (HOH), use hearing supports and devices to engage in surrounding environments (i.e., voice amplification devices, hearing aids, video relay services, cochlear implants, ASL, etc.), and/or who have auditory sensory sensitivities.

Vision

Individuals who are blind, who have low vision, and/or who use visual supports and devices to engage in surrounding environments (i.e., Braille, screen readers, magnifiers, lightboxes, etc.). This can also include people with high sensitivity to glare or rapid changes in light levels.

Health and Wellness

Individuals who have chronic health conditions, who have allergies and chemical sensitivities, are immunocompromised, and/or regularly utilize medical and/or therapeutic services. Aspects of the building that promote wellness for all, such as connection to nature and natural light, are also included.

Cognitive Access

Individuals who process information differently, who have alternative language reception and/or communication preferences and needs, who need items or materials



presented in different ways or speeds of information, and/or who use supports in understanding and content retention, information processing, and decision making or choice selection. Includes wayfinding support for memory or orientation.

Support Needs

Individuals who use support services in their home and/or the community, including but not limited to: direct support professionals, health aides, nursing support, behavioral supports, and individualized therapies. Can also include individuals using in-house family support for mobility or other assistance.