

## **YEUNG'S CHINESE RESTAURANT, INC.**

**Issue:** Vertical accessibility to the second floor.

**Analysis:** The applicant is requesting a waiver from providing vertical accessibility to the second floor of a 3,000 square foot restaurant that is undergoing a \$30,000 alteration. According to the applicant the second floor is accessed by two stairs and that it is impossible to modify the building to provide the ability to reach the second floor. There are 25 seats on the second level and accessible toilet facilities are provided on the first floor.

### **Project Progress:**

The project is in plan review.

### **Items to be Waived:**

Vertical accessibility to the second floor, as required by Section 553.509, Florida Statutes.

553.509 Vertical accessibility. Nothing in Sections 553.501-553.513 or the guidelines shall be construed to relieve the owner of any building, structure or facility governed by those sections from the duty to provide vertical accessibility to all levels above and below the occupiable grade level regardless of whether the guidelines require an elevator to be installed in such building, structure or facility, except for:

- (1) Elevator pits, elevator penthouses, mechanical rooms, piping or equipment catwalks and automobile lubrication and maintenance pits and platforms;
- (2) Unoccupiable spaces, such as rooms, enclosed spaces and storage spaces that are not designed for human occupancy, for public accommodations or for work areas; and
- (3) Occupiable spaces and rooms that are not open to the public and that house no more than five persons, including, but not limited to equipment control rooms and projection booths.

**Waiver Criteria:** There is no specific guidance for a waiver of this requirement in the code. The Commission's current rule, authorized in Section 553.512, Florida Statutes, provides criteria for granting waivers and allows consideration of unnecessary or extreme hardship to the applicant if the specific requirements were imposed.

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This application is available in alternate formats upon request.

**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS  
OF CHAPTER 553, PART V, FLORIDA STATUTES**

Your application will be reviewed by the Accessibility Advisory Council and its recommendations will be presented to the Florida Building Commission. You will have the opportunity to answer questions and/or make a short presentation, not to exceed 15 minutes, at each meeting. The Commission will consider all information presented and the Council's recommendation before voting on the waiver request.

**1. Name and address of project for which the waiver is requested.**

**Name:** Yeung's Chinese Restaurant Inc.

**Address:** 325 71 Street Miami Beach, Florida 33141

**2. Name of Applicant. If other than the owner, please indicate relationship of applicant to owner and written authorization by owner in space provided:**

**Applicant's Name:** Johanna Salas

**Applicant's Address:** 1651 NE 115 Street # 6 C North Miami, Florida 33181

**Applicant's Telephone:** 305-206-1299 **FAX:** 305- 695-0817

**Applicant's E-mail Address:** yoal23@msn.com

**Relationship to Owner:** self

**Owner's Name:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Owner's Telephone:** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Owner's E-mail Address:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

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**Contact Person:** Johanna Salas

**Contact Person's Telephone:** 305-206-1299 **E-mail Address:** yoal23@msn.com

This application is available in alternate formats upon request.

Form No. 2001-01

**3. Please check one of the following:**

New construction.

Addition to a building or facility.

[\*] Alteration to an existing building or facility.

[ ] Historical preservation (addition).

[ ] Historical preservation (alteration).

4. **Type of facility.** Please describe the building (square footage, number of floors). Define the use of the building (i.e., restaurant, office, retail, recreation, hotel/motel, etc.)

3000 Sq ft existing building, year of construction: 1945, 2 floors, Use: Restaurant

5. **Project Construction Cost (Provide cost for new construction, the addition or the alteration):**

Interior design remodeling only, no structural changes involved \$ 30000.00

6. **Project Status:** Please check the phase of construction that best describes your project at the time of this application. Describe status.

[ ] Under Design  [ ] Under Construction\*

[\*] In Plan Review  [ ] Completed\*

\* Briefly explain why the request has now been referred to the Commission.

The property has two floors, there are two stairs to access the second floor which only seats about 25 people. One of the stairs is use for fire emergency exit only. There's no way for a handicapped person or a person on a wheelchair to access the 2<sup>nd</sup> floor and no way to create such access. There is an existing handicapped accessible bathroom on the first floor so that persons on a wheelchair or handicapped in any way, can have use of restroom facilities without having to access the 2<sup>nd</sup> floor.

7. **Requirements requested to be waived.** Please reference the applicable section of Florida law. Only Florida-specific accessibility requirements may be waived.

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**Issue**

1: Access to the second floor by a handicapped person or a person on a wheelchair

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**Issue**

2: \_\_\_\_\_  
\_\_\_\_\_

**Issue**

3: \_\_\_\_\_  
\_\_\_\_\_

**8. Reason(s) for Waiver Request:** The Florida Building Commission may grant waivers of Florida-specific accessibility requirements upon a determination of unnecessary, unreasonable or extreme hardship. Please describe how this project meets the following hardship criteria. Explain all that would apply for consideration of granting the waiver.

[\* ] The hardship is caused by a condition or set of conditions affecting the owner which does not affect owners in general.

This is an existing building, we cannot in any way create access to the 2<sup>nd</sup> floor for handicapped people. A handicapped accessible bathroom is available on the first floor which is the larger portion of our restaurant.

[ ] Substantial financial costs will be incurred by the owner if the waiver is denied.

\_\_\_\_\_  
\_\_\_\_\_

[ ] The owner has made a **diligent investigation** into the costs of compliance with the code, but cannot find an efficient mode of compliance. Provide detailed cost estimates and, where appropriate, photographs. Cost estimates must include bids and quotes.

\_\_\_\_\_  
\_\_\_\_\_

**9. Provide documented cost estimates for each portion of the waiver request and identify any additional supporting data which may affect the cost estimates.** For example, for vertical accessibility, the lowest documented cost of an elevator, ramp, lift or other method of providing vertical accessibility should be provided, documented by quotations or bids from at least two vendors or contractors.

a. \_\_\_\_\_

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b. \_\_\_\_\_

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c. \_\_\_\_\_

10. **Licensed Design Professional:** Where a licensed design professional has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

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**Signature**

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**Printed Name**

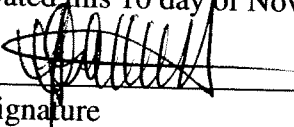
**Phone number** \_\_\_\_\_

**(SEAL)**

**CERTIFICATION OF APPLICANT:**

I hereby swear or affirm that the applicable documents in support of this Request for Waiver are attached for review by the Florida Building Commission and that all statements made in this application are to the best of my knowledge true and correct.

Dated this 10 day of November, 2007

  
\_\_\_\_\_  
Signature

Johanna Salas  
Printed Name

By signing this application, the applicant represents that the information in it is true, accurate and complete. If the applicant misrepresents or omits any material information, the Commission may revoke any order and will notify the building official of the permitting jurisdiction. Providing false information to the Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.

**REVIEW AND RECOMMENDATION BY LOCAL BUILDING DEPARTMENT.**

Please state why the issue is being referred to the Florida Building Commission as well as a recommendation for disposition. The Building Official or his or her designee should review the application and indicate that to the best of his or her knowledge, all information stipulated herein is true and accurate. Further, if this project is complete, explain why it is being referred to the Commission. The Building Official or his or her designee should sign a copy of the plans accompanying this application as certification that such plans are the same as those submitted for building department review. Please reference the applicable section of the Accessibility Code.

a. Florida statutes 553.509 Vertical Accessibility to all levels requirement. / 2004 FBC 11-4.1.3(5)

b. \_\_\_\_\_

c. \_\_\_\_\_

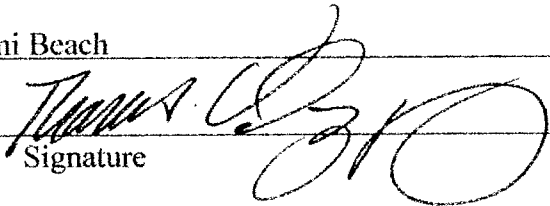
Has there been any permitted construction activity on this building during the past three years? If so, what was the cost of construction?

Yes  No      Cost of Construction: \$ 26,000.00 (Cost of the Proposed Renovation)

**Comments/Recommendation** We recommend that the waiver be granted. The 1<sup>st</sup> floor is fully accessible and with accessible route, accessible seating areas and one unisex accessible bathroom. Making the second floor accessible will be disproportionate with the cost of the alteration as established on the Florida Building Code section 11-4.1.6

Jurisdiction City Of Miami Beach

Building Official or Designee



Signature

Thomas Velazquez

Printed Name

BU00836

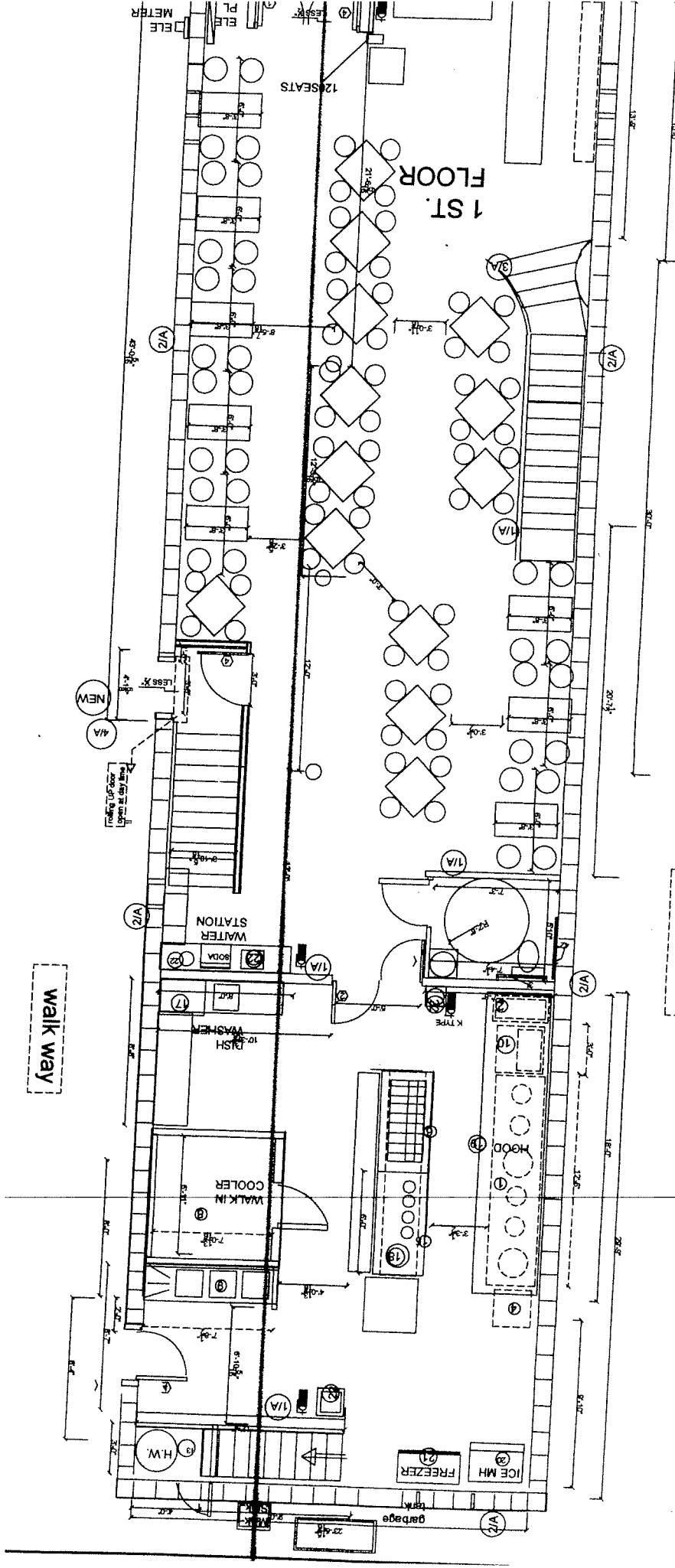
Certification Number

305-673-7610 ext. 6589/ 786-394-4681

Telephone/FAX

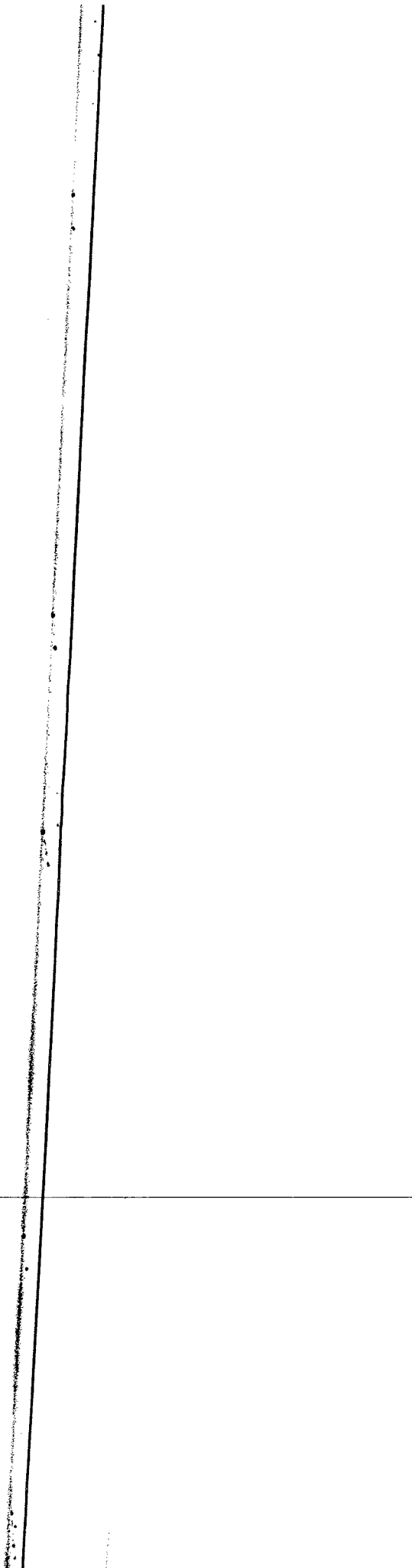
Address: 1700 Convention Center Dr. Miami Beach, FL 33139, 2<sup>ND</sup> Floor.

# 1 ST. FLOOR

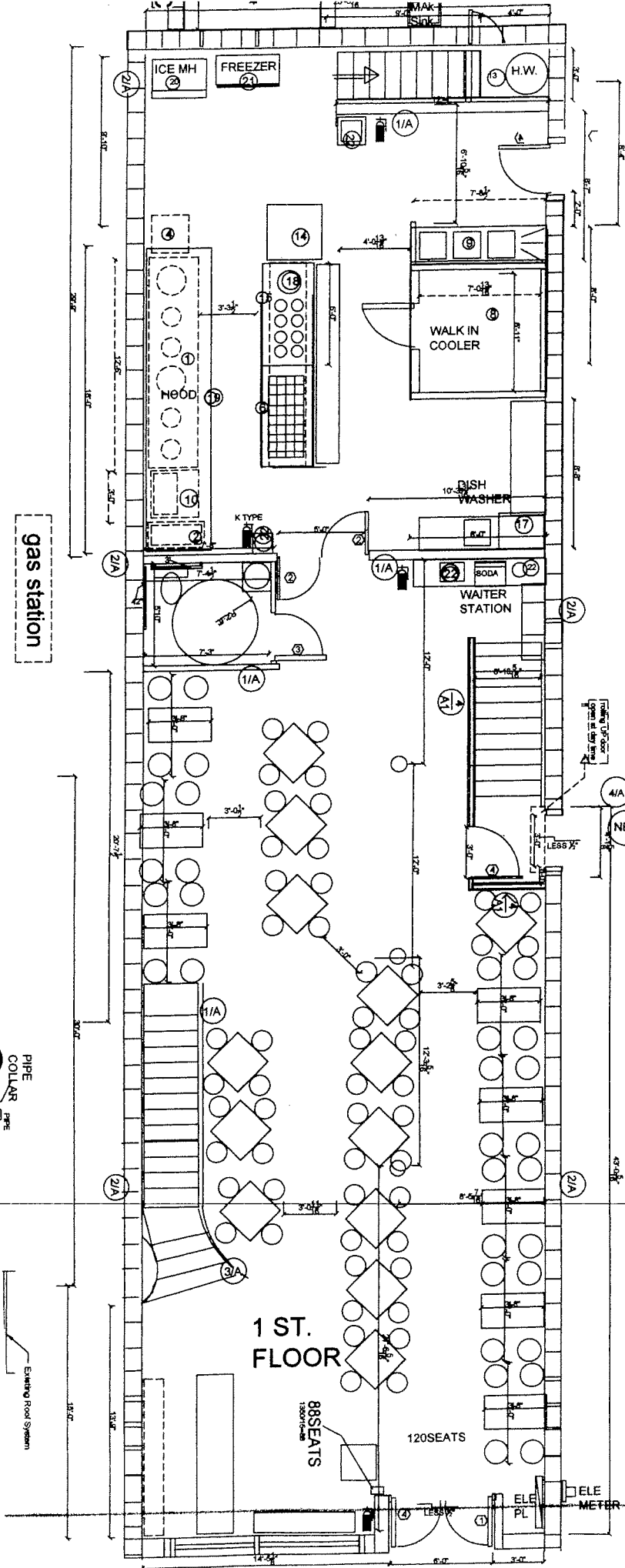


gas station

walk way







gas station

walk way

1 ST. FLOOR

88SEATS

120SEATS

ELE METER

ELE PL

LESS



