COBB THEATRE 14 AT DAYTONA "LIVE"

Issue: Vertical accessibility to all rows of seats in a movie theater complex.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to all rows of seats in a new, 14 screen \$7,000,000 movie theater complex. Each theater will have the required number of wheelchair seating locations, with companion seats. According to the applicant, it would not only be cost prohibitive to make each row accessible, but to do so would result in a reduction of 15% to 30% of available seats in each theater. An estimate of \$560,000 was provided indicating the cost to install 14 lifts in the project.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility to all rows of seats in a 14 screen movie theater complex, as required by Section 553.509, Florida Statutes.

- 553.509 Vertical a ccessibility. 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.

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: Cobb Theatre 14 @ Daytona 'LIVE' Address: West International Speedway Blvd Daytona, Florida 32120 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: Joseph L. Sweeney Applicant's Address: 530 Beacon Parkway West Suite 900 Birmingham, AL 35209
 Applicant's Telephone:
 (205) 443-3720
 FAX:
 (205) 443-3790
 Applicant's E-mail Address: _jsweeney@ctsmarchitects.com Relationship to Owner: ____Architect for Theatres____ Owner's Name: Cobb Theatres LLC Owner's Address: 2100 A South Bridge Parkway Suite 640; Birmingham, AL 35209 Owner's Telephone: (205) 802-7766 FAX (205) 802-7771 Owner's E-mail Address: Signature of Owner: as Agent and Architect for Cobb Theatres, LLC

Contact Person's Telephone: (205) 443-3720 E-mail Address: jsweeney@ctsmarchitects.com lcorley@ctsmarchitects.com

Joe Sweeney or Lawrence L. Corley

Contact Person:

3. Please	check one of the following:
[X] New o	construction.
[] Additio	n to a building or facility.
[] Alterati	on to an existing building or facility.
[] Historic	al preservation (addition).
[] Historic	al preservation (alteration).
4. Type of use of the b	facility. Please describe the building (square footage, number of floors). Define the building (i.e., restaurant, office, retail, recreation, hotel/motel, etc.)
Multi	-Screen Movie Theatre One Story 65,000 +/- square feet
Group	"A" Assembly
5. Project	Construction Cost (Provide cost for new construction, the addition or th
meration):	\$ 7 million
5. Project S	
5. Project S ime of this	\$ 7 million Status: Please check the phase of construction that best describes your project at the
5. Project S ime of this X] Under D	\$ 7 million Status: Please check the phase of construction that best describes your project at the application. Describe status.
5. Project S ime of this X] Under D J In Plan R	\$ 7 million Status: Please check the phase of construction that best describes your project at the application. Describe status. Design [] Under Construction* Describe the phase of construction that best describes your project at the application. Describe status.
5. Project S ime of this X] Under D] In Plan R	\$ 7 million Status: Please check the phase of construction that best describes your project at the application. Describe status. Describe Status: Pesign [] Under Construction*

Issue	
1:	See Attachment 'A'
Issue	
2:	
Issue	
3:	
r rorrad-spc	s) for Waiver Request: The Florida Building Commission may grant waivers o cific accessibility requirements upon a determination of unnecessary, unreasonable or order. Please describe how this project mosts the C.H.
extreme has Explain all	s) for Waiver Request: The Florida Building Commission may grant waivers of cific accessibility requirements upon a determination of unnecessary, unreasonable of ordship. Please describe how this project meets the following hardship criterial that would apply for consideration of granting the waiver. Ship is caused by a condition or set of conditions affecting the owner which does not resin general.
extreme ha Explain all	rdship. Please describe how this project meets the following hardship criteristat would apply for consideration of granting the waiver. Ship is caused by a condition or set of conditions affecting the agreement in the

.

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. The following is the estimated cost impact for this theatre to comply with Section 553.509 of
the Florida Statutes:
b. <u>14 lifts required (14 x \$40,000 each = \$560,000)</u> See Attachment "B"
c. Also because 15% and 30% of seats (depending on house size) must be removed to
accommodate the lifts. In addition, the seating platforms will be required to be wider to
accommodate the wheelchairs at each tier of seating, further reducing the seat count by
an estimated 15% to 30% per house
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. See Section 7
Joseph L. Sweeney Printed Name Phone number (205) 443-3720 (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	<u>14</u> da	ay of	December	, 2007
Soul	pelial)			
Signature	5			
Joseph L. Swo	eenev			
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.

	construction activity on this building during the post there are
[] Yes [] No Cost of Construc	etion
Comments/Recommendation	
Building Official or Designee	
	Signature
	Printed Name
	Certification Number
	Telephone/FAX

Form No.: 2001-02, Page 1 of 2 Certification of Licensed Design Professional for Replicated Des Agenda Note: This form is to be used only previously approved waivers in the Rule 9B-7.003(3), Florida Administr a licensed architect/engineer in the state of Florida, whose Florida license number is _ _____, hereby state as follows: 1. I am the architect/engineer of record for the project known as (name of project) , for which the Owner seeks a waiver of one or more accessibility requirements in an application to which this Certification is attached. 2. I hereby certify that to the best of my knowledge and belief to the Florida Building Commission that the design documents for the (insert project described in paragraph 1 are the same as the design documents previously submitted to the Commission and referenced in paragraph 3 below, except that the two projects are built or to be built on different parcels of land at different locations. 3. The licensed design professional of record (identify the licensed design professional of record), ______, prepared the design documents for the project known as ______, record), for which the majority of the Accessibility Advisory Council recommended approval and the Commission granted a waiver of one or more accessibility requirements in Final Order No. Printed Name: _____ Affix certification seal below: Address: Telephone: E-Mail Address:

Form No.: 2001-02, Page 2 of 2

Certification of Applicant for Replicated Designs to be Placed on Consent Agen la
Note: This form is to be used only for cases in which less gn documents are duplicates of previously approved waivers and the project can be place on a Coesent Agencia runsum to Rule 9B-7.003(3), Florida Administrative Cod I,
I am the owner of this Project (name of project),
and was the owner of the project known as,
I am the franchisee of this Project (name of project),
am under the same franchiser (name of franchiser)
who was the franchiser of the project known as,
I am the licensee of this Project (name of project),
am under the same licensor (name of licensor),
who was the licensor of the project known as,
for which the majority of the Accessibility Advisory Council recommended approval, and the Florida Building Commission granted a waiver of one or more accessibility requirements in Final Order No
I hereby swear or affirm that the above information to the best of my knowledge is true and correct.
Dated this, 20
Signature

Providing false information to the Florida Building Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.

Printed Name

The Florida State Statues Section 553.509 VERTICAL ACCESSIBILITY states that "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 for the duty to provide vertical accessibility to all levels above and below the habitable grade level, regardless of whether the guidelines require an elevator to be installed in such building, structure or facility." The stadium seating concept is one relatively new to the movie theater industry therefore it is commonly believed that this type of building construction was not anticipated during the drafting of legislation for vertical accessibility nor that it was meant to mean that every level or platform of stadium seating be made accessible. The design industry has relied on Section 4.33.3 Placement of Wheelchair Locations for direction during the design process. This section states:

"Wheelchair areas shall be an integral part of any fixed seating plan and shall be provided so as to provide people with physical disabilities a choice of admission prices and lines of sight comparable to those for members of the general public. They shall adjoin an accessible route that also serves as a means of egress in case of emergency. At least one companion fixed seat shall be provided next to each wheelchair seating area. When the seating capacity exceeds 300, wheelchair spaces shall be provided in more than one location. Readily removable seats may be installed in wheelchair spaces when the spaces are not required to accommodate wheelchair users. EXCEPTION: Accessible viewing positions may be clustered for bleachers, balconies and other areas having sight lines that require slopes of greater than 5 percent. Equivalent accessible viewing positions may be located on levels having accessible egress."

It is the design industries desire and duty to incorporate the findings and wishes of the Council and Board with sound and practical construction methods. However, it is impossible to provide vertical accessibility to each level of stadium seating due 1) to the high cost and 2) to the requirements of the ADA Section 4.33.3 which states "they (stadium seating) shall adjoin an accessible route that also serves as a means of egress in case of emergency." It is impractical to achieve this in a stadium seating movie theatre and accommodate the needs of all patrons. We have therefore established the goal of locating accessible seating to within 0% to 20% of the center of each house achieving a disbursed pattern and providing for companion seating as well as achieving comparable sight lines. Having complied with the remaining requirements of Section 4.33.3 it is our belief that this compromise is an acceptable solution to the concerns of all patrons.

STAFF WAIVER ANALYSIS 4.33 ASSEMBLY AREAS

Name of Assembly: Cobb Theatres 14 @ Daytona 'LIVE' [X] New [] Alteration [] Addition

Auditorium Category	Auditorium numbers in the	Wheelch	Wheelchair spaces per auditorium	ıditorium	Companion	Number of	Number of wheelchair spaces provided in:	provided in:
	category	rrovided	FL requires	• ADA requires	provided?	Front Zone A	Middle	Back
A. Fixed Seats 51 to 100	N/A		4	4	N/X	E allor	Zolle B	Zone C
B. Fixed Seats101 – 200	Houses 3, 4, 11, 12 Houses 2, 5, 10, 13 Houses 6, 9	יט יט יט	50 VO IO	4 4 4	Yes	0	n n n	0 0 0
C. Fixed Seats 201 to 300	Houses 1, 14	9	9	4	Yes	0	4	
D. Fixed Seats 301 to 400	Houses 7, 8	7	7	9	Yes	0	4	
E. Fixed Seats 401 to 500	N/A		8	9				
F. Fixed Seats 501 to 600	N/A		6	7				
G. Fixed Seats 601 and up	N/A							

Wheelchair spaces required: FL 51 to 100 -- 4 + 1 for every 100 fraction. ADAAG 51 to 300 -- 4; 301 to 500 -- 6 + 1 for every 100 or fraction. When the seating capacity exceeds 300, wheelchair spaces shall be provided in more than one location. In theatres seating 150 or more, 50% of wheelchair spaces should be located in zone B (sweet spot) as per Charette 2-10-98.

ANY EXPLANATIONS:

Outside letter from ELEVATORS, Etc. Dated September 30, 1998.

Attachment 'B'

ELEVATORS, Etc.

ACCESSIBILITY EQUIPMENT SALES and SERVICE

1773 Blount Road, Suite 303 Pompano Beach, FL 33069 (954) 970-0767 Fax (954) 970-7227

September 30, 1998

Mr. Lawrence L. Corley
BAILEY-CORLEY & ASSOCIATES, Inc.
530 Beacon Parkway West, Suite 701
Birmingham, AL 35209

RE: Movie Theater - vertical accessibility

Dear Mr. Corley:

As discussed with members of your firm, there isn't any type of equipment on the market at this time that I am aware of that is designed to provide vertical access to every level of a movie theater such as the ones we've reviewed.

An incline platform lift complying with ADA and ANSI elevator codes could be utilized to provide access to up to seven levels per lift however. The cost of such a lift is estimated to be between \$40,000.00 and \$50,000.00. Therefore, in order to accommodate up to 14 levels, you can estimate a cost of \$80,000.00 to \$100,000.00.

As you know, the equipment has clearance requirements that need to be met in order for it to fit in a given stairway. However, this should not pose a significant problem.

I'd be happy to review any other plans if you wish and get the manufacturers more involved with this issue if you feel it appropriate. Thank you for asking me to review this matter.

Sincerely,

Daniel J. Murphy, Jr.

South Florida Sales Manager

December 18, 2007

Ms. Mary Katherine Smith Department of Community Affairs Codes & Standards Section 2555 Shumard Oak Blvd. Tallahassee, FL 32399-2100

Re:

Cobb 14 Theatres @ Daytona 'LIVE'

Daytona, Florida CTSM No. 1749

Dear Ms. Smith:

I have enclosed the cover form along with the required documents for our submission on the Cobb Theatre for Daytona 'LIVE', Daytona, Florida.

I have signed the application letter as Architect for the submission, and will be coming to the Hearing to represent our office.

Please let us know if you need any more information at this time. Thank you for your assistance with this submission.

Sincerely,

Joe Sweeney Principal, CTSM Architects, Inc.

CC:

Lawrence Corley Bobby Cobb

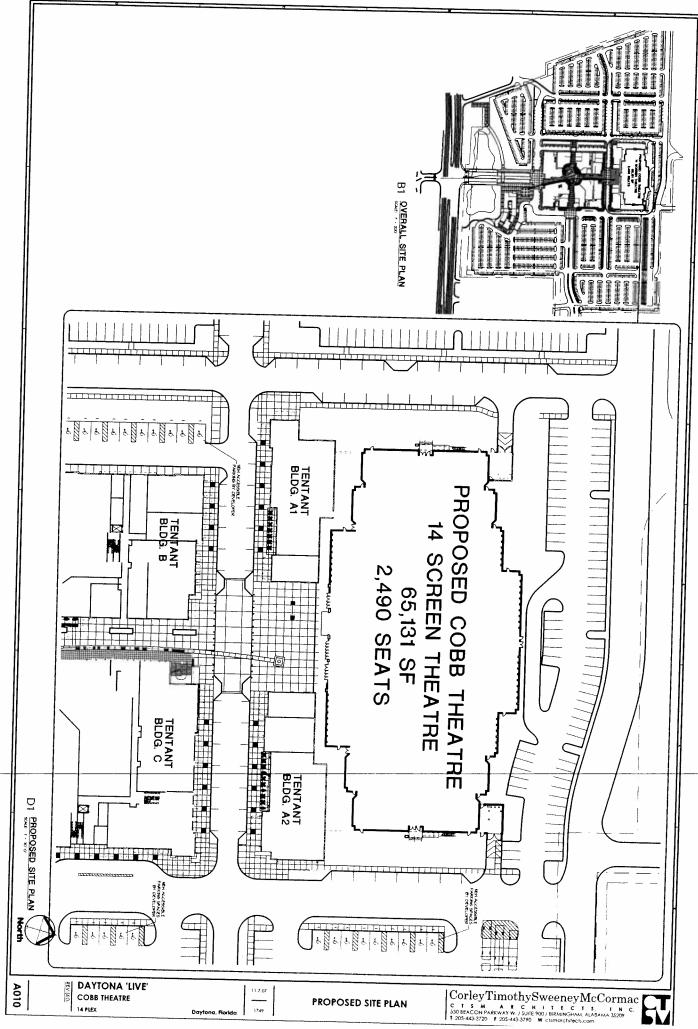
Attachments: Florida Accessibility Waiver Forms, Drawings 24" x 36", 11" x 17" and 8½"x 11", w/ Transparencies and Disk

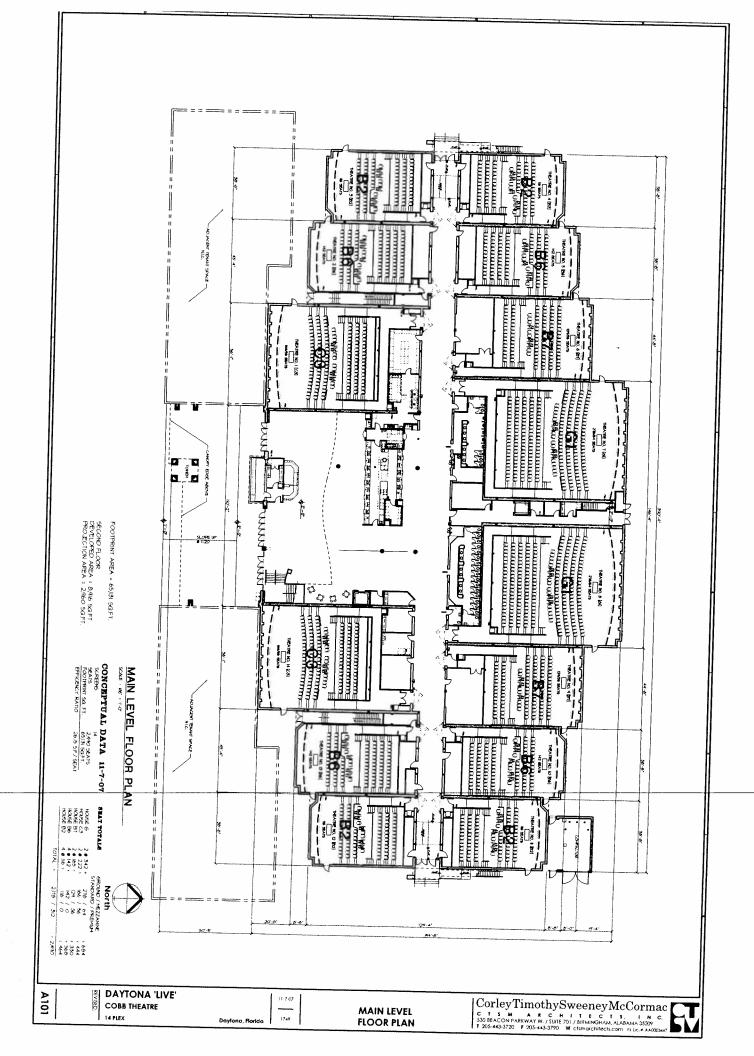
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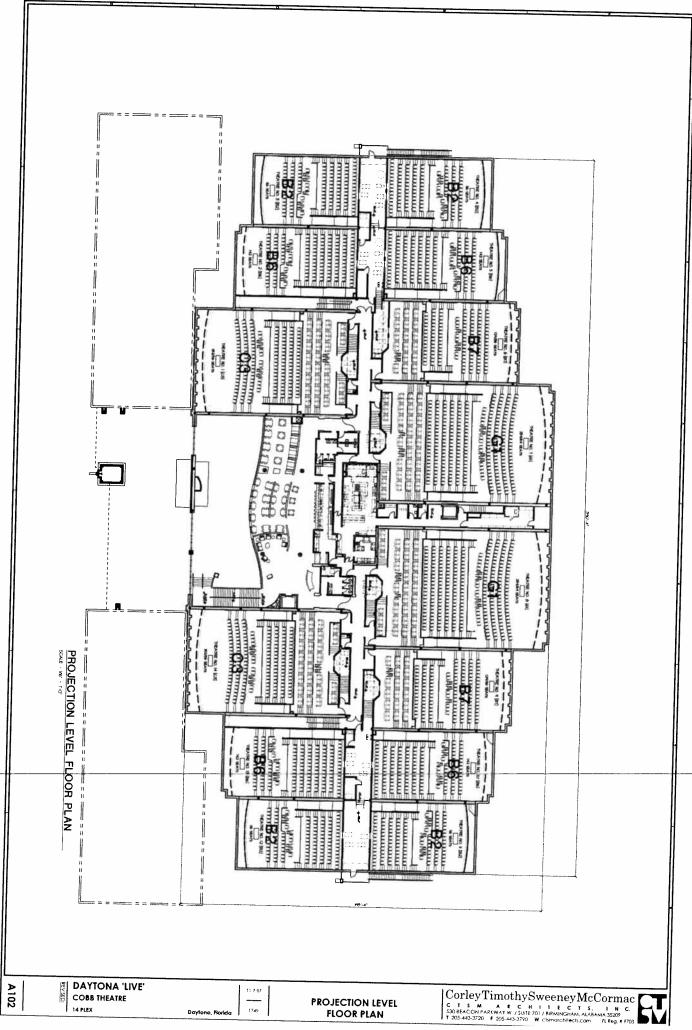
ARCHITECTURE INTERIOR DESIGN MASTER PLANNING CONSULTING

530 BEACON PARKWAY W. / SUITE 900 / BIRMINGHAM, ALABAMA 35209

J Vobs\1749 Cobb Daytona\Florida Handicap\Smith Mary K.dire







FLOOR PLAN

B2

Αl

DAYTONA 'LIVE' COBB THEATRE

1749

THEATRE HOUSE TYPE 'B2' THEATRE HOUSES 3, 4, 11 & 12

COBB THEATRE

1749

THEATRE HOUSES 2, 5, 10 & 13

Corley Timothy Sweeney McCormac

C T S M A C H I E C T S I N C

S30 BEACON PARWAY W. / SUITE 900 / BEANHAM, ALABAMA 33209

1 205 443-3720 F 205 443-3790 W cismorchilects.com

