

## **200 BRICKELL**

**Issue:** Van accessible parking and route from accessible parking spaces to the building interior in a commercial parking structure.

**Analysis:** The applicant is requesting a waiver from providing all accessible parking spaces in the same location. The project in question is a high rise office building which was originally constructed with the parking clearance less than the required 98 inches. The applicant has devised a method to modify the entry and relocate the required van accessible parking spaces (2) so that the height requirement has been met and the accessible route, parking space and access aisle are 2% slope.. Two van accessible spaces are located in the area while other accessible spaces are in another location within the facility.

### **Project Progress:**

The project is under construction.

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

**11-4.1.2(5)(b)** In parking structures, one in every eight accessible spaces, but not less than one, shall be "van accessible" and shall be designed as required by Section 11-4.6.3. The vertical clearance at such spaces shall comply with Section 11-4.6.5. All such spaces may be grouped on one level of a parking structure. When such spaces are provided in a parking structure and only one in eight meet the height requirement of Section 11-4.6.5, they shall be designated as required by Section 11-4.6.4.

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**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: 200 BRICKELL

Address: SW 2<sup>nd</sup> Street and SW 1<sup>st</sup> Street, Fort Lauderdale, FL

**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: Robert S. Fine, Esq., AIA

Applicant's Address : Greenberg Traurig, 1221 Brickell Avenue, Miami, FL 33131

Applicant's Telephone: 305-579-0826 FAX: 305-961-5826

Applicant's E-mail Address: finer@gtlaw.com

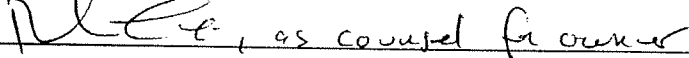
Relationship to Owner: Legal Counsel

Owner's Name: 200 Brickell, Ltd

Owner's Address: c/o Applicant

Owner's Telephone: c/o Applicant FAX

Owner's E-mail Address: c/o Applicant

Signature of Owner:  as counsel for owner

Contact Person: Robert S. Fine, Esq., AIA

Contact Person's Telephone: 305-579-0826 E-mail Address: finer@gtlaw.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.)

\_\_\_\_\_

Multi-story office building with including parking garage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ NA \_\_\_\_\_

\_\_\_\_\_

**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.

\_\_\_\_\_

A concern was raised by the building official as to whether a proposed condition meets the requirements of Chapter 11.

\_\_\_\_\_

\_\_\_\_\_

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

**Issue**

1:      11-4.1.2(5)(b), Florida Building Code

**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.

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

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

If the proposed design is not approved, the owner will incur substantial costs that cannot be estimated at the time of application but will be provided by the hearing date.

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. \_\_\_\_\_  
\_\_\_\_\_

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

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.

I believe that the proposed design meets the requirements of Section 4.1.2(5)(b) of the building code. However, the Building Official has expressed concerns and asked that we submit for a waiver.

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

Signature \_\_\_\_\_ 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 21 day of December, 2017

  
Signature

Robert S. Fazio  
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. \_\_\_\_\_
- 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 \_\_\_\_\_

**Comments/Recommendation** \_\_\_\_\_  
\_\_\_\_\_

Jurisdiction \_\_\_\_\_

Building Official or Designee \_\_\_\_\_  
Signature

Printed Name \_\_\_\_\_

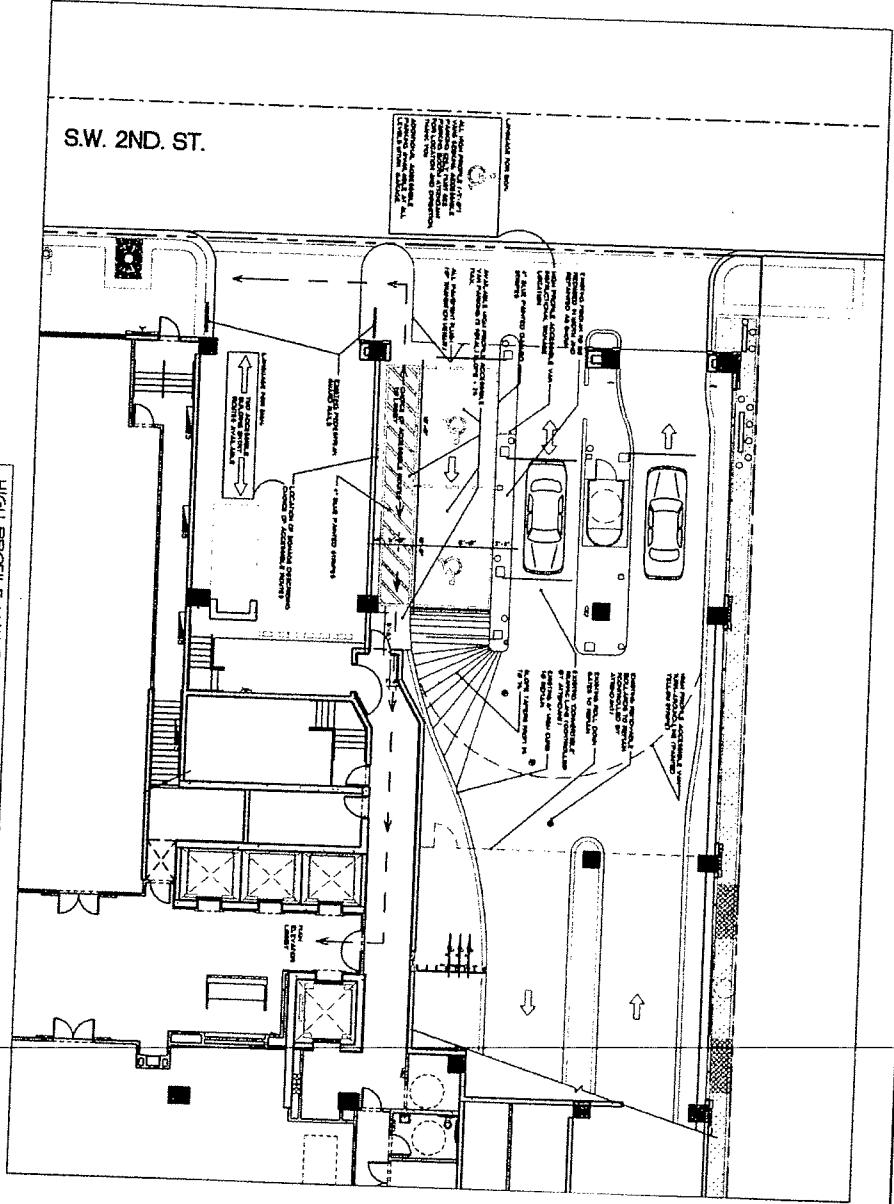
Certification Number \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

S.W. 2ND. ST.

THE PROPOSED GARAGE AND OFFICE BUILDING SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE CITY OF FT. LAUDERDALE ORDINANCE 11-2001 WHICH IS A SUPPLEMENT TO THE FLORIDA BUILDING CODE AS AMENDED.



**HIGH PROFILE VAN PARKING SPACES (2 REQUIRED)**

PROVIDE (2) HIGH PROFILE VAN ACCESSIBLE PARKING SPACES AT THE GARAGE ENTRY. SPACES SHALL BE PLACED AT THE GARAGE ENTRANCE. SPACES SHALL BE 12' X 20' MINIMUM. SPACES SHALL BE 6' CLEARANCE FROM CURB AND 5' CLEARANCE FROM BUILDING. SPACES SHALL BE 12' CLEARANCE FROM OTHER VEHICLES. SPACES SHALL BE 12' CLEARANCE FROM OTHER VEHICLES. SPACES SHALL BE 12' CLEARANCE FROM OTHER VEHICLES. SPACES SHALL BE 12' CLEARANCE FROM OTHER VEHICLES.

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DATE: 01/14/04  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 PROJECT NO: [Number]

**A-13**

ACCESSIBLE VAN PARKING REQUIRED

PROPOSED GARAGE AND OFFICE BUILDING FOR: **Architecture 6400 inc.**  
 A DIVISION OF SILLAS CORPORATION  
 300 S.E. 2nd Street  
 Fort Lauderdale, Florida  
 954 - 627- 9100  
 FL. REG # AA-C000681

954 - 627- 9100  
 33301

DATE:	
SCALE:	
PROJECT NO.:	
DRAWING NO.:	
CHECKED BY:	
DRAWN BY:	
DATE:	