

PLANET FITNESS OVIEDO

Issue: Vertical accessibility to the second level of a fitness club.

the applicant, the only service offered on the mezzanine is a stretching area that is duplicated on the accessible first floor. The mezzanine is existing and was constructed by previous owner. Estimates were submitted indicating it would cost an additional \$21,000-24,500 to install an accessible lift to the mezzanine. NOTE: There are also two elevated areas for cardio fitness, one 6 inches above the main floor and the other 12 inches which are accessed by ramps; however, the ramps do not meet the maximum slope allowed since they are 2:12.

Project Progress:

The project is under construction.

Items to be Waived:

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

553.509 Analysis: The applicant is requesting a waiver from providing vertical accessibility to 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.

This application is available in alternate formats upon request.

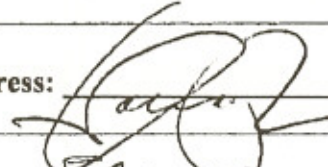
**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS
OF CHAPTER 553, PART V, FLORIDA STATUTES**

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: PLANET FITNESS OVIEDO
 Address: 19 ALAFAYA WOODS BLVD.
OVIEDO, FL. 32765

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: HARRY RUBINSTEIN
 Applicant's Address: 931 W. SECOND AVE. WINDERMERE
FL. 34786.
 Applicant's Telephone: 407-383-1708 FAX: 407-977-9016
 Applicant's E-mail Address: HARRYWORLDGYM @ AOL.COM
 Relationship to Owner: SAME.
 Owner's Name: _____
 Owner's Address: _____
 Owner's Telephone: _____ FAX _____
 Owner's E-mail Address: _____
 Signature of Owner:  _____
 Contact Person: SAME
 Contact Person's Telephone: _____ E-mail Address: _____

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.)

FITNESS CENTER (WITHIN A SHOPPING CENTER). 13,000 SQ. FT PLUS A 1,000 SQ. FT. MEZZANINE

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

THE PROJECT CONSTRUCTION COST - 265,000
THE ACCESSIBLE LIFT - 30,000

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.

WE WERE REFERRED TO THE COMMISSION BY ROB READING, BUILDING OFFICIAL-CITY OF OVIEDO. LAST WEEK, HE REFERRED US AND RECOMMENDED WE REQUEST A WAIVER FOR AN ACCESSIBLE LIFT.

To - MARY-KATHRYN SMITH
From - HARRY RUBINSTEIN / L+R FITNESS
DBP PLANET FITNESS.

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

Issue

1: _____

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.

THIS REPRESENTS A SUBSTANTIAL FINANCIAL COST CONSIDERING THE SAME STRETCHING AREA WILL BE AVAILABLE ON THE MAIN GYM FLOOR.

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.

THE SMALL UPSTAIRS MEZZANINE LEVEL TO BE USED AS A STRETCHING AREA WILL HAVE THE SAME TYPE AREA ON THE 1ST LEVEL

THE MEZZANINE WAS CONSTRUCTED BY THE PREV. HEALTH CLUB PRIOR TO

Signature Edson Jackson Printed Name EDSON JACKSON PLANET FITNESS
P.E. #0024101

Phone number 407 260 9080

(SEAL)



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. SEE ATTACHED

b. _____

c. _____

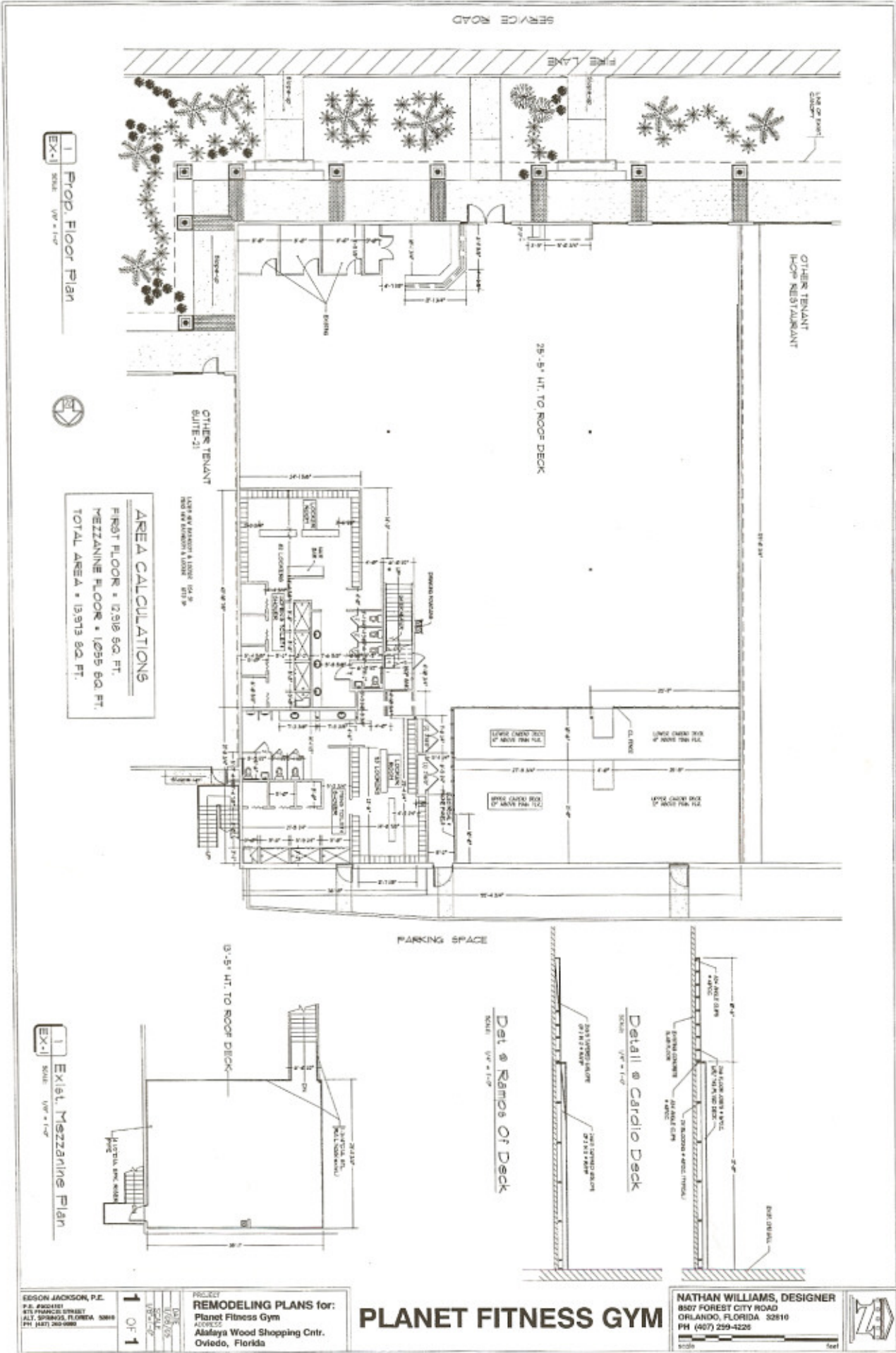
10. **Licensed Design Professional:** Where a licensed design professional has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

Signature

Printed Name

Phone number _____

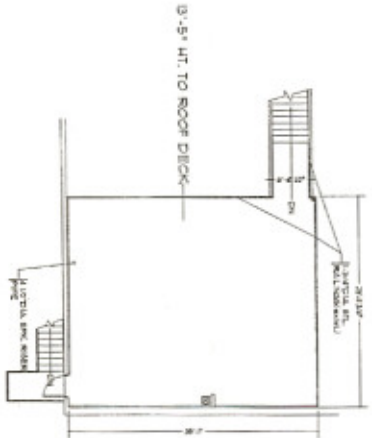
(SEAL)



1 Prop. Floor Plan
 EX-1 SCALE: 1/8" = 1'-0"

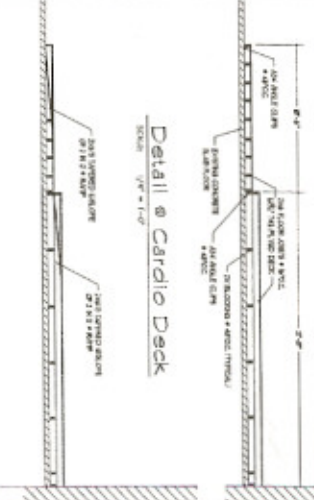
AREA CALCULATIONS
 FIRST FLOOR • 12,918 SQ. FT.
 MEZZANINE FLOOR • 1,055 SQ. FT.
 TOTAL AREA • 13,973 SQ. FT.

1 Exist. Mezzanine Plan
 EX-1 SCALE: 1/8" = 1'-0"



Detail @ Ramps Of Deck
 SCALE: 1/4" = 1'-0"

Detail @ Cardio Deck
 SCALE: 1/4" = 1'-0"



EDSON JACKSON, P.E.
 P.E. #204161
 875 SPANGLER DRIVE
 ALT. SPRINGS, FLORIDA 32610
 PH: 407.259.9888

PROJECT
REMODELING PLANS for:
 Planet Fitness Gym
 25552
 Alafaya Wood Shopping Ctr.
 Oviedo, Florida

PLANET FITNESS GYM

NATHAN WILLIAMS, DESIGNER
 8507 FOREST CITY ROAD
 ORLANDO, FLORIDA 32810
 PH (407) 259-4228



DATE: 1/26/20
 TIME: 10:00 AM
 OF 1



2784 Wrights Rd, Suite 1032
Oviedo, FL 32765
Ph: 407-971-2507 Fx: 407-971-1618
www.accessibilitylifts.com

ACCESSIBILITY LIFTS, INC.

PROPOSAL & SALES AGREEMENT

DATE: 2/23/06
Attn: Harry Rubenstein

Accessibility Lifts, Inc. respectfully submits the following proposal to furnish and install:

Option #1 – Garaventa’s curving, folding inclined platform lift on the existing stairs, w/fold down seat, wrap around arms, tower mounted, solenoid platform lock, keyed operation. \$24,500
Work by others: 208V single phase power at top of stairs.

Option #2 – Garaventa’s vertical platform lift in metal enclosure (\$21,000) or plexi enclosure (\$22,500), 750# capacity.
Work by others: 120V single phase, modification of existing conditions to accommodate lift.

NOTE: Pricing includes material, shipping, installation, Bureau of Elevator Safety permitting, and B.E.S inspection. *All commercial accessibility lifts require installation by a registered elevator company, such as ALL, and an inspection by a representative of the Bureau of Elevator Safety.*

AT THIS DATE, lead time 60 days for Bureau of Elevator Safety permitting process, **concurrent** with 6-8 weeks production/installation/inspection of product.

All materials are warranted to be as specified above. All work shall be completed in a workmanlike manner according to local industry standards and shall comply with all applicable building codes. Any alteration or deviation from the above specifications and/or “work by others” which requires or involves additional labor or materials must be requested in writing by the purchaser and will be performed by the Seller as an extra. The Purchaser agrees to pay the charges for such extras and such charges shall be in addition to the above contract price. **Storage charges that may be incurred by A.L.I. due to delay of site readiness, as scheduled by the G.C. will back -charged. Additional installation time required by A.L.I. due to lack of site readiness may be back charged as well as site condition. A 7 day notice is required for installation.**

If a clear accessible route to hoistway cannot be achieved, additional charges will occur.

*Florida’s premier accessibility contractor for commercial A.D.A. and residential applications
Orlando – Tampa Bay – Jacksonville – Palm Beach – Miami
Toll Free 888-326-5438*

March 3, 2006
Page 2

QUOTES VALID FOR 60 DAYS: After acceptance, price remains valid only if goods are shipped within 180 days from acceptance. Any changes may affect the original quoted price.

TERMS:

- 50% deposit before release for production of this custom equipment,
- 40% material delivery/installation, before State inspection
- 10% at completion of successful State Elevator Department inspection/turnover.
- 10% cancellation fee after signed proposal received.

Material **WILL NOT** be released for production without deposit nor lift turned over without final payment unless special arrangement is negotiated with our corporate office.

WARRANTY:

One (1) year manufacturers warranty on parts. No labor is included 90 days after installation from installer or Seller. Warranty becomes effective the day of successful inspection by the Dept. of Elevator Safety.

OPTIONAL EXTENDED PARTS WARRANTY: Preventive Maintenance Agreement with Accessibility Lifts, Inc. includes 2 P.M. visits per year and extends parts warranty from the manufacturer for 5 years for free. Participation in this PM contract also waives the requirement for annual State Elevator Inspections, and provides a reduced service rate for call between P.M.'s. So there are free parts, reduced service rates, and 2 service visits, and no additional cost of state inspection for 5 years.

Price: \$500 per year, total \$2500.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Purchaser: _____ Date: _____

Submitted by: *Accessibility Lifts, Inc. rep: Jeanne Martin*
Thanks for the opportunity.

Check out our website for background about the company and other good information.
www.accessibilitylifts.com

Accessibility Lifts, Inc.



FACTORY AUTHORIZED DEALER



JOB:

Harry Rubenstein
 Harry Rubenstein
 Alafaya Square Shopping Center

DATE 2/24/2006

Estimate

ESTIMATE # 22406001
 Revised

ITEM	DESCRIPTION	AMOUNT
Carrier Lift IL92	Carrier Lift with intermediate landing	\$24,371
	1. CAB STYLE: Carrier Lift	
	2. Capacity: 450 lb	
	3. Nominal Speed: 18 fpm.	
	4. Drive: Twin rack and pinion system, mounted on twin 1.875 Dia DOM Steel tubes.	
	5. Finish: Baked electrostatically applied polyester, Ivory color standard	
	6. Platform: 30" x 48" with non-slip surface, power folding via constant pressure directional buttons and keylock switches. When folded, platform protrudes not more than 24 1/2" from wall.	
	7. AC power requirements: 115 VAC 60 hz 15 amp single phase.	
NOTE A	Includes Power Arm controls and call/send stations	
NOTE B		
NOTE C		
NOTE D	THIS ESTIMATE IS VALID FOR 30 DAYS. Acceptance of this bid requires a deposit.	
NOTE E		
THANK YOU FOR CONSIDERING CASTLE ELEVATOR ESTIMATE TOTAL		\$24,371

CASTLE ELEVATOR ORLANDO
 TOLL FREE 888-478-2327 FAX 407-243-6794



Date: 2/22/2006

To: Harry Rubenstein

Ref: Planet Fitness

Model		
<input type="radio"/> IL-2000 Unit	\$10,194	\$9,174
<input checked="" type="radio"/> IL-92 Unit	\$9,174	

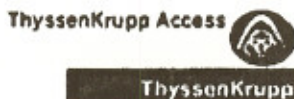
Track		
<input checked="" type="checkbox"/> Rail per Meter	\$631 /m	4,420
<input checked="" type="checkbox"/> Extra Vertical Bend	\$886 ea	
<input checked="" type="checkbox"/> Extra Horizontal Bend	\$1,269 ea	
<input checked="" type="checkbox"/> Extra Helical Bend	\$1,269 ea	

Middle Landings		
<input checked="" type="checkbox"/> Type A: 90° Turn	\$2,155 ea	
<input checked="" type="checkbox"/> Type B: 180° Turn (less than 12")	\$2,155 ea	
<input checked="" type="checkbox"/> Type C: 180° Turn (greater than 12")	\$3,424 ea	
<input checked="" type="checkbox"/> Type D: Intermediate Straight	\$1,773 ea	1,773

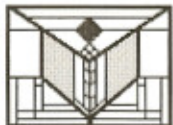
Top Parking		
<input checked="" type="radio"/> Type E: Standard		
<input type="radio"/> Type F: 90° Turn	\$2,155	
<input type="radio"/> Type G: 180° Turn (less than 12")	\$2,155	
<input type="radio"/> Type H: 180° Turn (greater than 12")	\$3,424	
<input type="radio"/> Type K: 1 meter Straight Overrun	\$886	

Bottom Parking		
<input checked="" type="radio"/> Type M: Standard		
<input type="radio"/> Type N: 90° Turn	\$1,269	
<input type="radio"/> Type P: 180° Turn (less than 12")	\$1,269	
<input type="radio"/> Type R: 180° Turn (greater than 12")	\$2,544	

Optional Equipment		
<input type="checkbox"/> 90° Platform (30x41 & 30x48 only)	\$504	
<input type="checkbox"/> Power Fold-Up Arms (includes Remote P/F & C/S)	\$2,289	
<input type="checkbox"/> Remote Power-Fold Platform & Call/Send Controls	\$1,269	
<input checked="" type="checkbox"/> Call/Send Controls Only (Qty.2)	\$504	504
<input type="checkbox"/> Additional Call/Send Control	\$194	
<input type="checkbox"/> Call/Send Lockout	\$43	
<input checked="" type="checkbox"/> Folding Seat	\$376	376
<input checked="" type="checkbox"/> Audio Visual Alert on Carriage	\$376	376
<input type="checkbox"/> Additional Landing Stop & Charge Station (IL-2000 Only)	\$249	
<input type="checkbox"/> Special Order Color (select from 184 RAL colors)	\$1,269	
<input type="checkbox"/> Acrylic Fascia Panels for Rails	\$383 /m	
<input type="checkbox"/> Third Handrail	\$128 /m	
<input checked="" type="checkbox"/> Freight	\$1,143	1,143
<input type="checkbox"/> S O R:		
<input type="checkbox"/> Installation	\$2,500	2,500
<input checked="" type="checkbox"/> Permits	\$350	350
<input checked="" type="checkbox"/> Taxes		
<input type="checkbox"/> Preventative Maintenance		



Total \$20,616
FOB Grandview



Mary-Kathryn
Smith/DCA/FLEOC
02/28/2006 02:00 PM

To "brian harris" <harrisconstruct@cfl.rr.com>

cc

bcc

Subject Re: FW: PF GYM

I still don't have a copy of the waiver application itself. I know you tried to send it, but what I received was only computer coding. I do have the estimates and e-versions of the plans. You can either re-send the application to me electronically or fax it to (850) 414-8436. Either way, I will eventually have to have original signatures for the permanent record, but you may submit that way to expedite processing. I just have this no later than Thursday, A.M. since the entire package will be submitted for reproduction on Monday and I just have time to analyze the application and ensure all is in order. Please let me know if you have questions or need additional information. MK