

## **VICTOR DISTRIBUTING COMPANY**

**Issue:** Vertical accessibility to a storage mezzanine.

**Analysis:** The applicant is requesting a waiver from providing vertical accessibility to a 9,983 square storage mezzanine in a new, \$3,464,030 distribution facility. The entire structure will contain 49,779 square feet. According to the applicant, there will never be more than five employees occupying the area at any given time to handle products stored there. Similar facilities have been constructed elsewhere and historically there have been only three employees in the area at a given time. No estimates for providing a mechanical method of providing vertical accessibility were submitted.

### **Project Progress:**

The project is in plan review.

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

Vertical accessibility to the mezzanine, 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.

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:** Victor Distributing Company

**Address:** Southwest International Commerce Park, Lot F-2  
Global Parkway  
Ft. Meyers, Florida

**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:** The Murray Company

**Applicant's Address:** 15500 Lightwave Drive, Suite 100, Clearwater, FL 33760

**Applicant's Telephone:** 727-524-6000    **FAX:** 727-524-6998

**Applicant's E-mail Address:** [pgonya@themurraycompany.com](mailto:pgonya@themurraycompany.com)

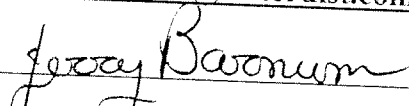
**Relationship to Owner:** Contractor

**Owner's Name:** Jerry Barnum, President

**Owner's Address:** 11125 49<sup>th</sup> Street North, Clearwater, FL 33762

**Owner's Telephone:** 727-572-7276    **FAX:** 727-573-2311

**Owner's E-mail Address:** [jbarnum@victordist.com](mailto:jbarnum@victordist.com)

**Signature of Owner:** 

**Contact Person:** Paul Gonya, The Murray Company

**Contact Person's Telephone:** 727-524-6000

**E-mail Address:** [pgonya@themurraycompany.com](mailto:pgonya@themurraycompany.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.)

Warehouse / Distribution Center

one story with un-occupied storage mezzanine

First Floor: 49,779 S.F., Mezzanine: 9,983 S.F., Total Building Area: 59,762 S.F.

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

Estimated Cost: \$3,464,030.00

**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.

We have been denied a permit for construction based on the requirement for an elevator to make the Storage Mezzanine handicap accessible.

While we understand the reading of the code, the reality is that there will never be more than three (3) employees handling product on this mezzanine and no likelihood of any of these employees being handicapped. We base this on the fact that we have two (2) facilities of the same use and same layout on the west coast of Florida.

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

**Issue**

1: FBC Section 11-4.1.3(5). The mezzanine is an unoccupied storage space. Based on table 1004.1.2 - warehouse, 500 square feet per occupant; we exceed the maximum number of five (5) persons that would allow us an exemption for the elevator

**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.

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

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. \_\_\_\_\_

\_\_\_\_\_



**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 10th day of APRIL, 2008

Paul Gonya  
Signature

PAUL GONYA  
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

\_\_\_\_\_

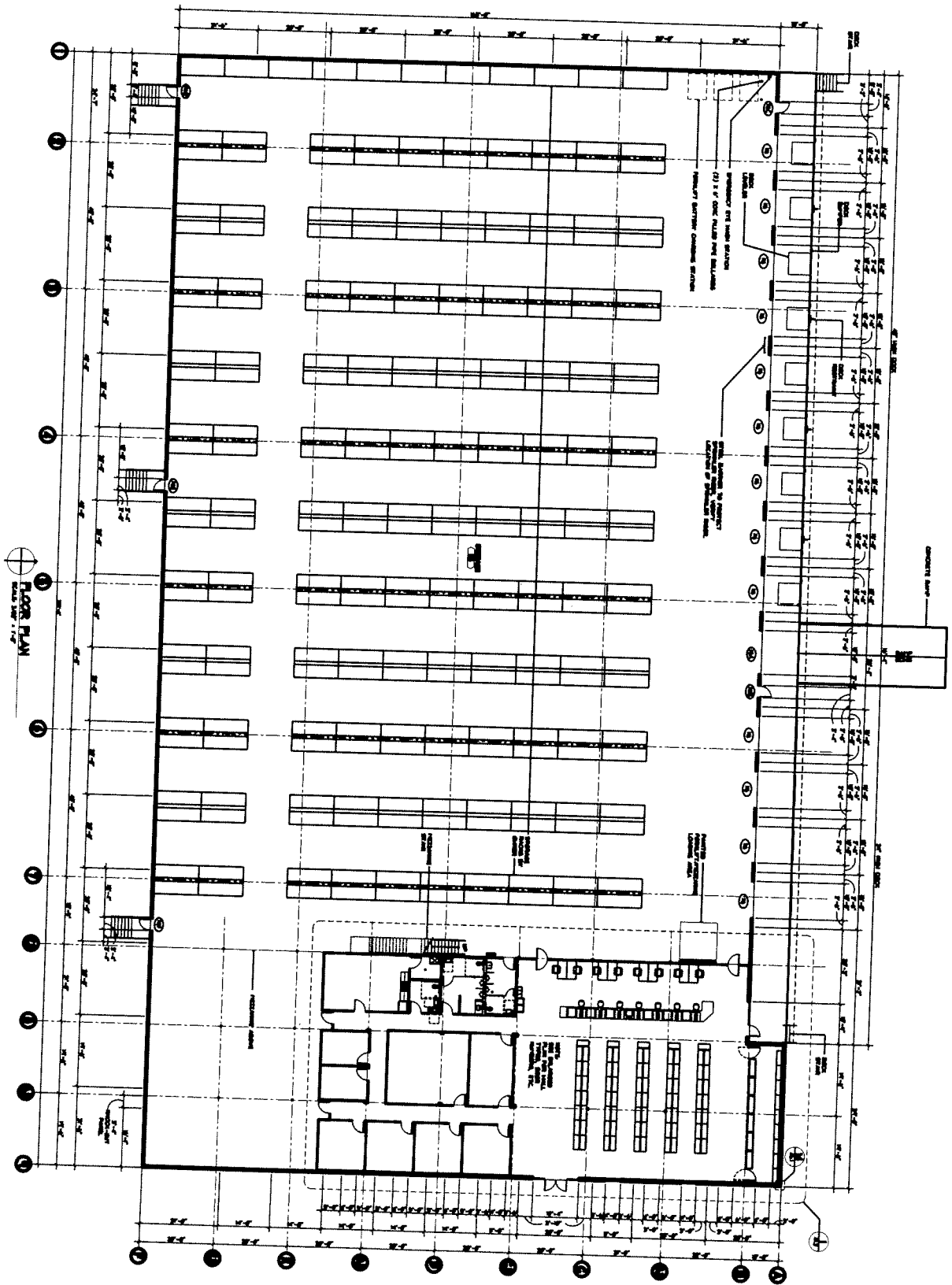
Telephone/FAX

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

\_\_\_\_\_







FLOOR PLAN  
SCALE: 1/8" = 1'-0"

FLOOR PLAN

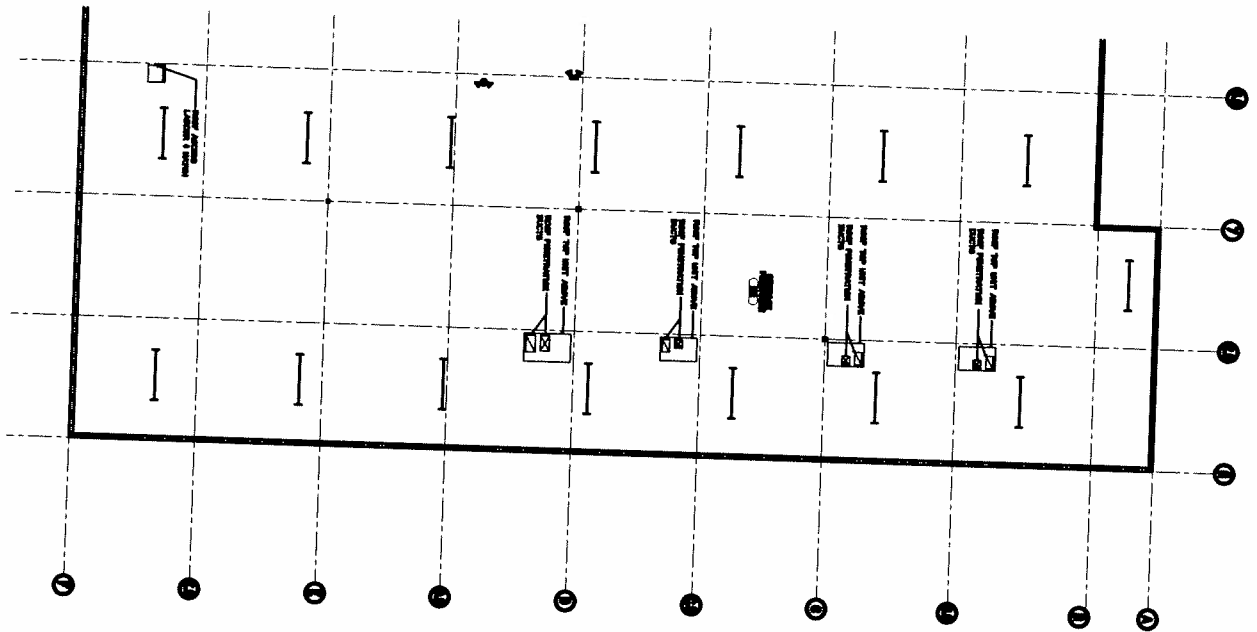
PROJECT TITLE  
**Victor Distributing Company**  
**NEW DISTRIBUTION CENTER**  
**PORT MYERS, FLORIDA**

**GMA** DESIGN GROUP, INC.  
 ARCHITECTURAL DESIGN SERVICES  
 15000 LINDA WAVE DRIVE, SUITE 100, CLAMWATER, FLORIDA 33760  
 PHONE: 727-536-2801 FAX: 727-536-2700  
 REGISTRATION # AHK003219

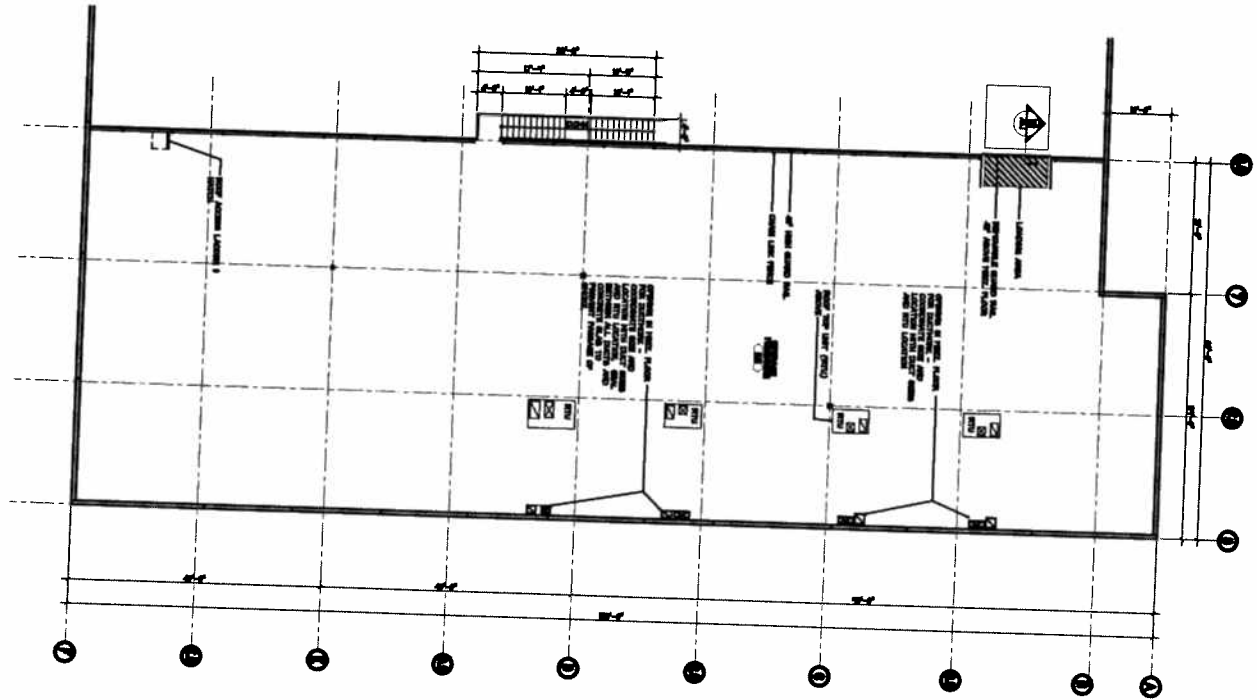
DESIGNER: ROBERT OHLA, ARCH.  
 DATE: 11/11/03  
 DRAWING NO.: 111  
 PROJECT NO.: 111  
 SHEET NO.: 111  
 TOTAL SHEETS: 111

DATE	DESCRIPTION

ENLARGED MEZZANINE REFLECTED CEILING PLAN  
 SCALE: 1/8" = 1'-0"  
 DATE: 08/11/09



ENLARGED MEZZANINE PLAN  
 SCALE: 1/8" = 1'-0"  
 DATE: 08/11/09



PROJECT NUMBER: A19  
 SHEET NUMBER: 1  
 DATE: 08/11/09

PROJECT: NEW DISTRIBUTION CENTER  
 LOCATION: FORT MYERS, FLORIDA

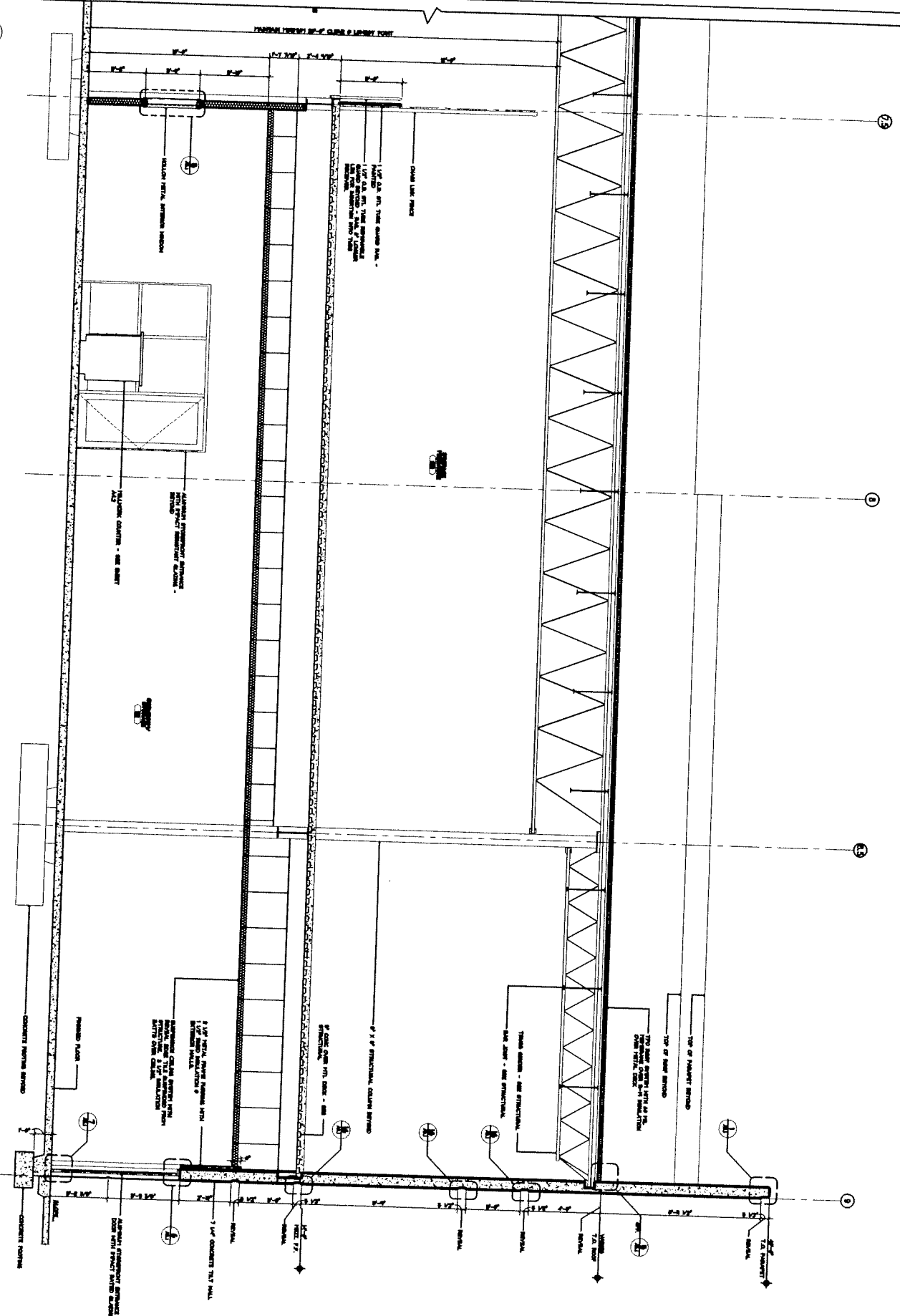
MEZZANINE FLOOR PLAN &  
 MEZZANINE REFLECTED CEILING PLAN

Victor Distributing Company  
 NEW DISTRIBUTION CENTER  
 FORT MYERS, FLORIDA

GMA DESIGN GROUP INC.  
 ARCHITECTURAL DESIGN SERVICES  
 15500 LIGHTWAVE DRIVE SUITE 100 CLEARWATER FLORIDA 33760  
 PHONE: 727-538-2601 FAX: 727-538-2701  
 REGISTRATION # AA000319

NO.	DESCRIPTION
1	MEZZANINE FLOOR PLAN
2	MEZZANINE REFLECTED CEILING PLAN

**BUILDING SECTION**  
SCALE: 1/8" = 1'-0"



**BUILDING SECTION**

PROJECT TITLE  
**Victor Distributing Company**  
**NEW DISTRIBUTION CENTER**  
 PORT MYERS, FLORIDA

**GMA DESIGN GROUP INC.**  
 ARCHITECTURAL DESIGN SERVICES  
 15000 LIGHTHOUSE DRIVE SUITE 100 CLEARWATER FLORIDA 33702  
 PHONE: 727-436-2901 FAX: 727-636-2701  
 REGISTRATION # ANK000219

SHEET NUMBER  
**A31**

DESIGN NO. 1  
 DRAWING BY: ROBERT OHLA, AIA  
 CHECKED BY: [ ]  
 DATE: [ ]

DRAWING TITLE  
 PROJECT TITLE  
 PROJECT NO.  
 SHEET NO.

REVISIONS

NO.	DESCRIPTION