

CHIQUITA ANIMAL HOSPITAL

Issue: Vertical accessibility to the second floor of a veterinary clinic.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to the second floor of an animal hospital. The project consists of a 2,800 square foot addition to the existing 3,675 square foot first floor. According to the applicant, it is both technically infeasible and disproportionate to the cost of the alteration to install an elevator in the facility. No cost estimates were submitted to substantiate the claim. The application states that the second floor will not be open to the public and that any employees could perform their job functions on the fully accessible first floor.

Project Status.

The project is under construction.

Items to be Waived:

Vertical accessibility to the second floor, as required by Section 553.509, F. S.

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.

opportunity to answer questions and /or give a short presentation **not to exceed 15 minutes**. The Commission will consider all information and the Council's recommendation before voting on the waiver.

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: Chiquita Animal Hospital

Address: 3714 Chiquita Boulevard

Cape Coral, FL 33914

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: John Kacoyanis

Applicant's Address: 3323 S.E. 22nd Place, Cape Coral, FL, 33904

Applicant's Telephone: (239)-340-2161 FAX: _____

Applicant's E-mail Address: Kacoyanis@MSN.com

Relationship to Owner: _____

Owner's Name: John Kacoyanis

Owner's Address: 3323 S.E. 22nd Place, Cape Coral, FL, 33904

quotations or bids from at least two vendors or contractors.

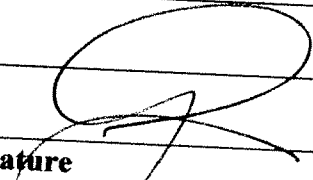
a. A ramp is technically infeasible as a chair lift. It is also unnecessary as the individuals who would utilize the altered second floor are employees. Disabled employees can utilize equal accommodations on the ground floor where these functions are currently taking place.

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.

See item 10, attached.

Signature  Printed Name GREGORY S. GOETTER

Phone number (239) 481-5900

(SEAL)

Owner's Telephone: (239)-340-2161
FAX _____

Owner's E-mail Address:
Kacoyanis@MSN.com

Signature of Owner:

Contact Person: John
Kacoyanis

Contact Person's Telephone: (239)-340-2161 E-mail Address:
Kacoyanis@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.)

Two story building consisting of 6,475 S.F. total area, broken down as follows;

First floor area = 3,675 S.F., Second floor area = 2,800 S.F.

The use of this building is a "Veteranarian Hospital".

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

#3

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 local building office would not waive their interpretation of the code regarding vertical accessibility. The owner commissioned the Architect to provide design and construction drawings for the construction of an elevator. The bids for the elevator addition far exceeded the 20% financial feasibility limit by code. The local building office will issue a temporary certificate of occupancy once we submit this waiver request.

NO TCO
WILL BE
ISSUED
JMK
JBO

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 2004 Chapter 11, Section 11 - 4.1.6 Accessable Buildings: Alterations.

This edition of the code does not apply to buildings, structures or facilities which were in existence on October 1, 1997, unless: we believe (i), (ii), (iii) do not apply.

Issue

2: Assuming that we do not meet the requirements in (1) above, and we need to comply with Section 11 - 4.1.6 Accessable Buildings: Alterations

Then we believe the following exemptions from providing an elevator apply.

Issue

3: Section 11 - 4.1.6 (1) technically infeasible. It is structurally infeasible to install the elevator on the interior of the building.

Section 11 - 4.1.6 (2) Alterations to an area containing a primary function. The addition of an elevator is disproportionate to the overall alterations in terms of cost and scope.

Alterations shall be deemed disproportionate to the overall alteration when the cost exceeds 20 percent of the cost of the alteration.

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.

We request that the Florida Building Commission grant us a waiver from the Florida - specific accessibility requirement as interpreted by our local building official and as briefly outlined in item 6 and 7 above. As indicated on our plans and per our request the building is too small to justify the disproportionate cost.

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

If the waiver is denied the alteration will be unusable and the owner will have to continue conducting his practice in cramped quarters and will have to refuse additional service.

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.

See the attached cost estimate prepared by Stultz, Inc., General Contractor.

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

10. My interpretation of the Code is that an elevator is not required. In accordance with Section 11 - 1.4.6.1 (K) (I) this code does not require the installation of an elevator in an altered facility that is less than three stories or less than 3,000 square feet per story. We meet both of these requirements. In addition, the code states that unless the Building is a Shopping Center, a Shopping Mall, the Professional Office of a Health Care Provider, or another type of facility as determined by the U.S. Attorney General. We do not fall in any of these categories. We are not the Professional Office of a Health Care Provider which implies Human Health Care and not a Veterinarian Animal Hospital.

In addition, Section 11 - 4.1.3 (5) Exception 1 for "Accessible Buildings - New Construction, states that "If Toilets or Bathing Facilities are provided on a level not served by an elevator, then a Toilet or Bathing Facility must be provided on the accessible ground floor."

Therefore, if an elevator is not required for "Accessible Buildings - New Construction" one would conclude that an elevator would not be required for "Accessible Buildings - Alterations".

Our attempts to provide vertical accessibility via an elevator proved to be both technically and financially infeasible in accordance with Section 11 - 4.1.6.1 (2) (1).

The owner has paid for Architectural and Engineering Services for the preparation of drawings for a new elevator addition to the existing building. He has solicited and received a bid from a Florida Licensed General Contractor. The cost is nearly as much as the cost of the interior remodeling which exceeds the 20% mentioned in Section 11 - 4.1.6. (2).

Adding an elevator to the existing building is not readily achievable. The definition of "readily achievable" in Section 11 - 3, "miscellaneous instructions and definitions" means easily accomplished and able to be carried out without much difficulty or expense.

In accordance with Section 11- 4, accessible elements and spaces: scope of technical requirements, 11 - 4.1 exceptions (a) if providing accessibility in conformance with this section to individuals with certain disabilities (e.g., those who use wheel chairs) would be structurally impracticable, accessibility shall nonetheless be ensured to persons with other types of disabilities (e.g., those who use crutches or who have sight, hearing, or mental impairments) in accordance with this section.

We are able to provide accessibility and equal accommodation to persons in wheelchairs on the ground floor where business is currently being conducted.

Section 11 - 2, General, 11 - 2.2 Equivalent facilitation. Departures from particular technical and scoping requirements of this code by the use of other designs and technologies are permitted where the alternative designs and technologies used will provide substantially equivalent or greater access to and usability of the facility.

Telephone/FAX

Address:

_____.

Form No.: 2001-02, Page 1 of 2

Certification of Licensed Design Professional for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

I, _____, 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 above) _____ 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 _____

_____, 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: _____

Fax: _____

E-Mail Address: _____

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

Certification of Applicant for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

I, _____, am applying for placement on the Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code. I (check one of the following and complete blanks):

am the owner of this Project (name of project)

and was the owner of the project known as

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 _____

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 _____ day of _____, 20 _____

Signature


Printed Name

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

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 31st day of May, 2007

Signature 

Printed Name John G. Kacoyanis

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.

The application has been reviewed by the Deputy Building Official and to the best of my knowledge find the information in the application is true and accurate EXCEPT for item #6 Projects Status.

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/Recommendations \$10, 256.00 AC/ Change -Out / Dumpster enclosure, LP Tank

Jurisdiction

City of Cape Coral

Building Official or Designee

Signature

K. Croteau DBO

Printed Name

Kathleen Croteau

Certification Number

BU1529

STULTZ INC.

DESIGN BUILDERS / CONSTRUCTION MANAGERS

CGC1504629
12651 McGregor Blvd.
Suite 1-103
Ft. Myers, FL 33919
(239) 690-3033

Proposal

Job #: 7002

Estimator:

Date: 02/07/07

Project: CAH Elevator Addition

FL

Cost Code	Description	Amount
7002 CAH Elevator Addition		
1 General Requirements		
1000.000	General Conditions	
1200.000	Architectural Fees	
	By Owner	
1250.000	Engineering Fees	
	By Owner	
1290.000	Plan Cost	
1300.000	Permits	350.00
	By Owner	
1310.000	Impact Fees	
	By Owner	
1350.000	Tap/Connection Fees	
	By Owner	
1390.000	Testing	1,500.00
1400.000	Superintendent	10,000.00
1490.000	Temp. Labor	1,000.00
1510.000	Temp. Power	
	By Owner	
1511.000	Temp. Water/Sewer	
	By Owner	
1515.000	Telephone	250.00
1520.000	Temp. Sanitary	250.00
1600.000	Safety/OSHA Req.	100.00
1620.000	Temp. Protection	500.00
1700.000	Dumpster/Trash Removal	1,000.00
1790.000	Final Clean	350.00
1910.000	Bullder's Risk Insurance	1,750.00
	Division Total:	17,050.00
2 Site Work		
2000.000	Site Work Allowance	7,500.00
	Division Total:	7,500.00
3 Concrete		
3000.000	Concrete	55,600.00
	Includes: Concrete/Masonry through Second Floor Tie Beams. 2" Topping on Second Floor.	

STULTZ INC.

DESIGN BUILDERS / CONSTRUCTION MANAGERS

CGC1504629

Proposal

Job #: 7002

Estimator:

Date: 02/07/07

Cost Code	Description	Amount
3800.000	Pre-Cast	8,610.00
5 Metals	Division Total:	64,210.00
5510.000	Metal Railings	2,500.00
5800.000	Soffit/Fascia	3,500.00
6 Wood & Plastics	Division Total:	6,000.00
6120.000	Wall Framing See Gypsum Board 9250	
6130.000	Roof Framing	8,400.00
6190.000	Truss (Prefab) Includes: Truss Bracing	1,900.00
7 Thermal/Moisture Protection	Division Total:	10,300.00
7200.000	Insulation Foil on exterior block walls and Icynene in trusses. Alternate: Seal/Paint Block Wall - DEDUCT \$450.	1,453.00
7300.000	Roofing	27,950.00
8 Doors & Windows	Division Total:	29,403.00
8100.000	Metal Doors & Frames	5,000.00
9 Finishes	Division Total:	5,000.00
9100.000	Stucco	
9250.000	Gypsum Board Alternate: Seal/Paint Block Wall - DEDUCT \$5,200 (Net of cost to seal block wall).	18,720.00
9660.000	Resilient Flooring Allowance for first/second floor and elevator. No floor finish schedule shown.	6,000.00
9900.000	Painting	5,000.00
10 Specialties	Division Total:	36,520.00
10250.000	Awnings	1,500.00
14 Conveying Systems	Division Total:	1,500.00
14000.000	Conveying Systems Includes \$3,500 allowance for GC installation of conduit and electrical to elevator.	45,000.00

STULTZ INC.

DESIGN BUILDERS / CONSTRUCTION MANAGERS

CGC1504629

Proposal

Job #: 7002

Estimator:

Date: 02/07/11

Cost Code	Description	Amount
15 Mechanical		Division Total:
15210.000	Fire/Security Alarms By Owner	45,000.00
15290.000	Fire Extinguishers/Cabinets	100.00
15700.000	HVAC	1,200.00
16 Electrical		Division Total:
16000.000	Electrical	1,300.00
	Allowance for electrical, relocate existing service (includes some premium time). Alternate: Value Engineer with Electrician.	59,500.00
99 Contingencies/Overhead/Fee		Division Total:
999997.000	Contingencies	59,500.00
999998.000	Overhead 7%	5,000.00
999999.000	Contract Mgmt Fee 8%	20,180.00
		24,678.00
		Division Total:
		49,858.00
	Grand Total:	\$333,141.00

Notes:

Joe Dubek, Architect, Inc.

GREG GOERTLER
Owner/Architect

13611 MCGREGOR BLVD., SUITE 2
FORT MYERS, FL 33919
(239) 481-5900 • FAX 481-5903
AA-C000960

September 12, 2006

Kathy Croteau
City of Cape Coral
P.O. Box 150027
Cape Coral, Fl. 33990

Re: Chiquita Animal Hospital - Interior Remodeling
3714 Chiquita Blvd., South
Cape Coral, Fl. 33914
Applic. No.: 06-00008883

Dear Kathy,

The following is a list of corrective measures to be performed/executed in order to comply with your Report.

BUILDING: KATHY CROTEAU, 573-3184

1. The exterior CMU Wall Infill meets and /or exceeds the 130 MPH Windload Pressure for fully enclosed structures + 34.6 P.S.F. The Contractor shall use "Heckmann No. 187, Masonry Wall Ties, 16 gage x 1 1/4" wide x 5-1/2" long + 1-1/2" bend with a 5/16" hole, mill galvanized. The wall ties shall be anchored with 1/4" tapcons w/minimum 1" embedment into existing C.M.U. wall or concrete the beam as shown on the "Blocked Opening Detail" attached.
2. We agree to provide vertical accessibility to the second floor as quickly as possible. We are currently designing the elevator portion of our proposed Phase II Building Addition. We anticipate this will take approximately three to four weeks. We understand that we may proceed with the initial construction (especially closing the exterior C.M.U. openings and repairing the soffits damaged during the hurricane) and we agree that we must have these plans submitted to the Building Department before they will conduct any inspections. We request that should any inspections be required for the exterior hurricane damage repair they be conducted upon request. Your consideration/cooperation is deeply appreciated.

REVISION
SEP 13 2006
RESUBMIT

REVIEWED
FOR CODE COMPLIANCE
CAPE CORAL BUILDING DIVISION
BY *[Signature]* DATE 9/15/06
ALL CONSTRUCTION SHALL BE IN COMPLIANCE WITH THE FLORIDA BUILDING CODE, ALL STATE AND LOCAL CODES. THE GRANTING OF A PERMIT DOES NOT RELIEVE THE CONTRACTOR OF RESPONSIBILITY TO OBTAIN ALL NECESSARY PERMITS AND ORDINANCES.

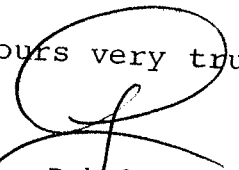
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DBO

9/12/06

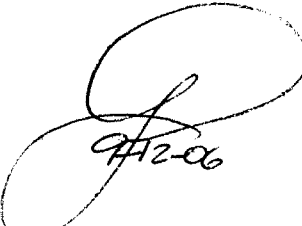
PAGE 2

- This document is a part of the original Contract Documents for the captioned project.
- If you have any questions, please contact me.

Yours very truly,


Joe Dubek Architect, Inc.
Gregory S. Goertler
Owner/Architect
Reg. No. 0009382

REVISION
SEP 13 2006
RESUBMIT


9/12-06