

**Department of Business and Professional Regulation  
FLORIDA BUILDING COMMISSION  
1940 North Monroe Street  
Tallahassee, Florida 32399-0772  
Form FBC 2012-01  
Request for Waiver**

**NOTICE TO WAIVER APPLICANTS**

Please make certain you comply with the following:

- ✎ The person submitting the waiver request application as the Applicant **MUST** sign the application. Should you fail to do so, your application will be returned.
- ✎ If a licensed design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- ✎ Be as explicit as possible. The more information provided to the Florida Building Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree. Two estimates substantiating a claim for disproportionate cost must be included.
- ✎ Petitioners are strongly advised to participate in the Council's conference call, webinar or onsite meeting for application review. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your participation in the meetings to answer questions will enhance the possibility of the waiver being approved, since the Council and the Commission will receive the most complete information – from you. When we receive the completed application, we will send you a notice of the time, date, and place for both the Council and the Commission meetings.

Enclosed is a **List of Required Information** and the **Request for Waiver** application.

If you have any questions or would like additional information, please call the Codes and Standards Section at (850) 487-1824.

**Please mail** this application to the Department of Business and Professional Regulation at the address above. **Include a copy of the application, photos where appropriate and drawings or plans on a CD in PDF format. NOTE: Please do not send files in CAD format but rather provide the files in pdf format.**

This application is available in alternate formats upon request.

**LIST OF REQUIRED INFORMATION:**

1.  X  Drawings that will clearly present your project and that identify the issue(s) that relate to the waiver you are requesting. As a minimum, the following drawings must be submitted:
  - a. Project site plan if pertinent to the application
  - b. 24" x 36" minimum size drawings
  - c. Building/project sections (if necessary to assist in understanding the waiver request)
  - d. Enlarged floor plan(s) of the area in question
  
2. \_\_\_\_\_ When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.
  
3.  X  If you feel photographs and/or renderings are necessary for your presentation, provide legible color copies of the photographs and/or renderings on the CD with the application and plans in jpeg, tif or pdf format.
  
4.  X  Please submit one hard copy of this application and attachments to the Florida Building Commission, Department of Business and Professional Regulation.

**General Information:**

- a. **Verbal Descriptions:** Presentations may be to sight or hearing impaired persons; visual presentations should consider adequate verbal and text descriptions of charts and pictures.

Your application will be reviewed by the Accessibility Advisory Council. You will have the opportunity to answer questions and/or make a short presentation **not to exceed 15 minutes**. The Council will provide recommendations to the Florida Building Commission. The Commission will review the application- where you will have another 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 II, 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:** Center for Public Safety

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**Address:** 1251 Jim Keene Blvd.

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Winter Haven, FL 33880

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**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:** George Urbano

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**Applicant's Address:** Polk State College, 999 Avenue H, N.E.,  
Winter Haven, FL 33881

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**Applicant's Telephone:** 863-297-1086                      **FAX:** 863-297-1018

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**Applicant's E-mail Address:** Gurbano@Polk.edu

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**Relationship to Owner:** Director of Facilities-District

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**Owner's/Tenant's Name:** District Board of Trustees – Polk State College

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**Owner's Address:** 999 Avenue H, N.E., Winter Haven, FL 33881

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**Owner's Telephone:** 863-297-1086                      **FAX:** 863-297-1018

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**Owner's E-mail Address:** Eholden@Polk.edu

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**Signature of Owner:**



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**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.)

New Polk State College campus with 3 buildings totaling 101,484 GSF.

Main classroom building 2 stories; defense tactics/weight training building 1 story; and immersive tactical training building 2 stories.

The campus will house the Criminal Justice, EMS and Fire Science programs.

This building will also be used for law enforcement and emergency responders continuing education courses

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

Estimate construction cost from construction manager currently at: \$23,844,499.00

**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.

The complete campus is currently design to meet the "American with Disabilities Act", with the exceptions to the 2<sup>nd</sup> floor of the Immersive building.

We would like to request an ADA wavier for the Immersive Tactical Training building, 2<sup>nd</sup> floor. ADA access to the observation deck area. Part of the 2<sup>nd</sup> floor area is a metal grid system open to 1<sup>st</sup> floor area below. The observation viewing deck is used during tactical law enforcement training exercises.

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

**Issue**

1: Requesting the ADA access to the 2<sup>nd</sup> floor Immersive building observation deck be waived by the Commission (Reference applicable section of Florida law: Florida 553.509-Vertical Accessibility.)

See: <http://flsenate.gov/laws/statutes/2012/553.509>

**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.

Based on the usage of the Immersive building and the type of training involved the need for ADA access will not be needed. This space will only be used for special qualified staff, who will be participating in extremely physical training activities that handicapped/disable occupants would not be involved in and could not be certified for.

Example: How to enter buildings, room/half clearing, active engagements/shooter/simulation training (live fire), stairwell clearing, multi floor clearing, and arrest/containment training.

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. Base of the construction manager's estimate, the cost impact would be \$150,000. We are currently out to bid with the project.

b.

c.

10. **Licensed Design Professional:** Where a licensed design 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.

As the Licensed Design Professional responsible for the design of the project, I concur with the College's responses to question # 8 in regards to why this requested waiver is necessary. The required floor to floor height of this simulation training facility exceeds the standards to allow for the installation of a vertical handicap lift, therefore if handicap/wheelchair access is deemed as being required to the second level of this building, a standard elevator would need to be installed.

The project would be negatively impacted by substantial financial costs to add vertical access (via an elevator) to the 2nd floor of the Immersive Training Facility.

Another major negative impact would be created by the addition of an elevator and its accompanying fixed/solid wall enclosure. An essential demand of this simulation training facility is to provide "wide open" interior space that is not subdivided by interior fixed-in-place walls. As confirmed by our supporting project drawings and images, both levels of this simulation facility will contain a ceiling-mounted grid system that supports moveable interior wall panels which are track-mounted and have the ability to be quickly reconfigured into a multitude of varying simulation room layouts. The inclusion of an elevator and its surrounding fixed-in-place walls would greatly limit the "open" flexibility mandated by the unique demands of this special, one-of-a-kind Criminal Justice/EMS training simulation facility.

In addition, this facility was purposefully separated from the rest of the new project as a free-standing building due to the fact that its sole focus is to contain very physical criminal justice and EMS related training simulation activities. Those accepted into these training programs and

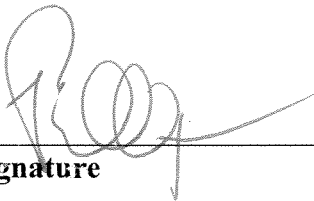
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The project would be negatively impacted by substantial financial costs to add vertical access (via an elevator) to the 2<sup>nd</sup> floor of the Immersive Training Facility.

Another major negative impact would be created by the addition of an elevator and its accompanying fixed/solid wall enclosure. An essential demand of this simulation training facility is to provide "wide open" interior space that is not subdivided by interior fixed-in-place walls. As confirmed by our supporting project drawings and images, both levels of this simulation facility will contain a ceiling-mounted grid system that supports moveable interior wall panels which are track-mounted and have the ability to be quickly reconfigured into a multitude of varying simulation room layouts. The inclusion of an elevator and its surrounding fixed-in-place walls would greatly limit the "open" flexibility mandated by the unique demands of this special, one-of-a-kind Criminal Justice/EMS training simulation facility.

In addition, this facility was purposefully separated from the rest of the new project as a free-standing building due to the fact that its sole focus is to contain very physical criminal justice and EMS related training simulation activities. Those accepted into these training programs and participating in these activities are not handicapped individuals, and in fact, many non-handicapped individuals are not able to participate in this special program.

  
\_\_\_\_\_  
**Signature**

Philip D. Wegman, AIA  
\_\_\_\_\_  
**Printed Name**

**Phone number** 863-688-1211

**(SEAL)**

**CERTIFICATION OF APPLICANT:**

I hereby declare 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 \_\_\_ day of June, 2014

Eileen Holden  
Signature

Eileen Holden  
Printed Name

I understand that if I falsify, misrepresent, or omit any material information on this document, the Commission may revoke any order and will notify the building official of the permitting jurisdiction.

KNOWINGLY MAKING A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY IS A MISDEAMEANOR OF THE SECOND DEGREE PURSUANT TO SECTION 837.06 F.S. AND SECTION 775.083, F.S.



**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. Per 1013.371 (1) (A) Education plans are exempt from local ordinances. \_\_\_\_\_

b. Florida Department of Education is currently reviewing the plans. \_\_\_\_\_

c. We currently use a third party for all buildings code reviews, compliance and inspections. \_\_\_\_\_

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

\_\_\_\_\_

Email Address

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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

Note: Fill out pages \_\_\_\_\_ only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda.

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: \_\_\_\_\_