

This application is available in alternate formats upon request.

**LIST OF REQUIRED INFORMATION:**

1. \_\_\_\_\_ 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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.

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**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS  
OF CHAPTER 553, PART II, FLORIDA STATUTES {to "OF CHAPTER 553, PART V,  
FLORIDA STATUTES " \12}**

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: Epic Theatres

Address: Lot adjacent to HH Gregg, 8380 Merchants Way, Jacksonville, 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: TK Architects c/o Ian Wilson

Applicant's Address: 106 W. 11<sup>th</sup> Street, Suite 1900 Kansas City, MO 64105

Applicant's Telephone: 816-842-7552 FAX: 816-842-1302

Applicant's E-mail Address: iwilson@tkarch.com

Relationship to Owner: Architect

Owner's/Tenant's Name: Epic Theatres @ Oak Leaf LLC.

Owner's Address: P.O. Box 2076, Deland FL 32721-2076

Owner's Telephone: 386-736-6830 FAX 386-738-2596

Owner's E-mail Address: fd@epictheatres.com

Signature of Owner: 

**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 Construction, 43,500 SF 14 Screen Movie Theatre

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

\$5,700,000

**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.

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

**Issue**

1: 553..509 FLA Stat. (2007) which states the owner shall provide vertical accessibility to all levels above grade and below the occupiable grade level.

**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.

Please refer to attached letter.  
\_\_\_\_\_

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.

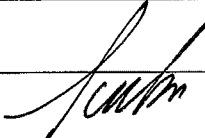
a. Please refer to the attached letter and attached pricing data.  
\_\_\_\_\_

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

c. \_\_\_\_\_  
\_\_\_\_\_

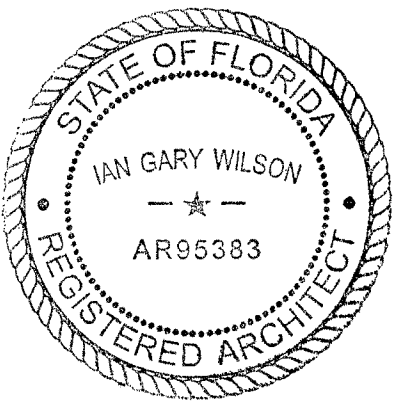
10. **Licensed Design Professional:** Where a licensed design has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

Please refer to the attached letter.

\_\_\_\_\_  
Signature  Printed Name: Ian Wilson

Phone number 816-842-7552

(SEAL)



**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

\_\_\_\_\_  
Email Address

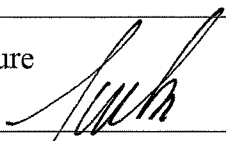
Address: \_\_\_\_\_

**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 1<sup>st</sup> day of July, 2014

Signature



Printed Name

Ian Wilson

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.

## 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, Ian G. Wilson, a licensed architect/engineer in the state of Florida, whose Florida license number is AR95383, hereby state as follows:

1. I am the **architect**/engineer of record for the project known as (name of project) Jacksonville 14, 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), Ian G. Wilson, prepared the design documents for the project known as Jacksonville 14, 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: Ian G. Wilson

Affix certification seal below:

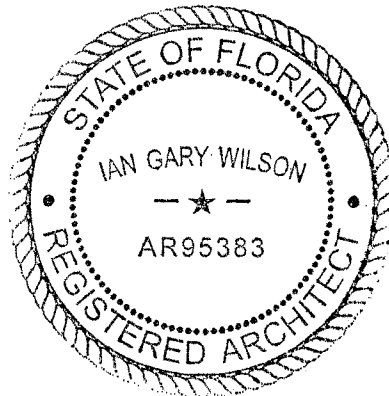
Address: 106 W. 11<sup>th</sup> Street, Suite 1900

Kansas City, MO 64105

Telephone: 816-842-7552

Fax: 816-842-1302

E-Mail Address: iwilson@tkarch.com







KANSAS CITY  
106 W. 11<sup>th</sup> Street • Suite 1900  
Kansas City, Missouri 64105  
816.842.7552  
www.tkarch.com

AA 000 2411

June 30, 2014

Mary Kathryn Smith  
Department of Community Affairs  
Florida Building Division  
Codes & Standards Section  
2555 Shumard Oak Blvd.  
Tallahassee, FL 32399-2100  
850-410-2598

Re: August Waiver Application Agenda Item  
Epic Theatres – Jacksonville  
Jacksonville, FL

TKA-13094.00/113

Dear Mary Kathryn;

Please find following PDF's for our submission for waiver on the Epic Theater at Jacksonville.

- Application
- Explanation of hardship letter
- Overall Site Plan
- Overall Ground Floor Plan
- Overall Mezzanine Level Plan
- Auditorium Plans and Sections

I have signed the Application as the applicant and will be attending the hearing to represent our office. We have not received the City of Jacksonville Building Official, Review and Recommendations at this time.

Please let us know if you need any further information at this time. Thanks for your help with this submission.

Sincerely,

TK ARCHITECTS, INC.

A handwritten signature in black ink, appearing to read 'Ian Wilson', is written over the company name.

Ian Wilson, RIBA, AIA, LEED AP BC+D  
Vice President

IW/ha

Attachments



AA 000 2411

June 30, 2014

Request for Waiver Form  
Accessibility Requirements  
of Chapter 553, Part V  
Florida Statutes

Re: Epic Theatres  
Jacksonville, FL  
TKA-13094/113

Item 8 from the Request for Waiver Application  
**Reason for Waiver Request**

The requirements from which the Owner is seeking a wavier are those in the Florida Americans with Disabilities Implementation Act, Section 553.509 Florida Statutes which requires an Owner to provide vertical accessibility to all levels of a building, structure or facility. Specifically, the Owner is requesting a waiver from providing vertical accessibility to all rows of stadium seating in the movie theatre auditoriums. Section 553.512(1) Florida Statutes, provides for a waiver of the accessibility requirements set forth in Section 553.509 Florida Statutes, upon a determination of unnecessary, unreasonable or extreme hardship. Substantial financial costs will be incurred by the owner if the waiver is denied.

The Epic Theatres Jacksonville project is new construction of a 14 screen stadium seating movie theatre. Stadium seating is the industry standard and allows for unobstructed patron viewing of movies. Stadium seating is the issue for consideration of the Accessibility Waiver.

Each of the 14 auditoriums are comprised of tiered seating platforms of varying elevations ranging from 18" to 6" in difference between adjacent platforms. Wheelchair accessible seating locations are designed in accessible viewing locations in each auditorium with companion seating, and designed to maximize the view angle to the top of the screen to be less than 30°. Additional ambulatory accessible seating is accommodated by providing lift up arms on aisle seats. To design this theatre to provide wheelchair accessibility to every row of stadium seating will cause **extreme hardship** to the Owner as follows:

- I. (91) chair lifts would be required to access every row of seating:

Vertical Platform Lift Pricing

Planet Mobility	Verti Lift pl-36	\$ 4,998
Adaptive Engineering	Mobilift CX	\$ 7,980
Ascension Virtuoso	5460P	\$ 27,000

We have chosen the mid-range priced lift.

Per RS Means Construction Cost Data 2014, add 8% of the material cost for installation. Therefore, (1) Lift, furnished and installed:  $\$7,980 + \$638 = \$8,618$

(91) Lifts furnished and installed:  $\$8,618 \times 91 = \$784,238$  additional cost.

- II. To design the physical space required for each lift, and access on each side of the lift, we have calculated that approximately 34 additional square feet per lift must be added to the building footprint.  
Therefore:  $34 \text{ SF} \times 91 \text{ lifts} = 3,094$  additional SF.

The preliminary building cost estimate is \$130/SF.  
Therefore: 3,094 SF X \$130/SF = \$ 402,220 additional cost.

- III. Each row of seating itself, accessed by the lift, must have an accessible route to the wheelchair accessible seating location. Please note that the accessible seating location would not be on the end of a row in order to accommodate a companion. In addition, each wheelchair accessible seating location must have minimum clear floor space for a 60" turning diameter or 36" for a "T"-shaped turn. Throughout the 91 affected rows in the movie theatre, there would be roughly an additional 100 SF needed at each seating platform to be added to the building footprint or an additional 9,100/SF.

The preliminary building cost estimate is \$130/SF.  
Therefore: 9,100 SF x \$130/SF = \$1,183,000 additional cost.

- IV. In Summary:  
Additional building costs for vertical accessibility:

Platform Lifts ( <u>91</u> ) Material & Labor	\$ <u>784,238</u>
Platform Lift SF Additional <u>3,094</u> SF	\$ <u>402,220</u>
Accessible Seating Rows ( <u>91</u> ) <u>Additional 9,100/SF</u>	\$ <u>1,183,000</u>
Total Financial Hardship:	\$ <u>2,369,458</u>

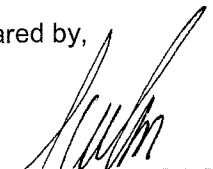
Compared to the original building cost estimate:  
43,500 SF x \$130/SF = \$ 5,655,000  
New Total: \$ 8,024,458  
Or about a 42% cost increase.

It is not practical to provide vertical accessibility to each level of stadium seating, due to the high cost of providing multiple lifts for the requirements of ADA Section 4.33.3 which states that the seating shall adjoin an accessible route that also serves as a means of egress in case of emergency.

As it is not practical to achieve this in a stadium seating-style movie theatre, we have provided a solution:

- 1) To meet the required quantities of disabled seating locations.
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Prepared by,



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Ian Wilson, Vice President  
TK Architects  
Applicant/Design Professional

**Department of Business and Professional Regulation**  
**FLORIDA BUILDING COMMISSION**  
**1940 North Monroe Street**  
**Tallahassee, Florida 32399-0772**  
**Form FBC 2012-01**  
**Request for Waiver{tc "Tallahassee, Florida 32399-2100"}**

**NOTICE TO WAIVER APPLICANTS {tc "NOTICE TO WAIVER APPLICANTS " \ 2}**

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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.**



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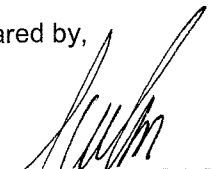
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Owner's Address: P.O. Box 2076, Deland FL 32721-2076

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Owner's E-mail Address: fd@epictheatres.com

Signature of Owner: 

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Under Design  Under Construction\*

In Plan Review  Completed\*

\* Briefly explain why the request has now been referred to the Commission.

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

**Issue**

1: 553.509 FLA Stat. (2007) which states the owner shall provide vertical accessibility to all levels above grade and below the occupiable grade level.

**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.

Please refer to attached letter.  
\_\_\_\_\_

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.

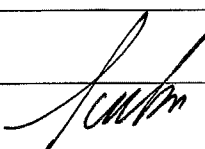
a. Please refer to the attached letter and attached pricing data.  
\_\_\_\_\_

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

c. \_\_\_\_\_  
\_\_\_\_\_

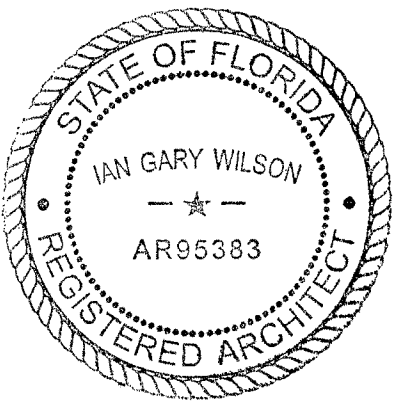
10. **Licensed Design Professional:** Where a licensed design has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

Please refer to the attached letter.

Signature  Printed Name: Ian Wilson

Phone number 816-842-7552

(SEAL)



**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

\_\_\_\_\_  
Email Address

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

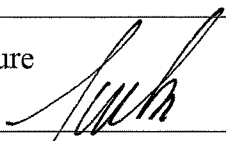
\_\_\_\_\_

**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 1<sup>st</sup> day of July, 2014

Signature



Printed Name

Ian Wilson

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.

## 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, Ian G. Wilson, a licensed architect/engineer in the state of Florida, whose Florida license number is AR95383, hereby state as follows:

1. I am the **architect**/engineer of record for the project known as (name of project) Jacksonville 14, 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), Ian G. Wilson, prepared the design documents for the project known as Jacksonville 14, 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: Ian G. Wilson

Affix certification seal below:

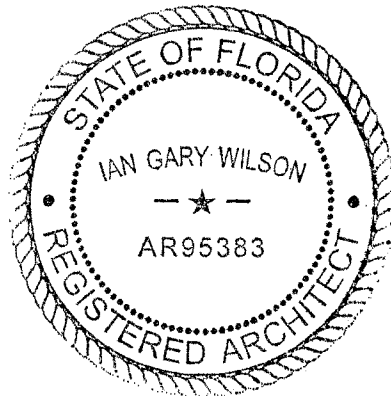
Address: 106 W. 11<sup>th</sup> Street, Suite 1900

Kansas City, MO 64105

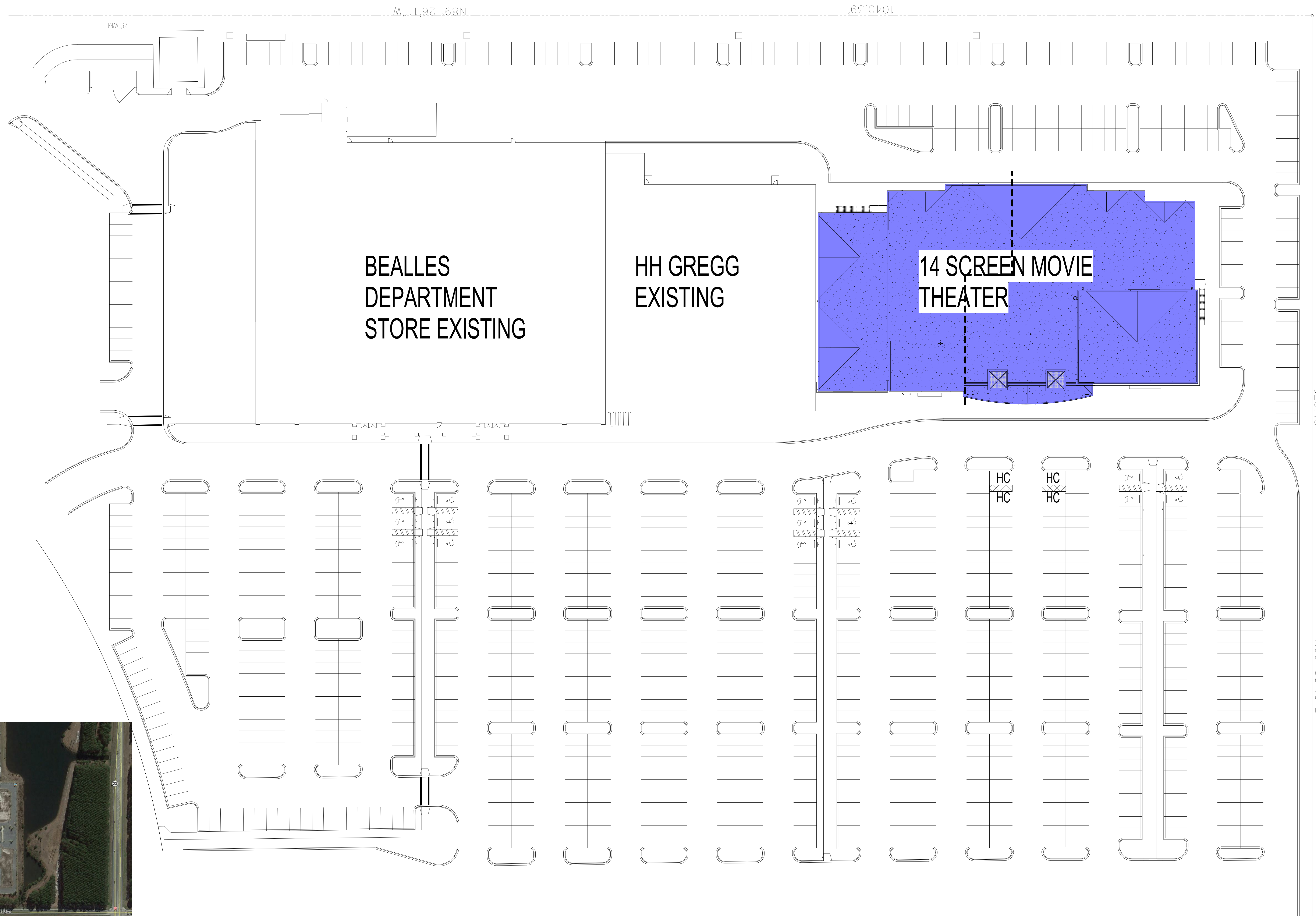
Telephone: 816-842-7552

Fax: 816-842-1302

E-Mail Address: iwilson@tkarch.com





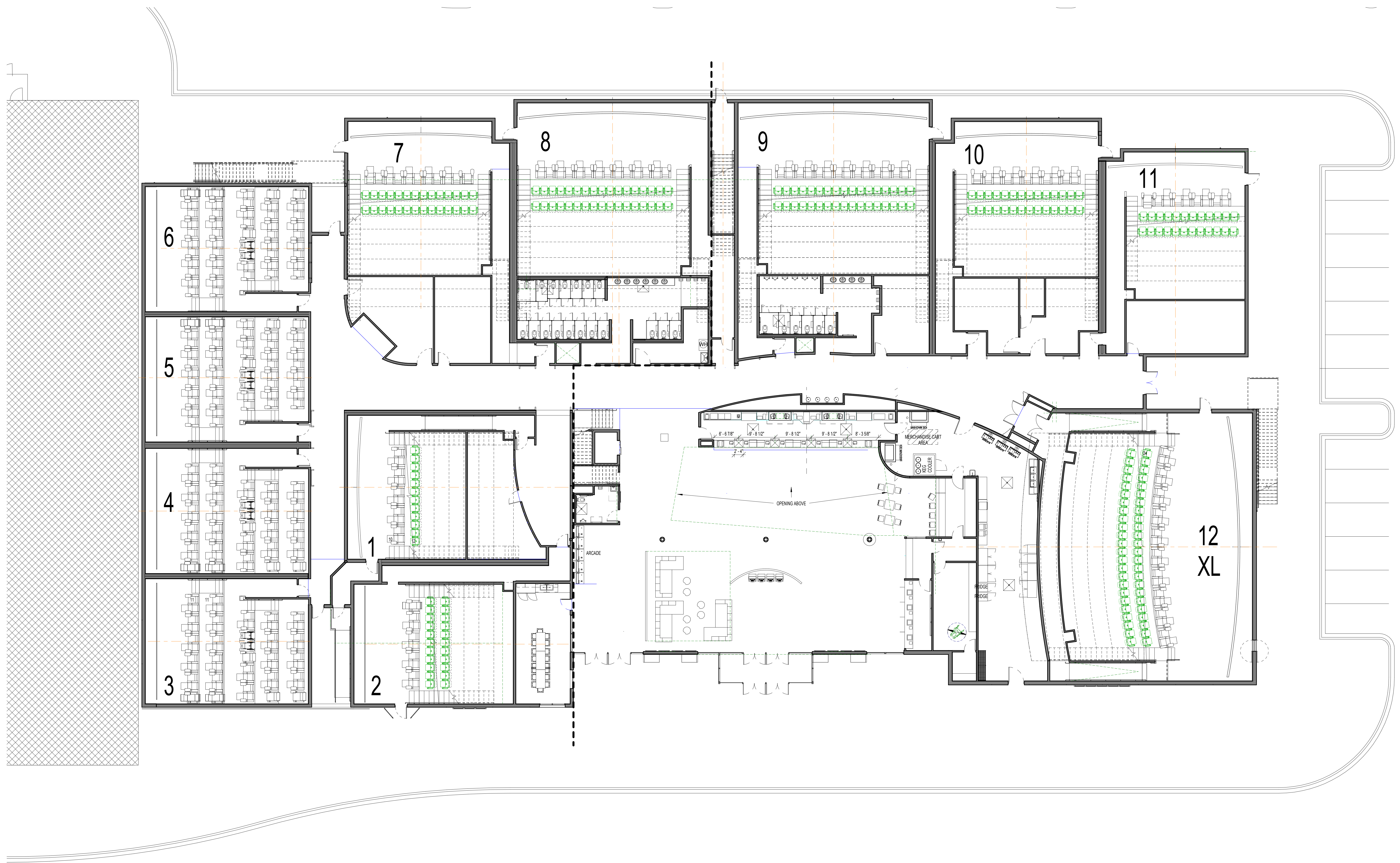


① A-C Site  
1/32" = 1'-0"



OVERALL SITE PLAN JACKSONVILLE, FL

2014.07.1 13094



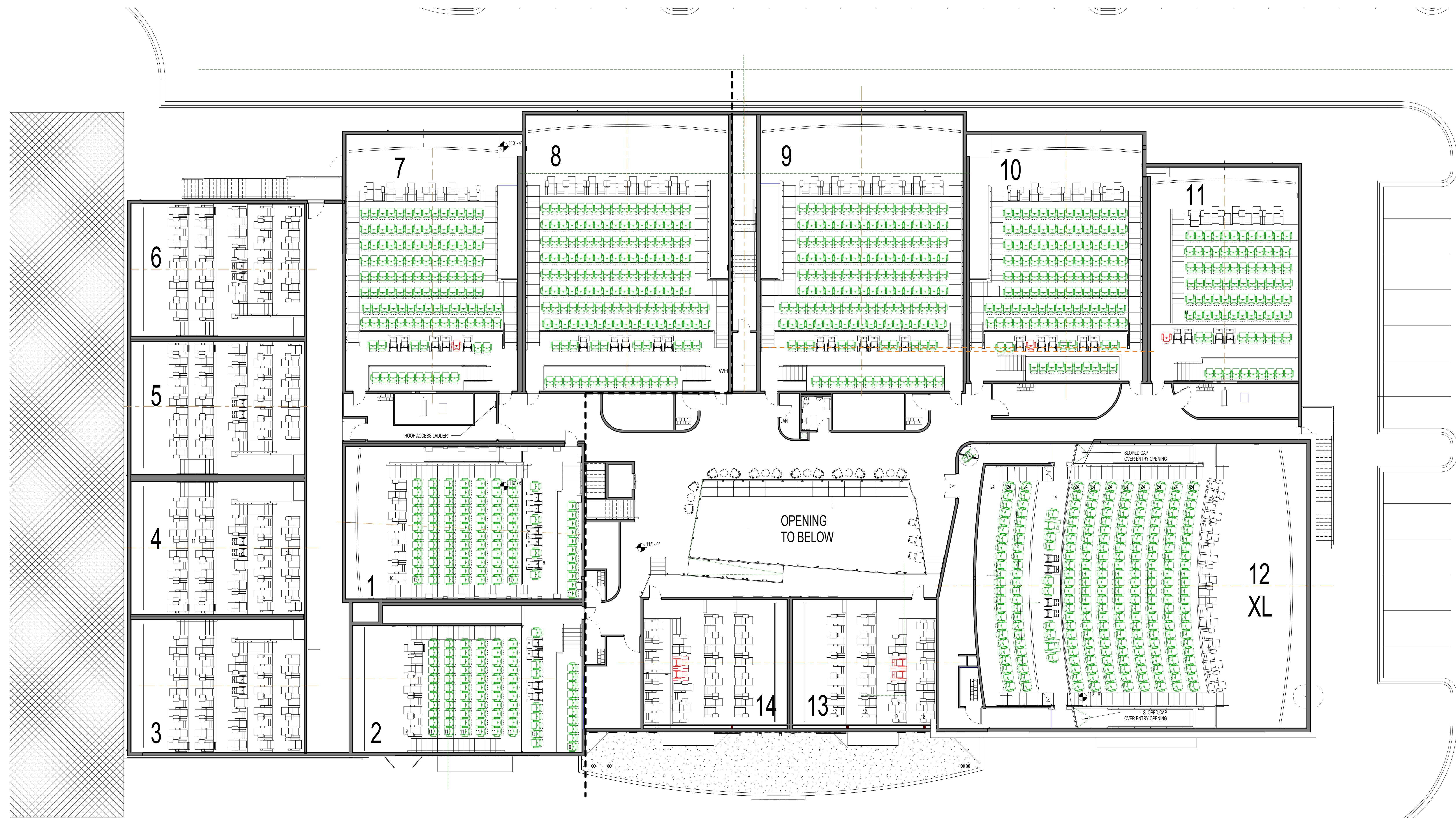
① A-C 1ST FLOOR  
3/32" = 1'-0"



1ST FLOOR OVERALL JACKSONVILLE, FL

2014.07.1 13094

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ALL RIGHTS RESERVED



① A-C VIP LEVEL  
3/32" = 1'-0"

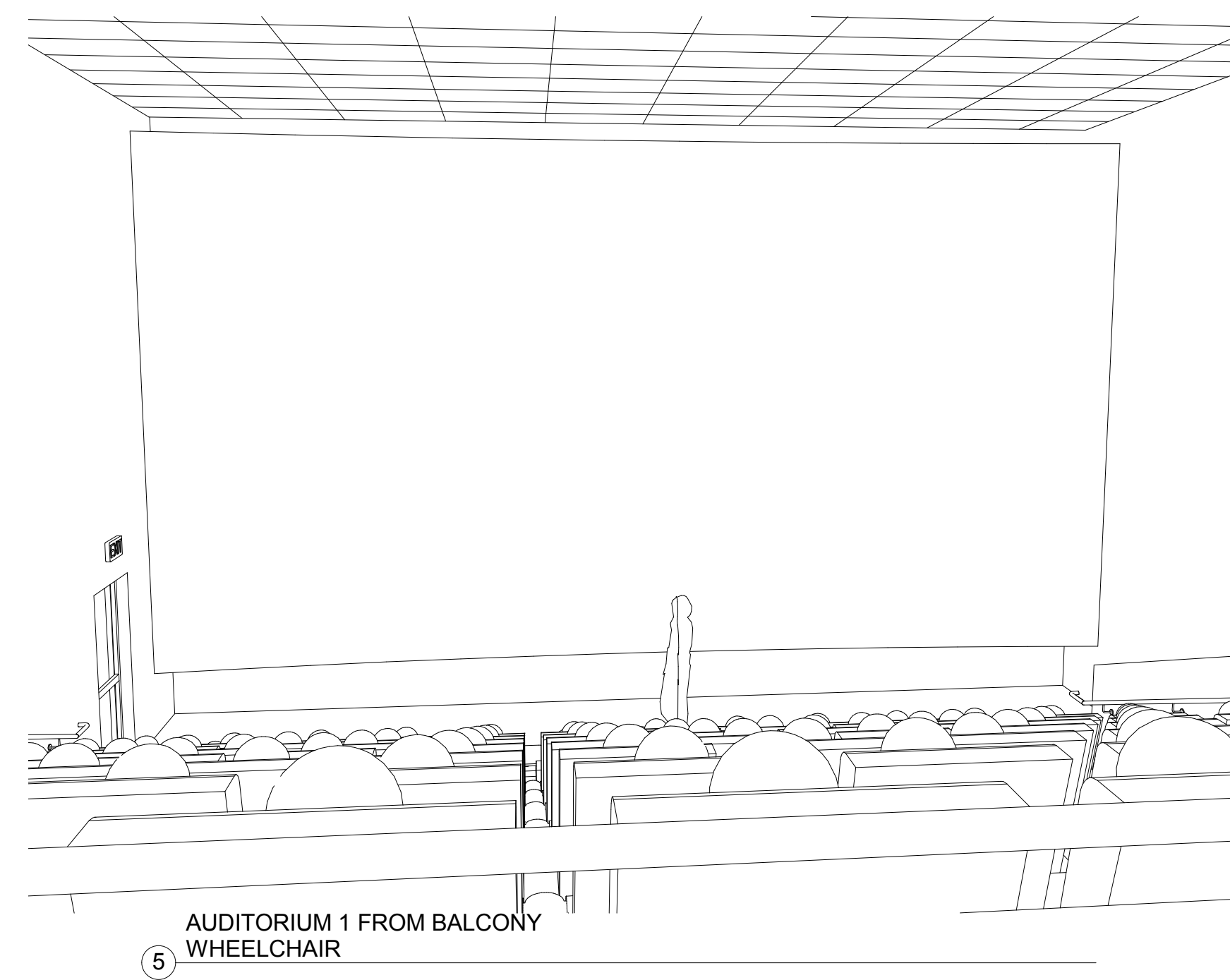


VIP LEVEL OVERALL JACKSONVILLE, FL

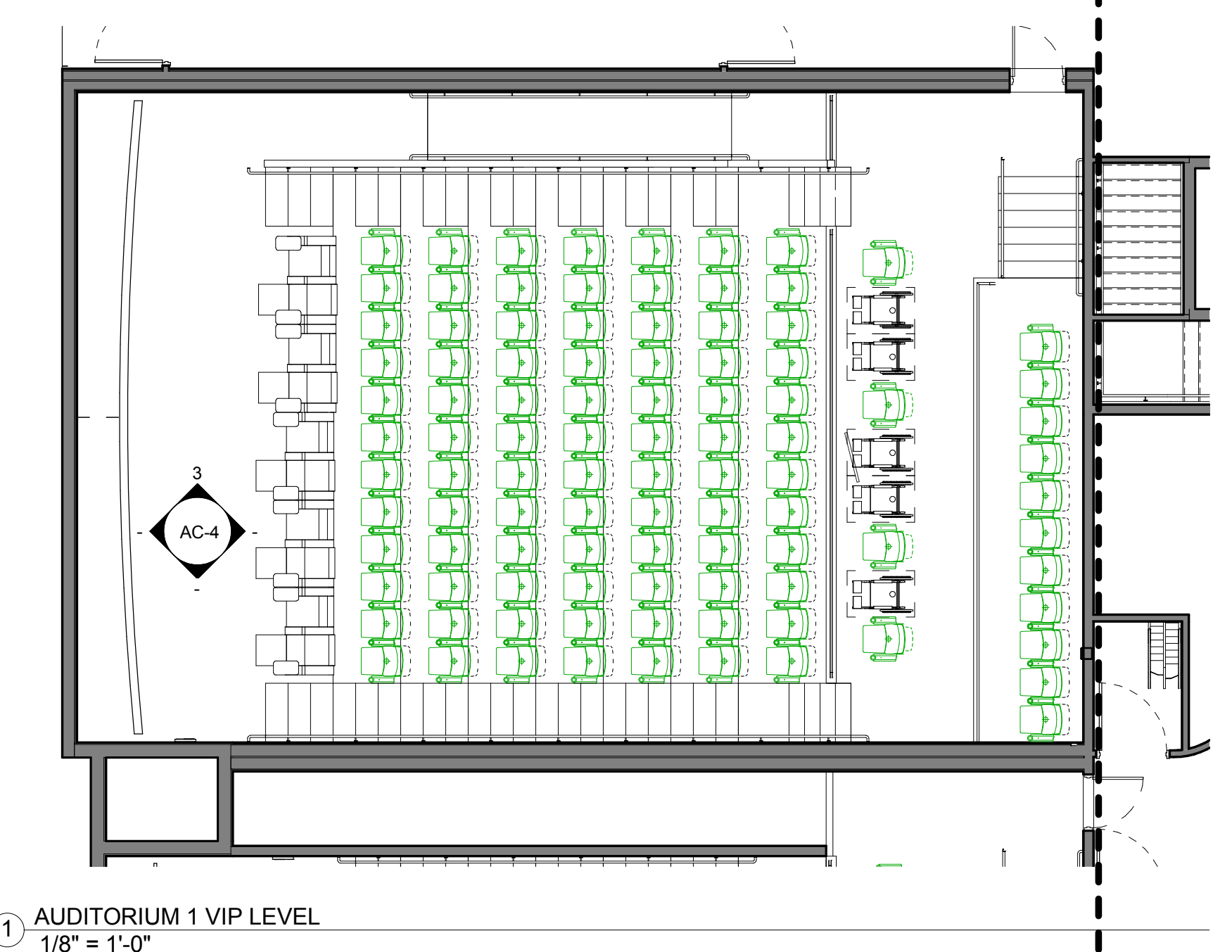
2014.07.1 13094

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ALL RIGHTS RESERVED

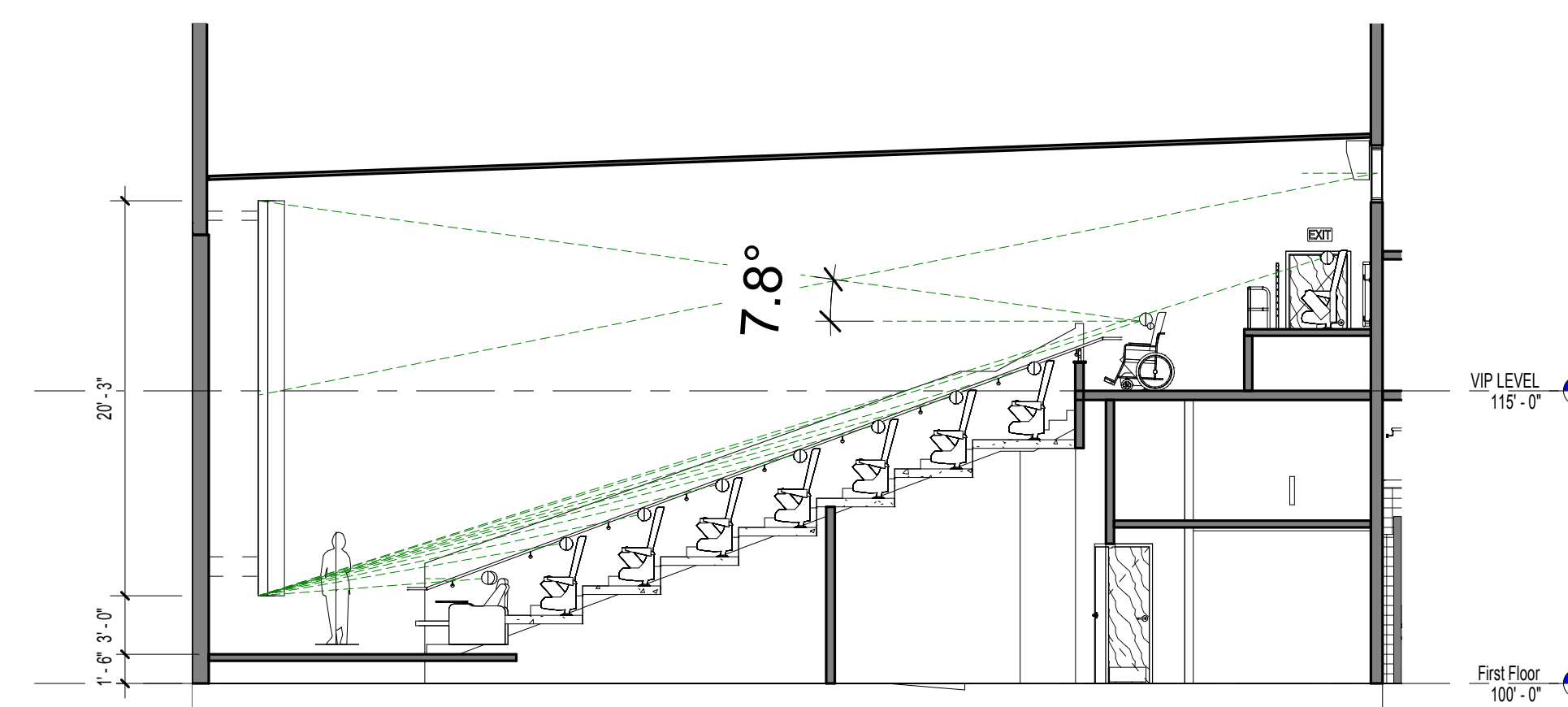
AUDITORIUM 1  
 109 FIXED SEATS  
 + 5 WHEELCHAIR  
 POSITIONS



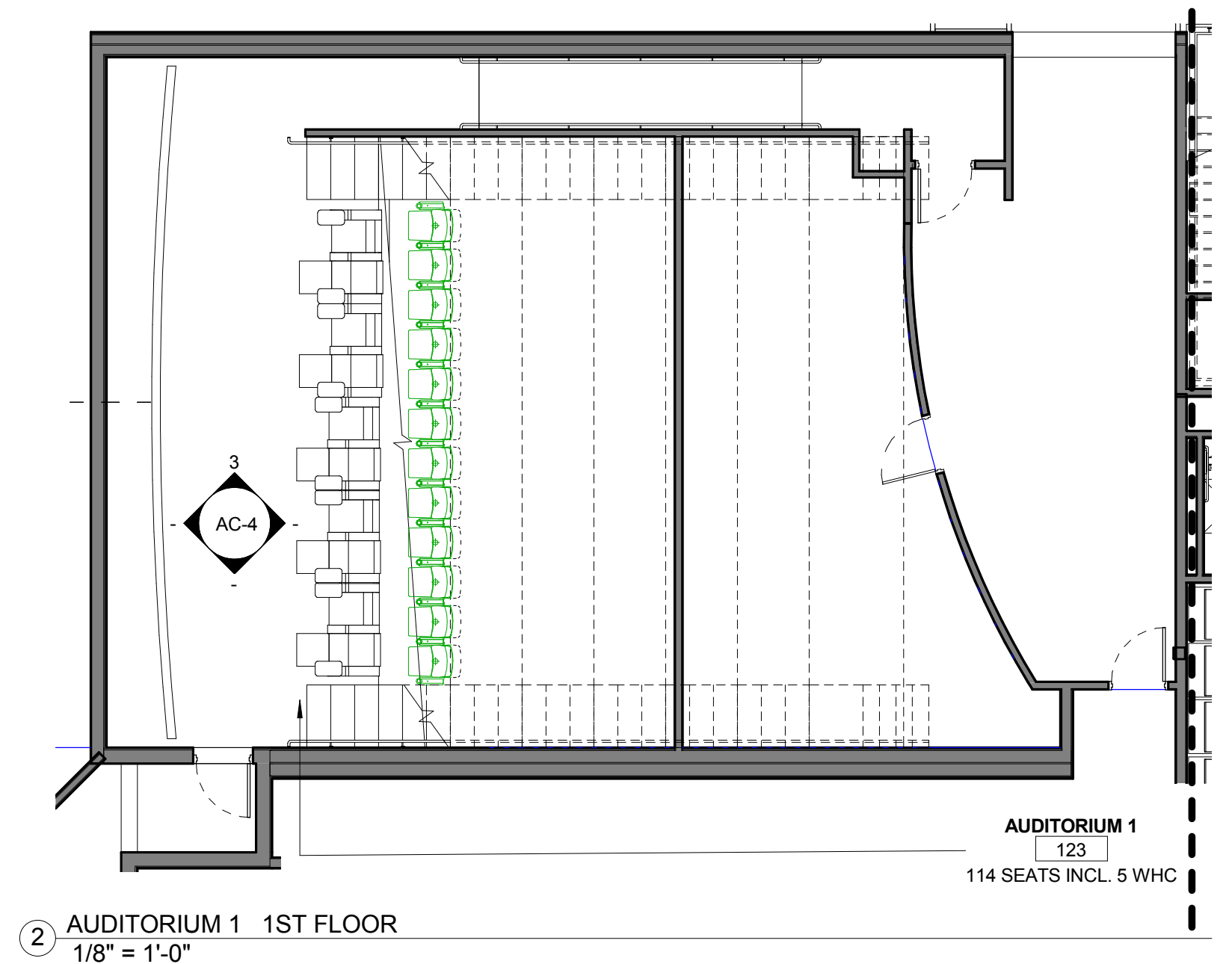
5 AUDITORIUM 1 FROM BALCONY  
 WHEELCHAIR



1 AUDITORIUM 1 VIP LEVEL  
 1/8" = 1'-0"



3 AUDITORIUM 1 EAST WALL  
 1/8" = 1'-0"



2 AUDITORIUM 1 1ST FLOOR  
 1/8" = 1'-0"

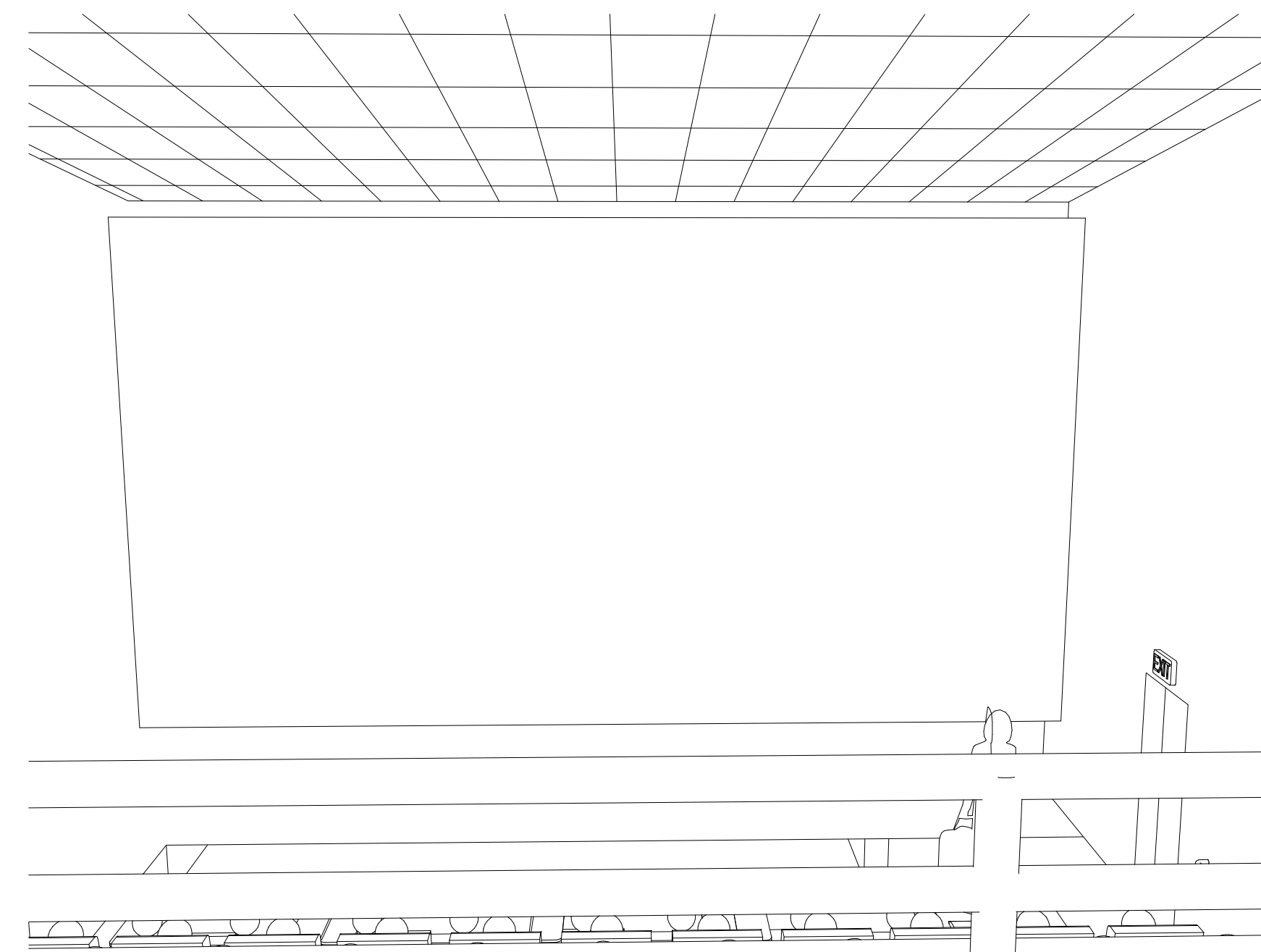
AUDITORIUM # 1 (TYPE 1)



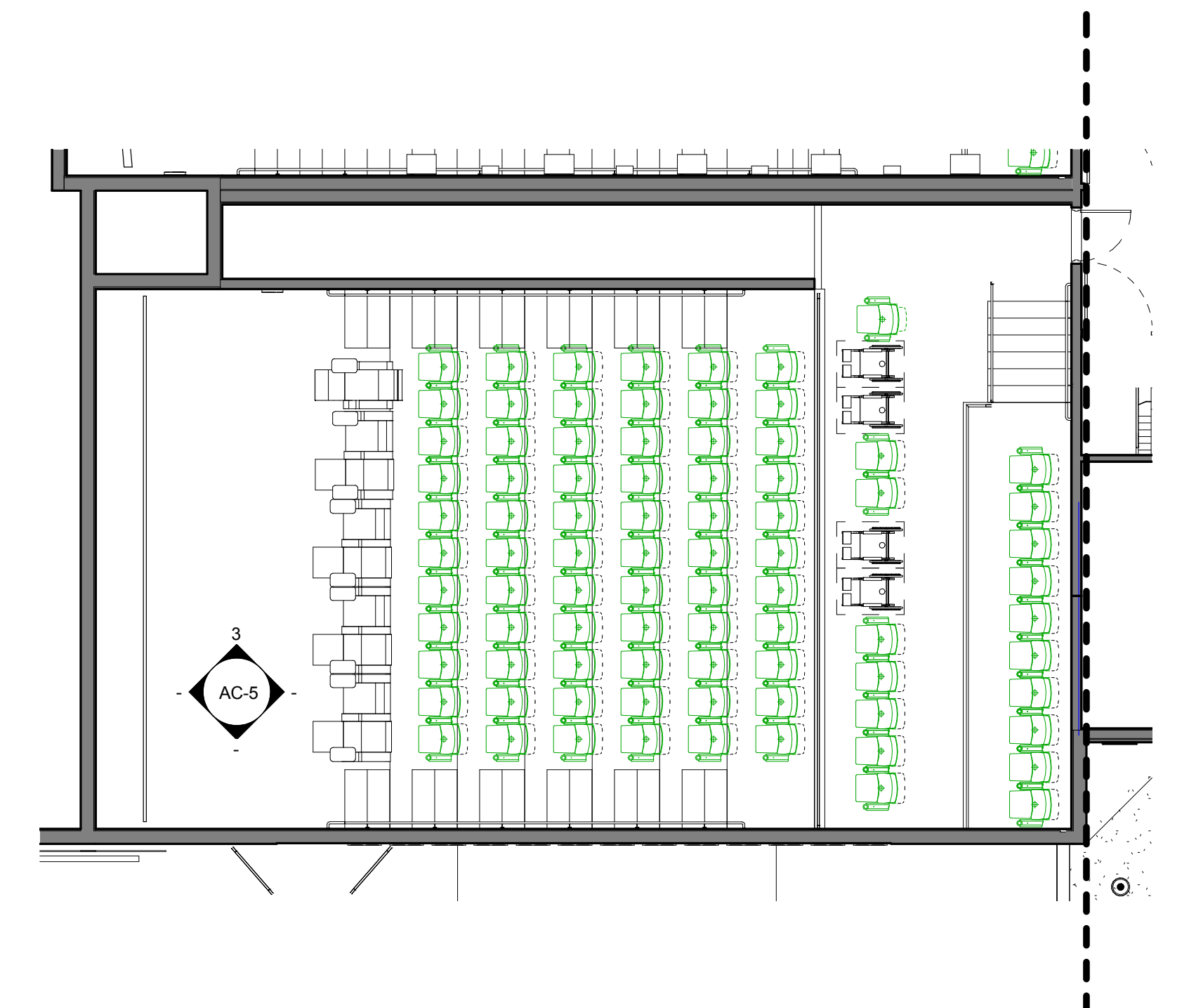
AUDITORIUM 1 JACKSONVILLE, FL

2014.07.1 13094

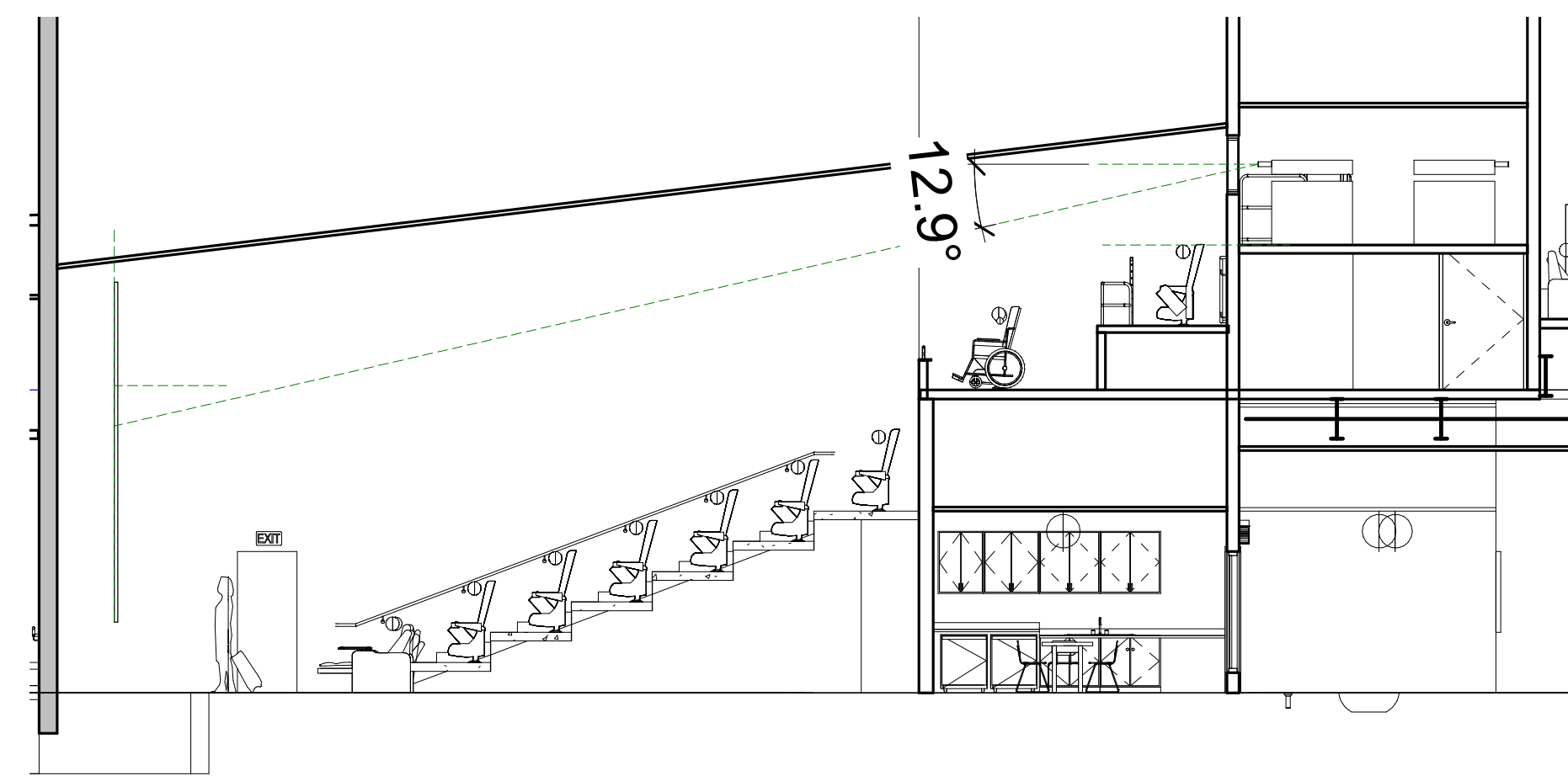
AUDITORIUM 2  
 93 FIXED SEATS  
 + 4 WHEELCHAIR  
 POSITIONS



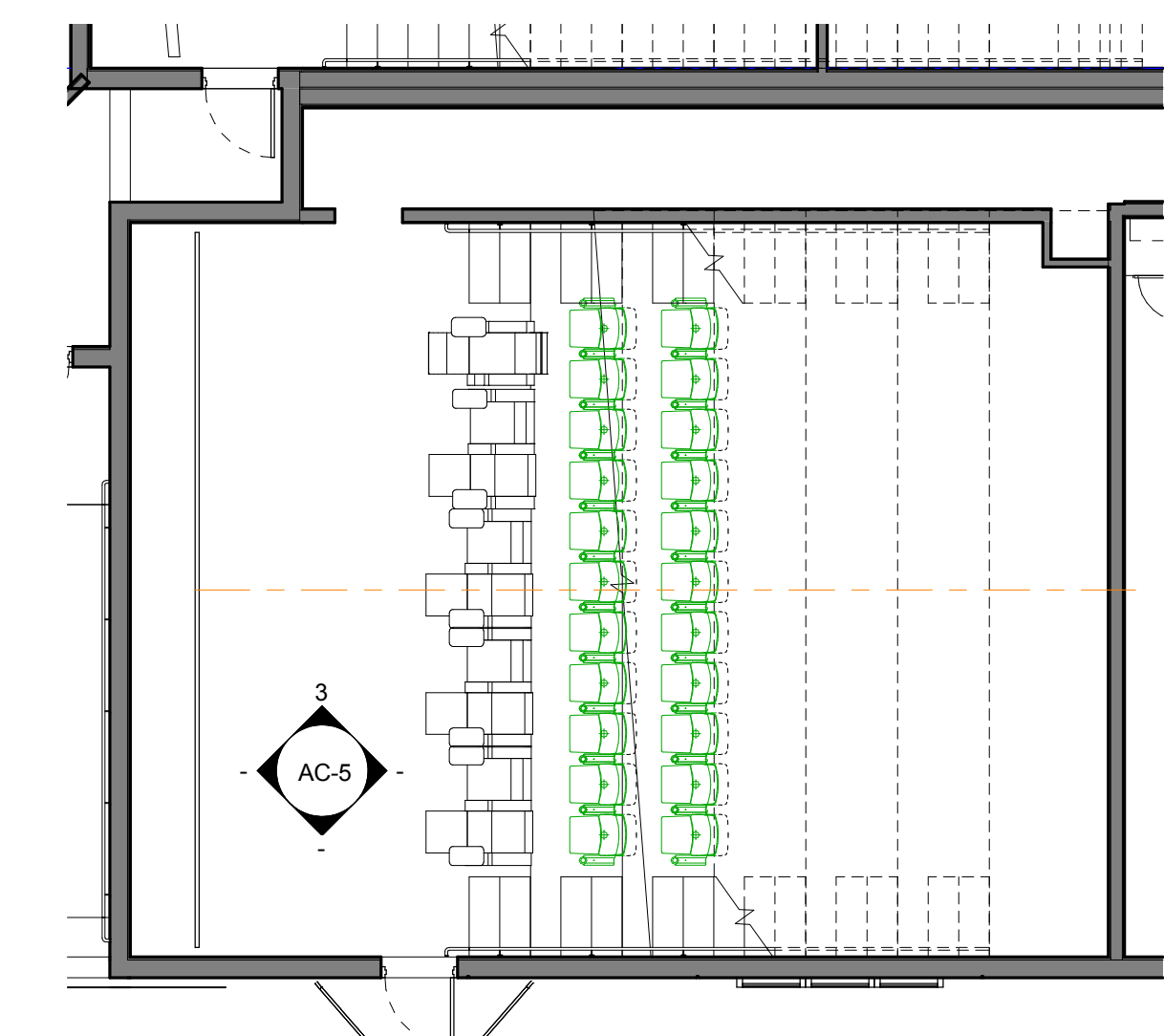
4 AUDITORIUM 2 BALCONY VIEW  
 WHEELCHAIR



2 AUDITORIUM 2 VIP LEVEL  
 1/8" = 1'-0"



3 AUDITORIUM 2 EAST WALL  
 1/8" = 1'-0"



1 AUDITORIUM 2 1ST FLOOR  
 1/8" = 1'-0"

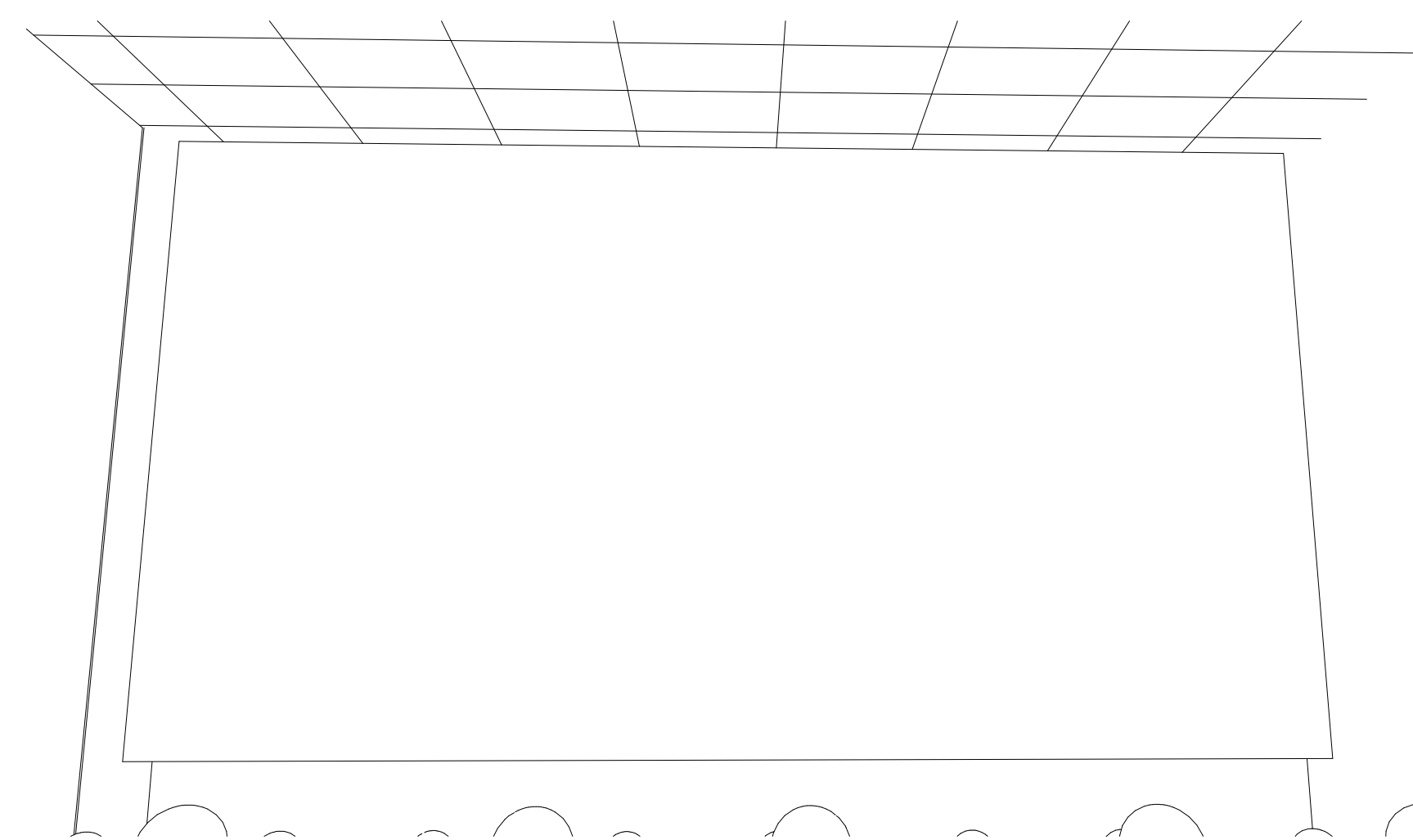
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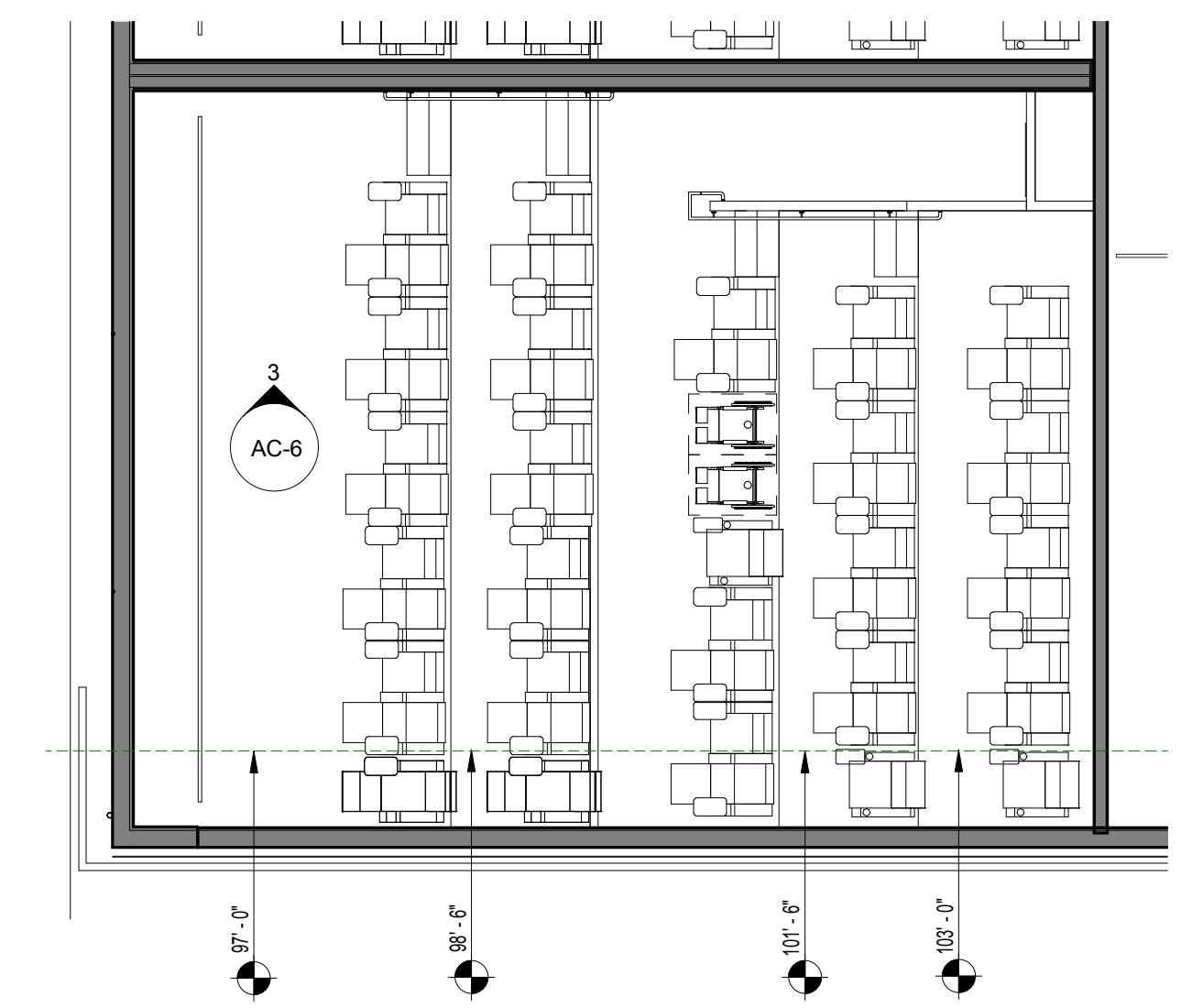
AUDITORIUM 2 JACKSONVILLE, FL

2014.07.1 13094

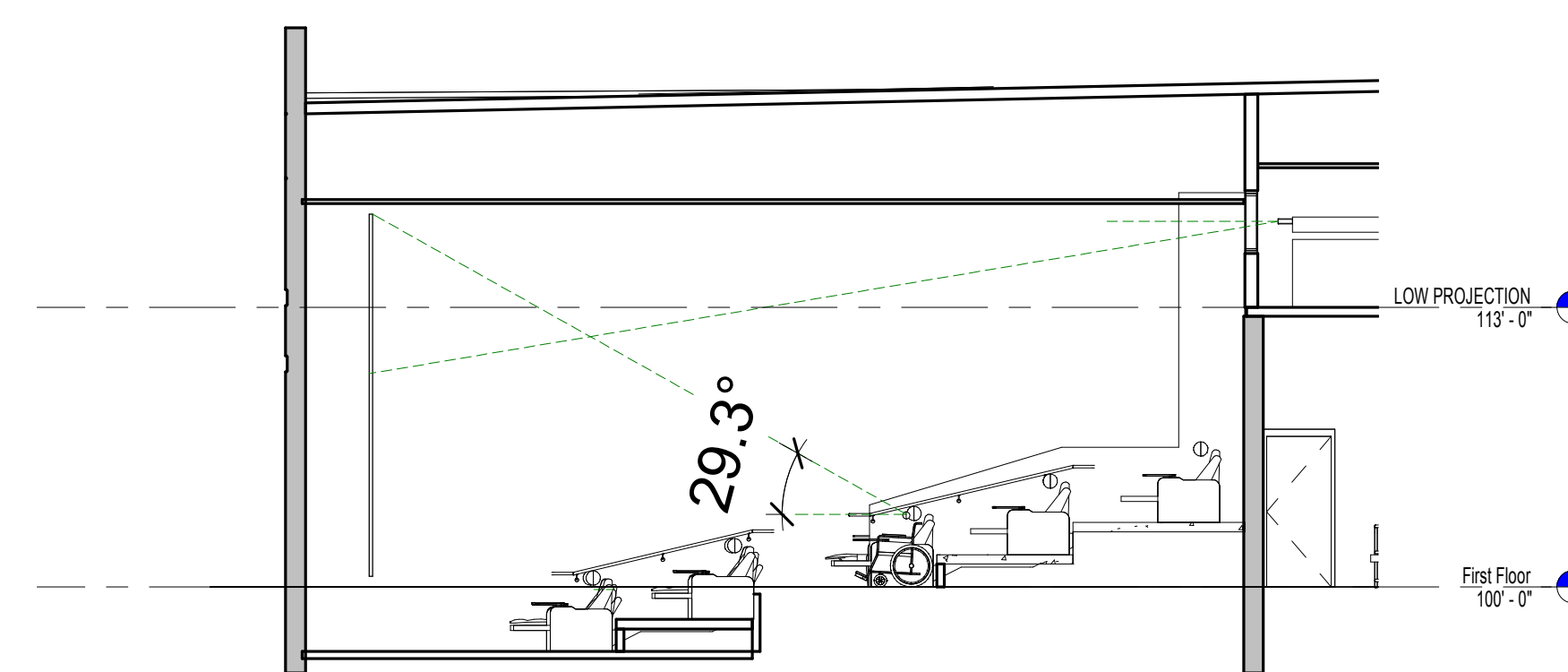
AUDITORIUM 2  
 47 FIXED SEATS  
 + 2 WHEELCHAIR  
 POSITIONS



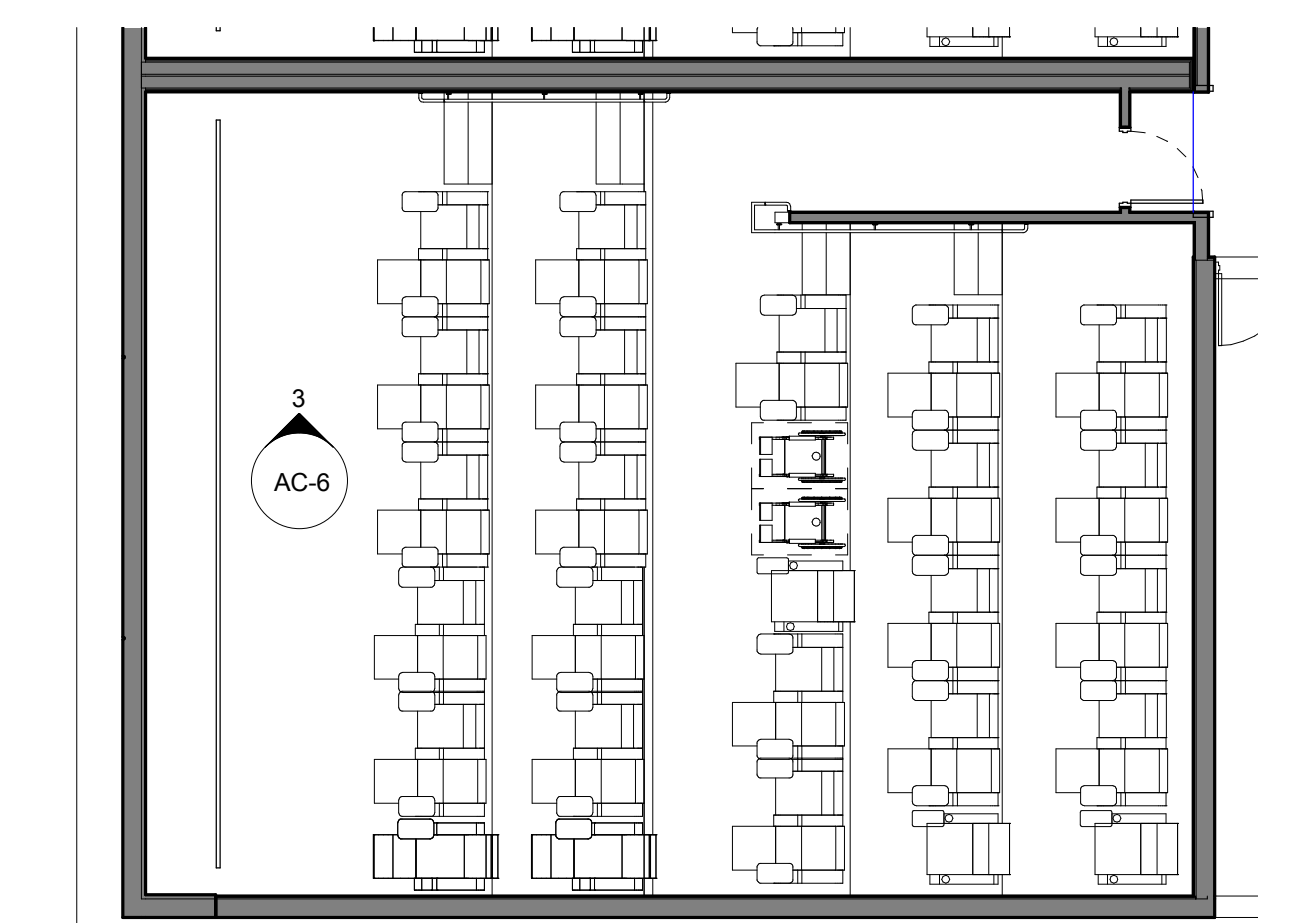
④ AUDITORIUM 3 (4,5&6) WHEELCHAIR VIEW



② AUDITORIUM 3 VIP LEVEL (4,5,6 SAME)  
 1/8" = 1'-0"



③ AUDITORIUM 3 EAST WALL  
 1/8" = 1'-0"



① AUDITORIUM 3 1ST FLOOR  
 1/8" = 1'-0"

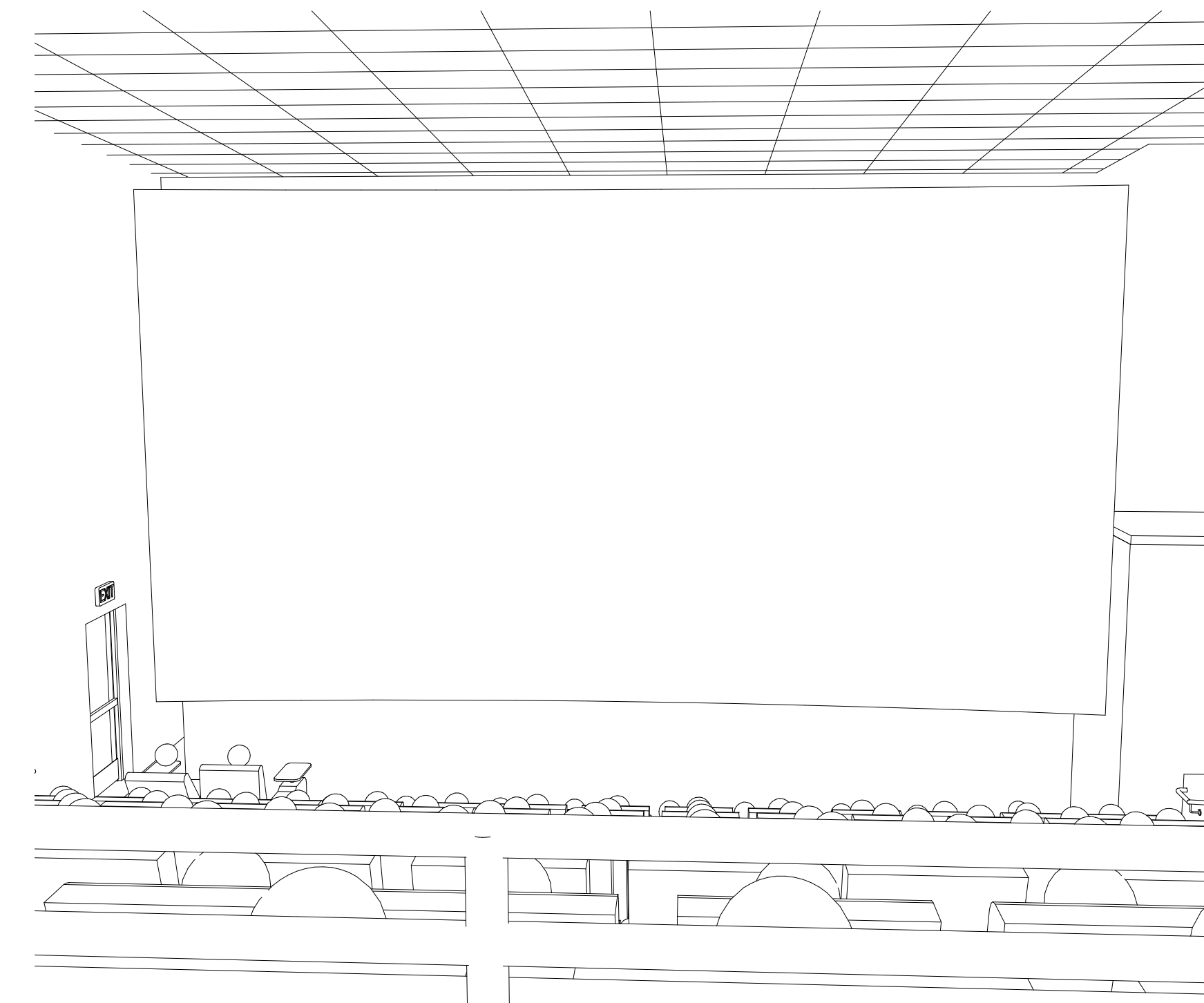
AUDITORIUM # 3-6 (TYPE 6)

AUDITORIUM 3 JACKSONVILLE, FL

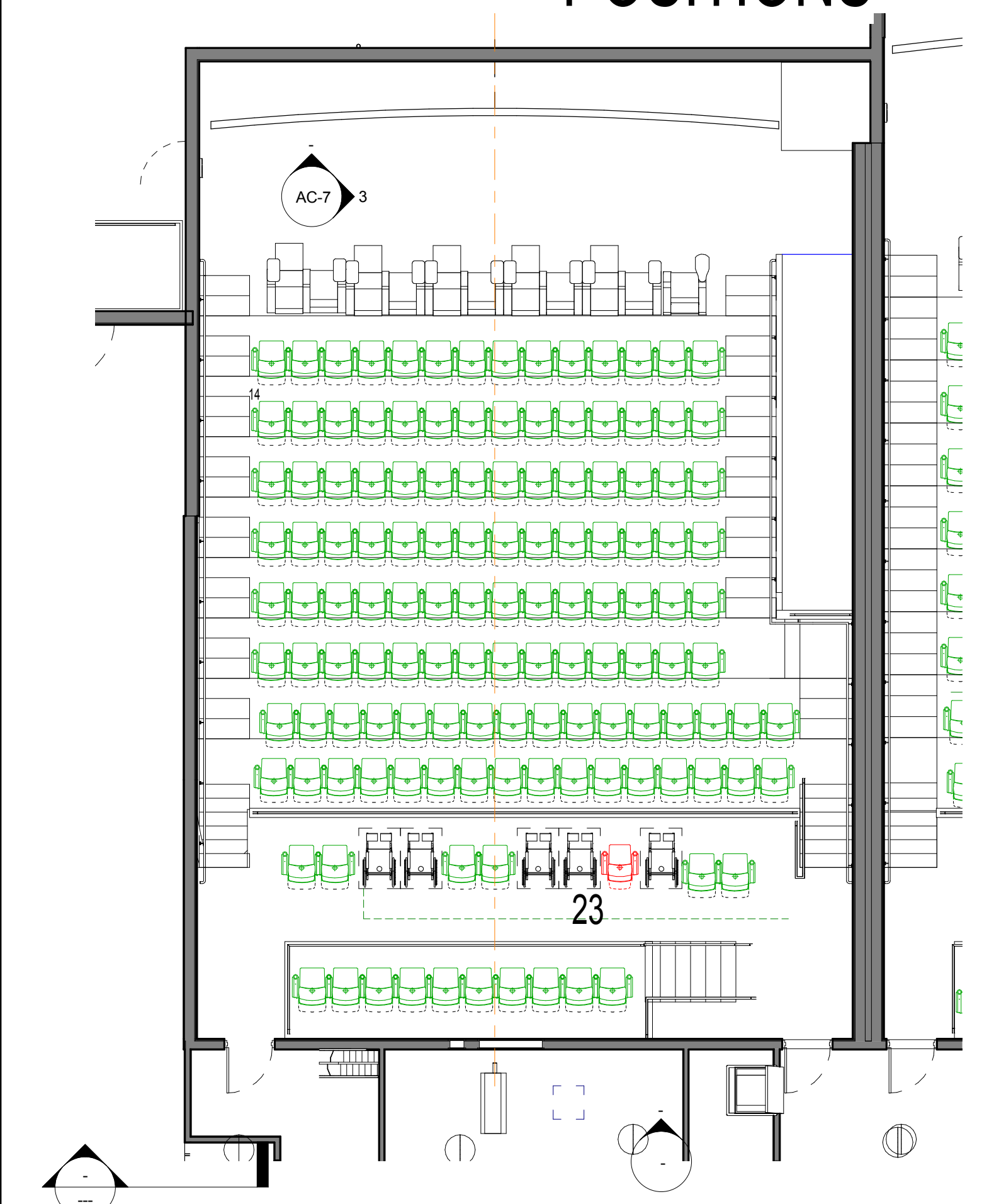
2014.07.1 13094



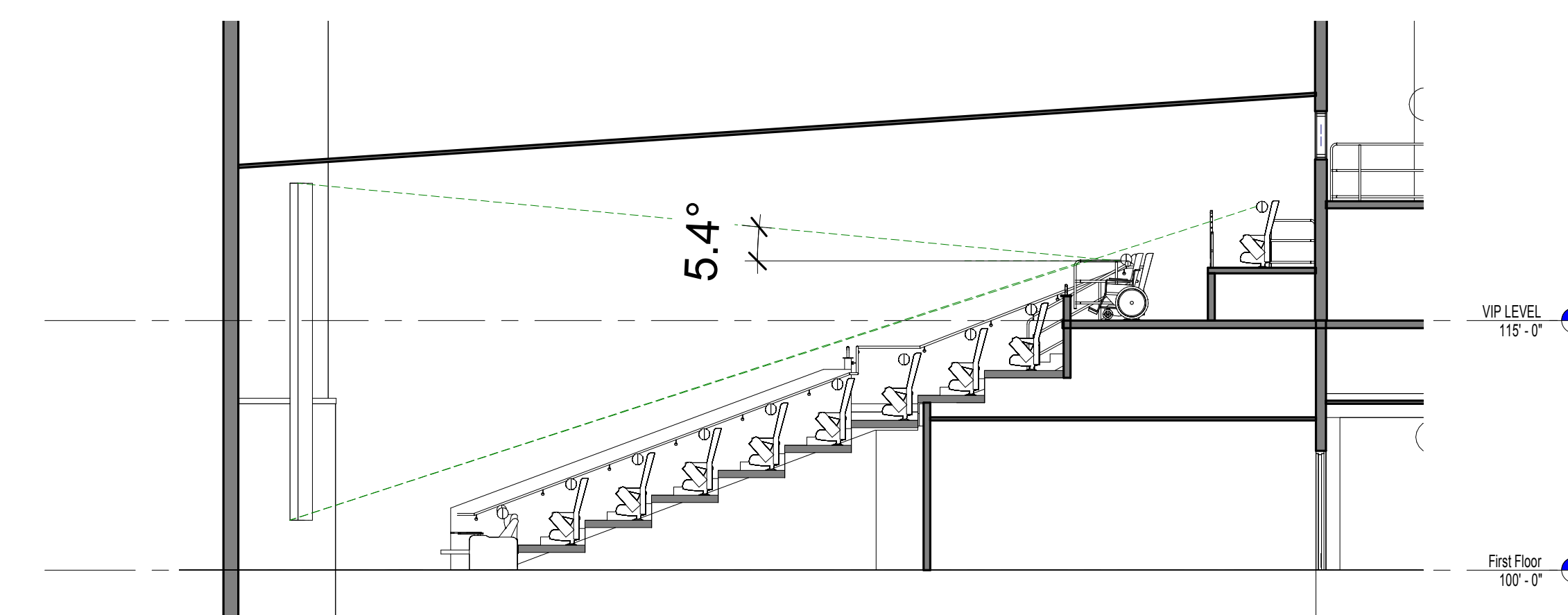
AUDITORIUM 7  
 144 FIXED SEATS  
 + 5 WHEELCHAIR  
 POSITIONS



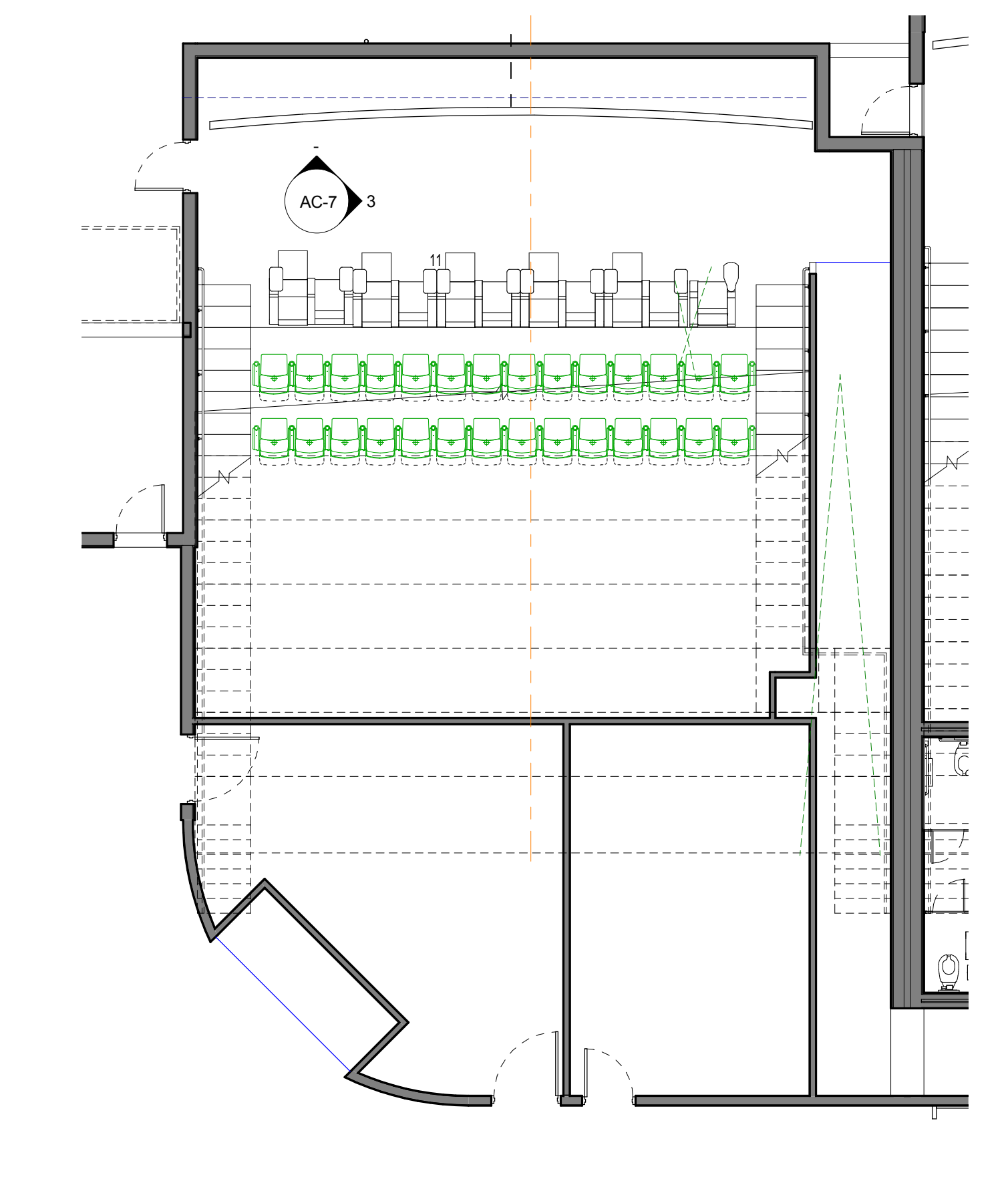
4 AUDITORIUM 7 BALCONY VIEW  
 WHEELCHAIR



2 AUDITORIUM 7 BALCONY LEVEL  
 1/8" = 1'-0"



3 AUDITORIUM 7 EAST WALL 1  
 1/8" = 1'-0"



1 AUDITORIUM 7 1ST FLOOR  
 1/8" = 1'-0"

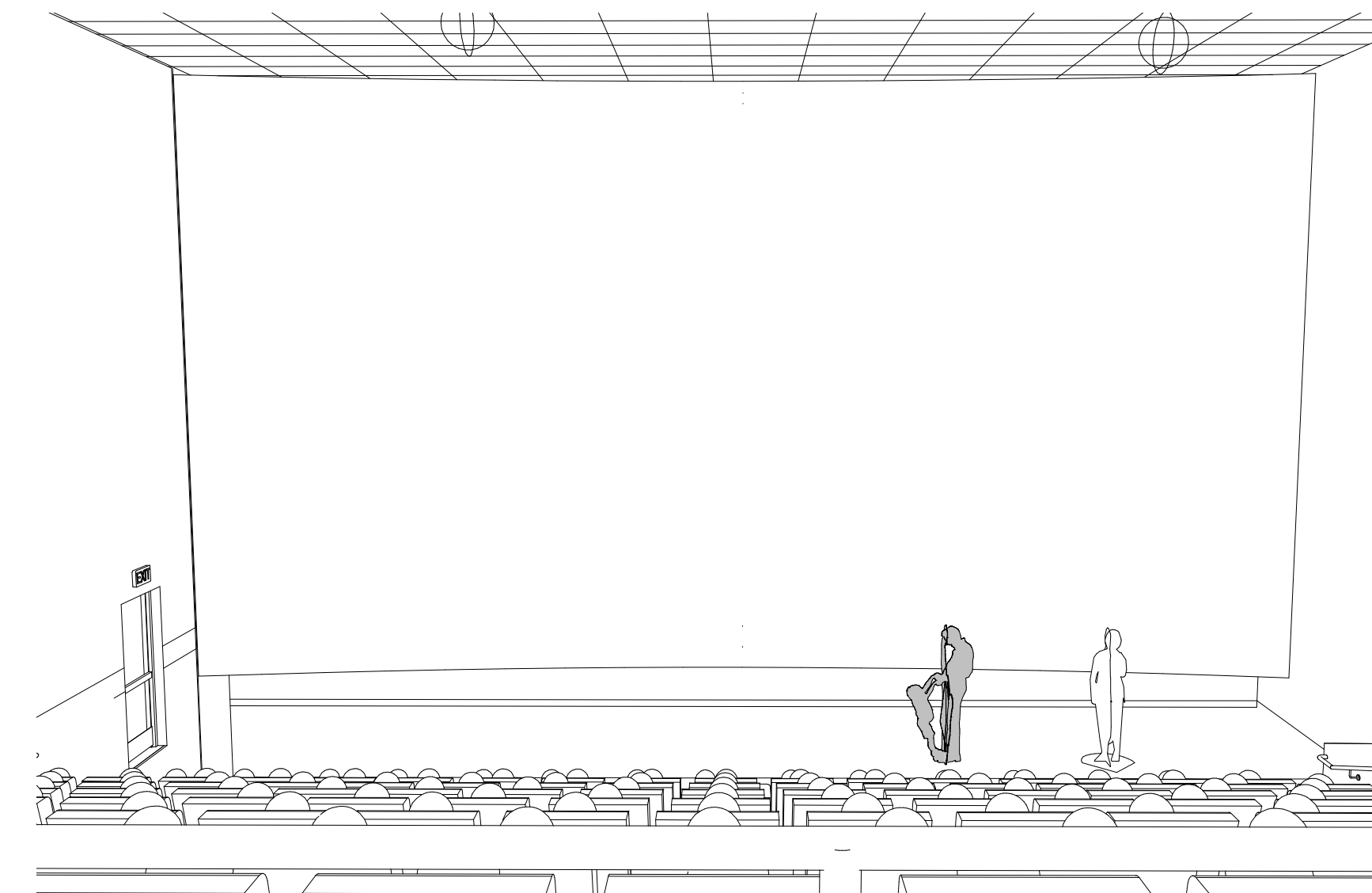
AUDITORIUM # 7 & 10 (TYPE 4)



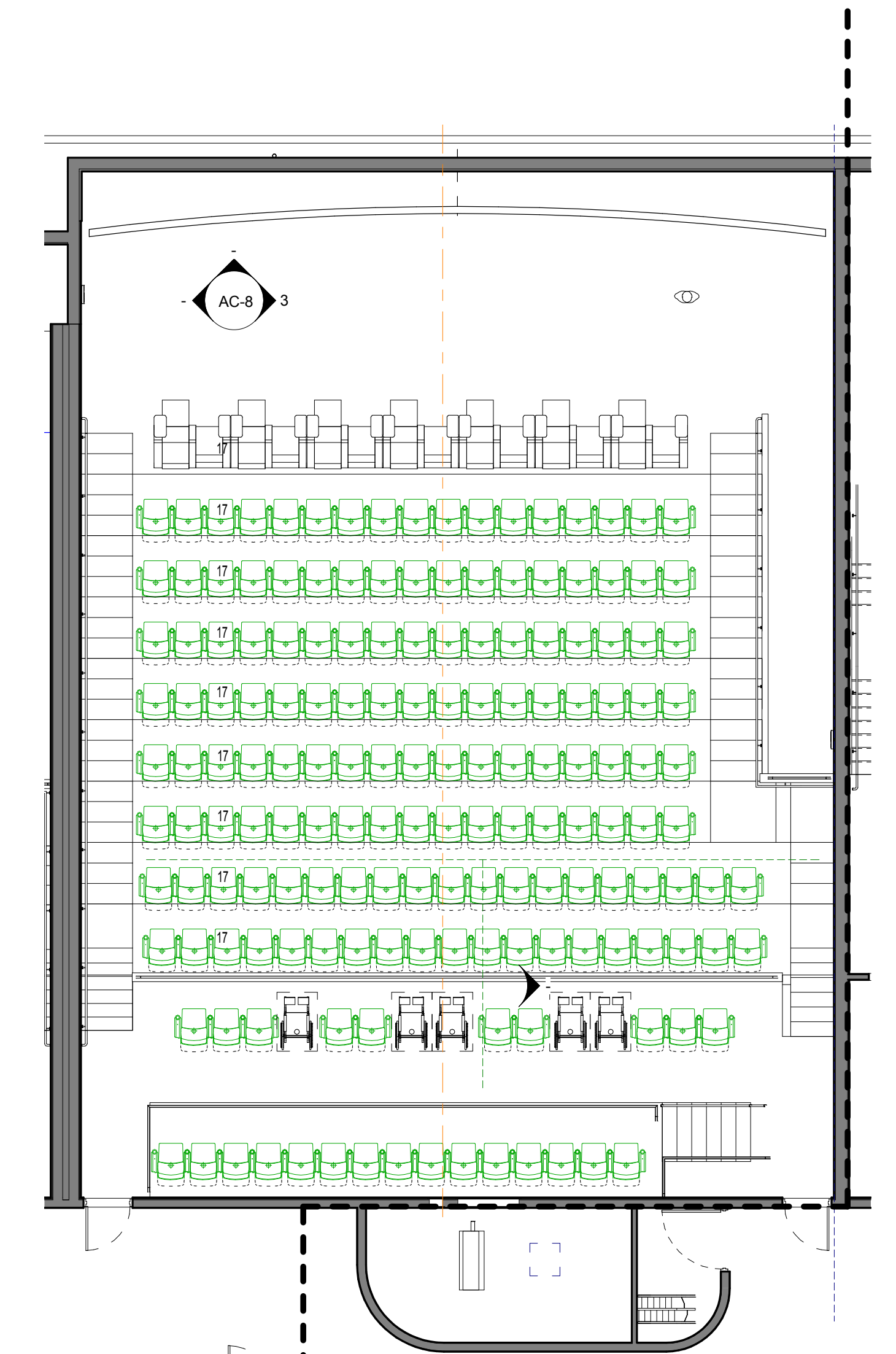
AUDITORIUM 7 AND 10 JACKSONVILLE. FL

2014.07.1 13094

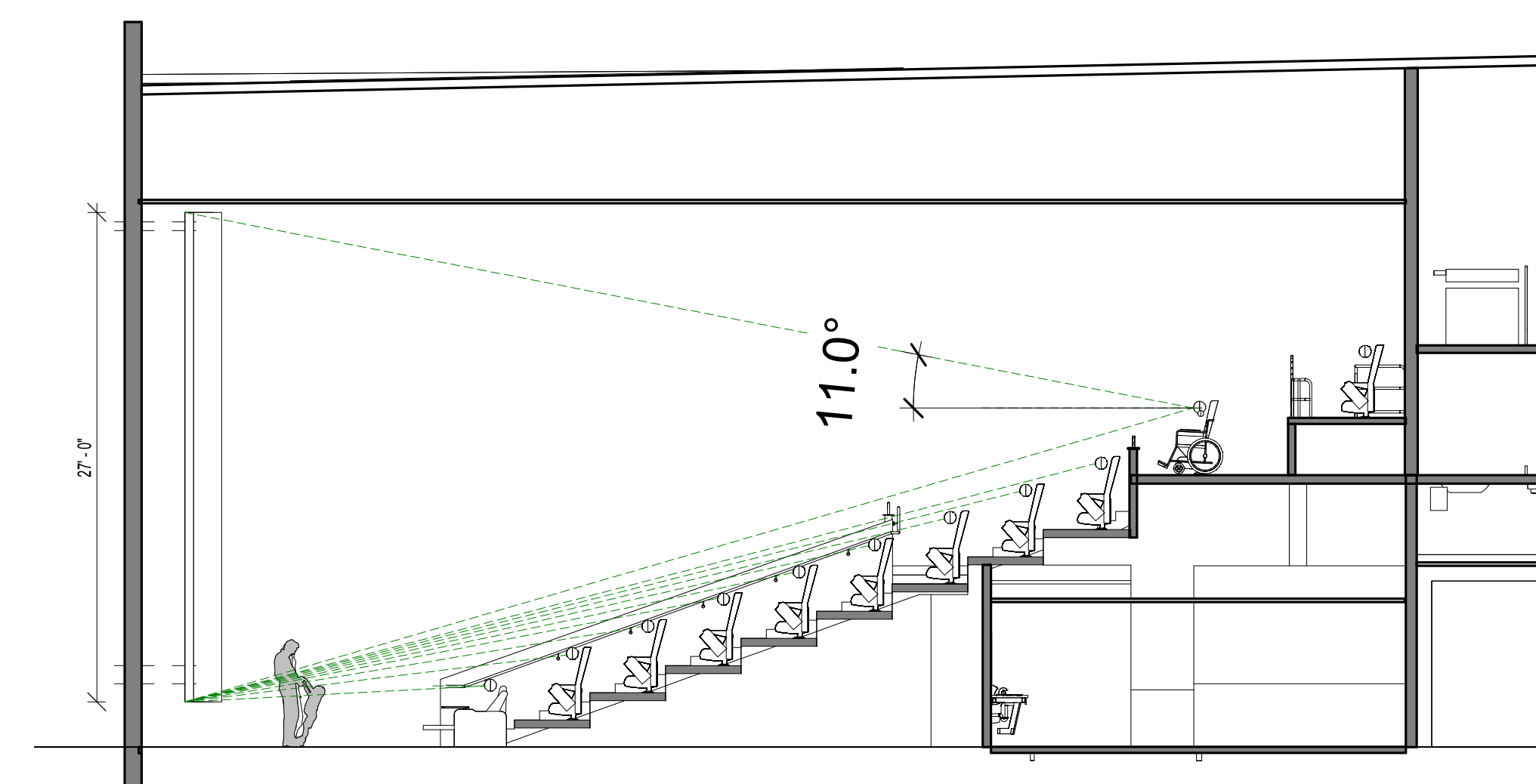
AUDITORIUM 8  
 179 FIXED  
 SEATS + 5  
 WHEELCHAIR  
 POSITIONS



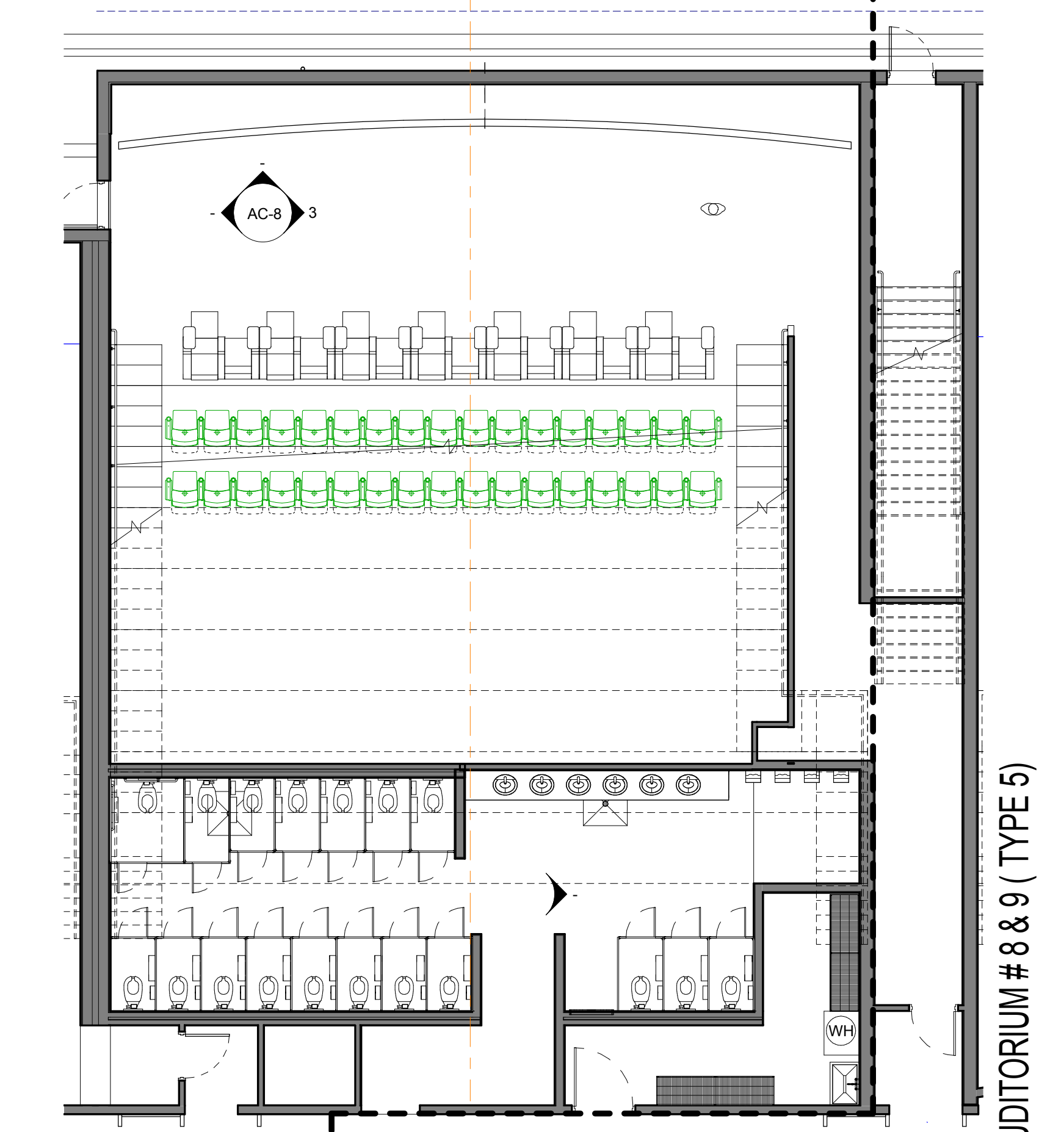
4 AUDITORIUM 8 BALCONY VIEW



2 AUDITORIUM 8 VIP LEVEL  
 1/8" = 1'-0"



3 AUDITORIUM 8 EAST WALL1  
 1/8" = 1'-0"



1 AUDITORIUM 8 1ST FLOOR  
 1/8" = 1'-0"

AUDITORIUM # 8 & 9 (TYPE 5)

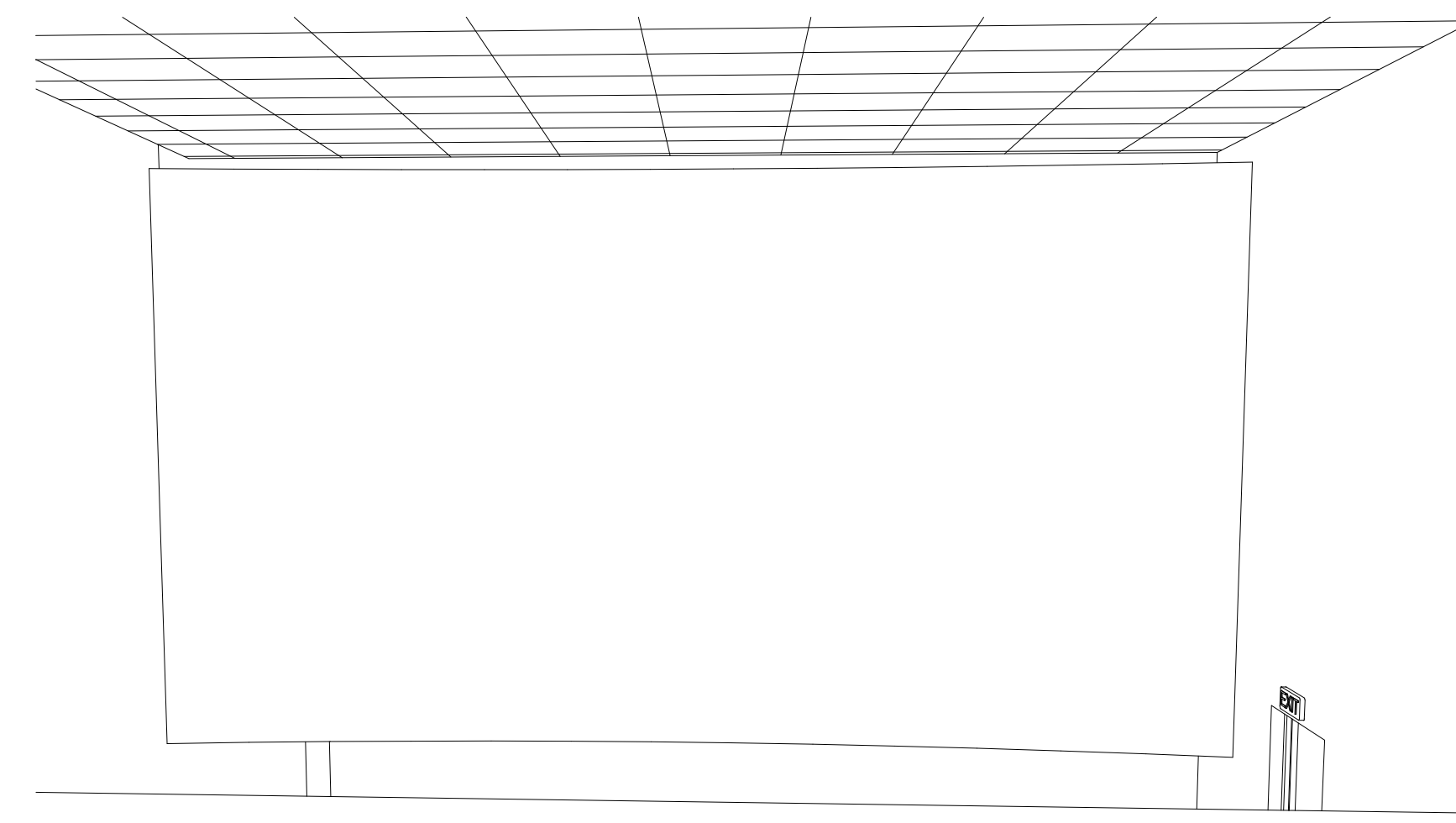


AUDITORIUM 8 & 9 JACKSONVILLE. FL

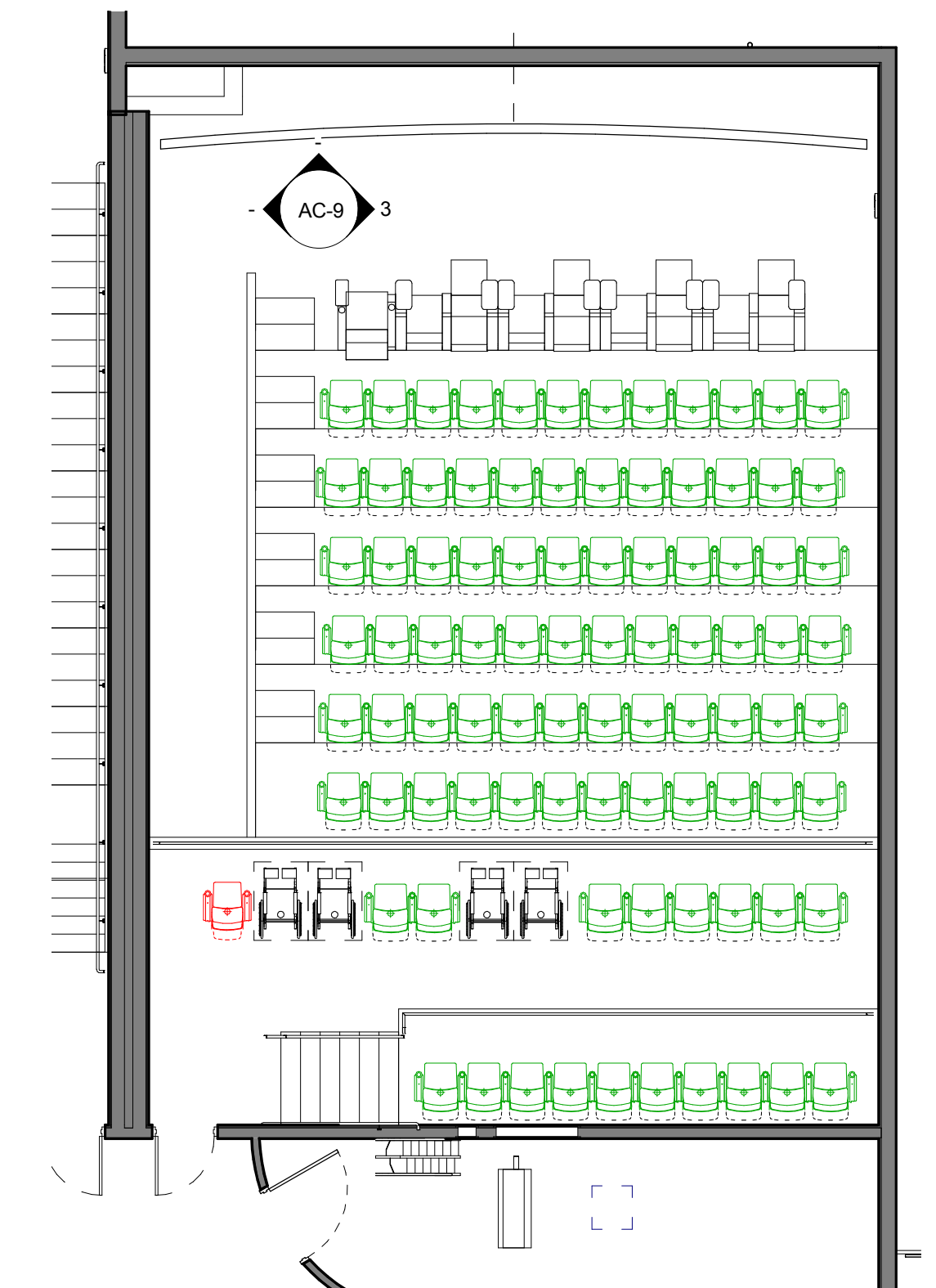
2014.07.1 13094



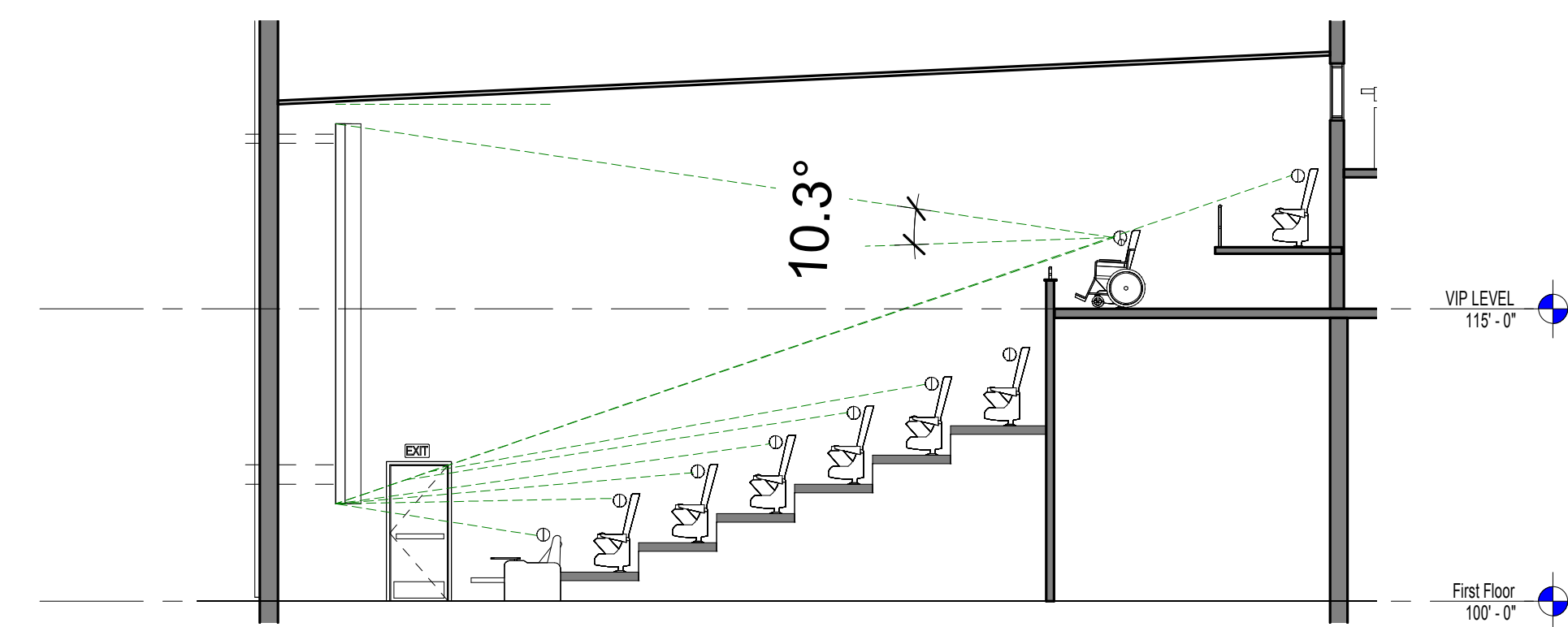
AUDITORIUM 11  
 100 FIXED  
 SEATS + 4  
 WHEELCHAIR  
 POSITIONS



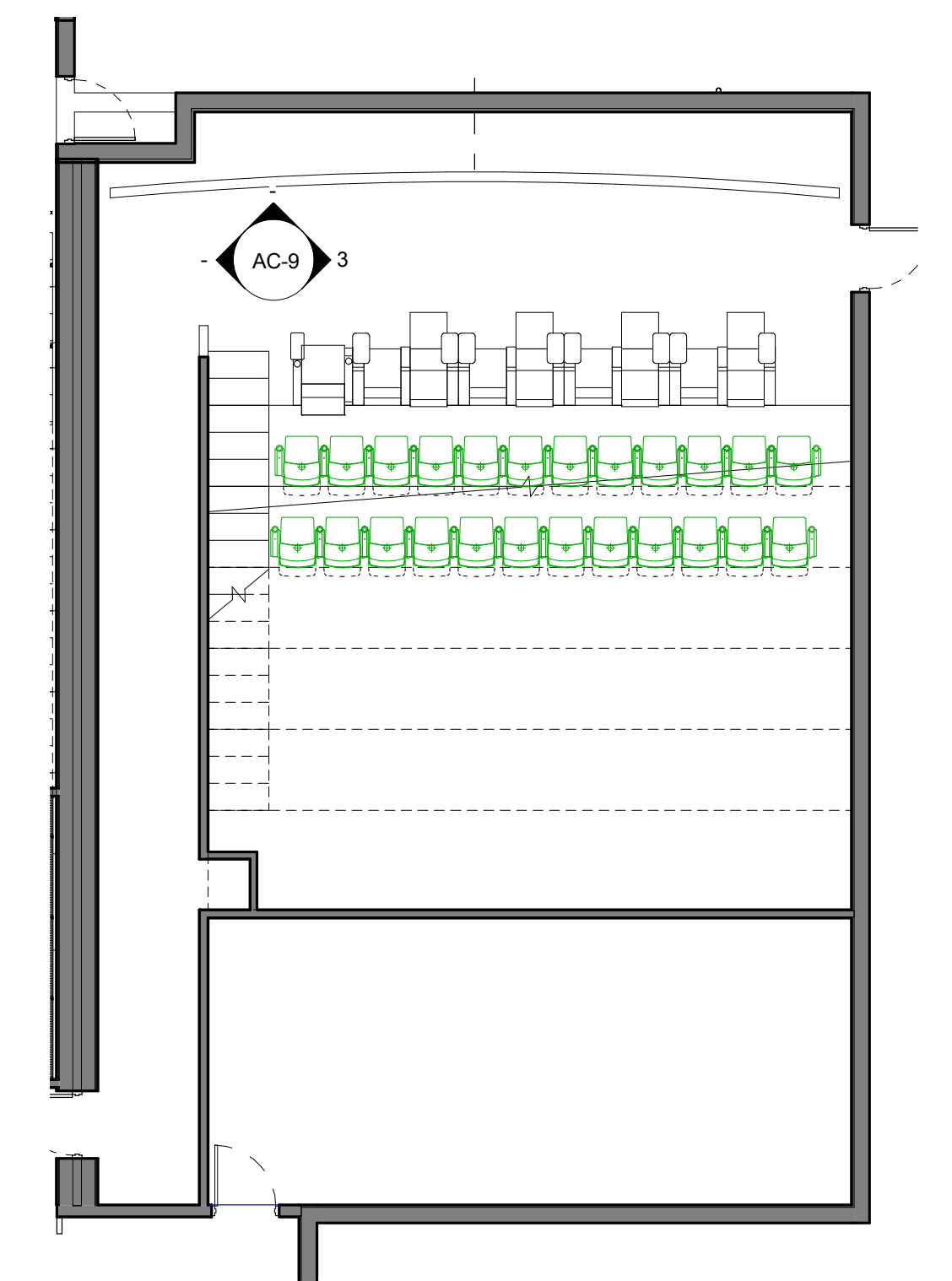
④ AUDITORIUM 11 WHEELCHAIR VIEW  
 1/8" = 1'-0"



② AUDITORIUM 11 VIP LEVEL  
 1/8" = 1'-0"



③ AUDITORIUM 11 EAST WALL  
 1/8" = 1'-0"



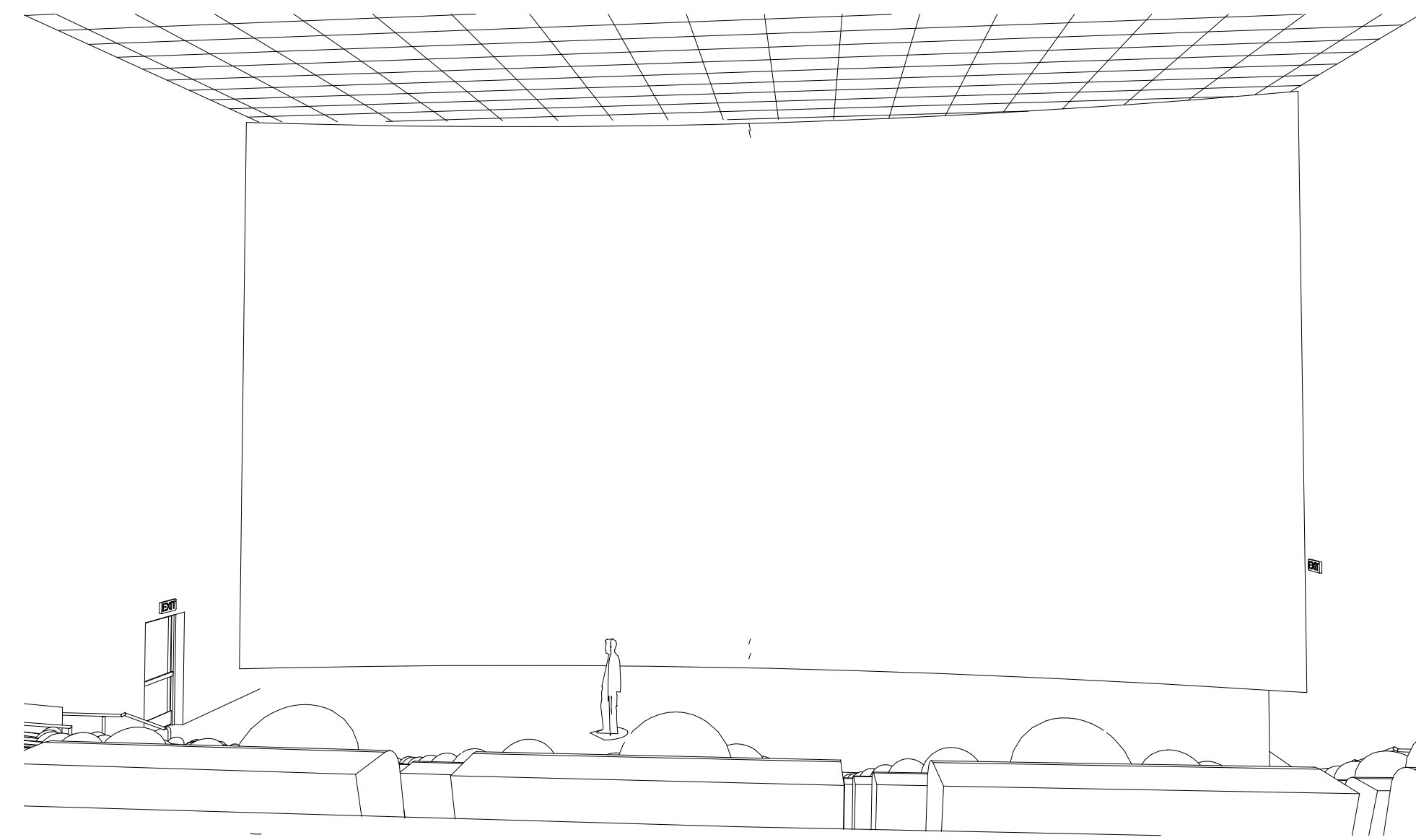
① AUDITORIUM 11 1ST FLOOR  
 1/8" = 1'-0"

AUDITORIUM # 11 (TYPE 6)

AUDITORIUM 11 JACKSONVILLE, FL

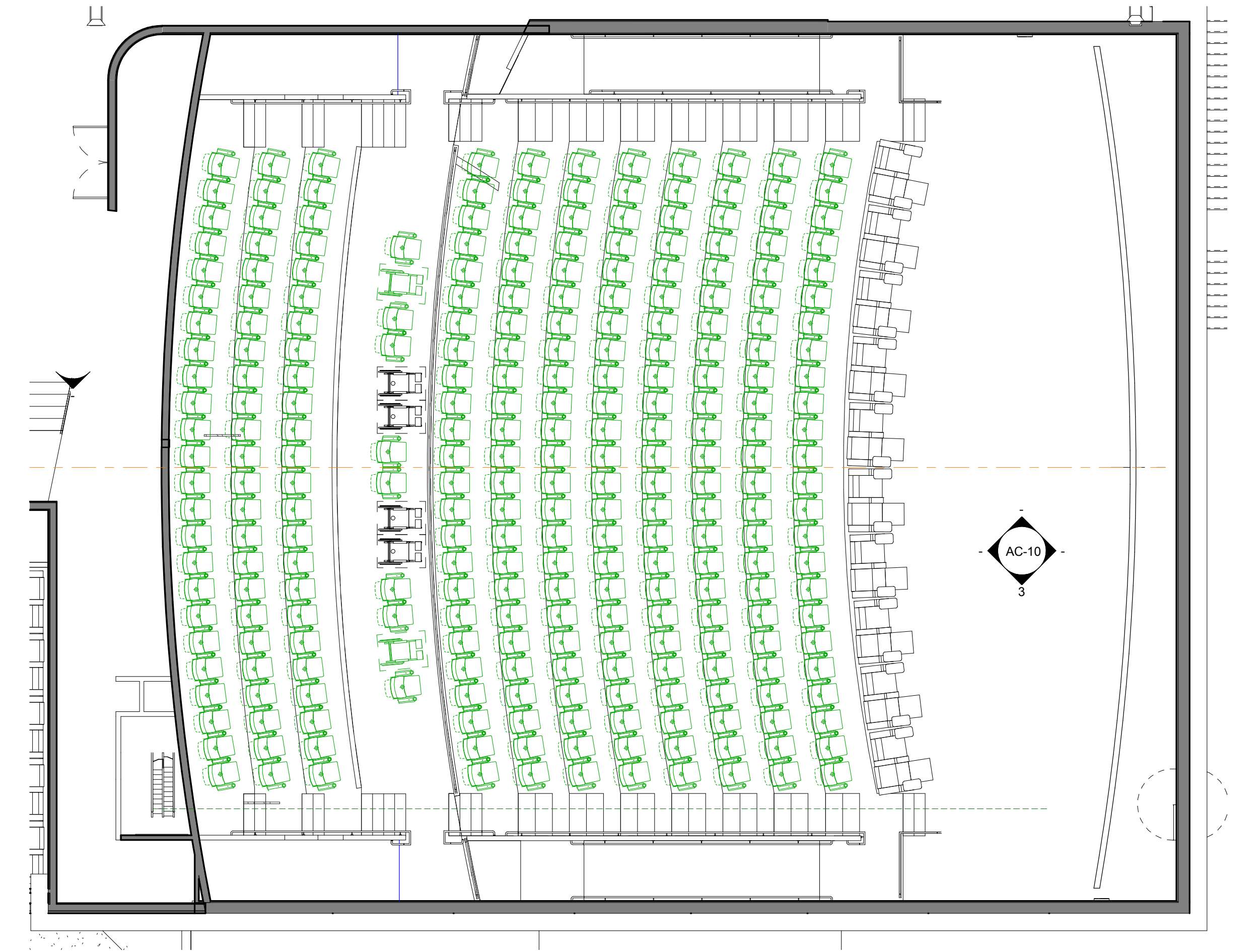
2014.07.1 13094



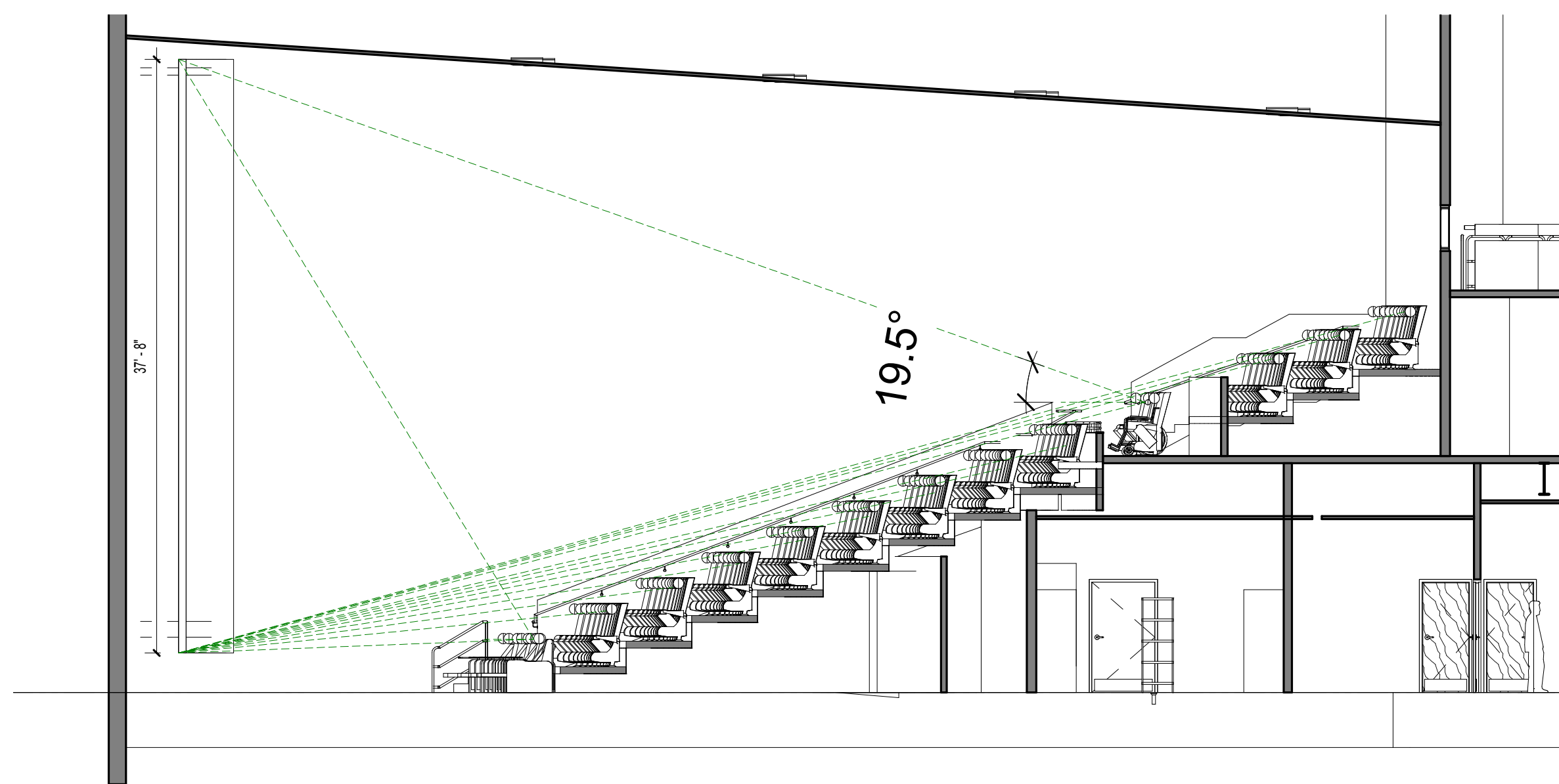


4 AUDITORIUM 12 WHEELCHAIR VIEW

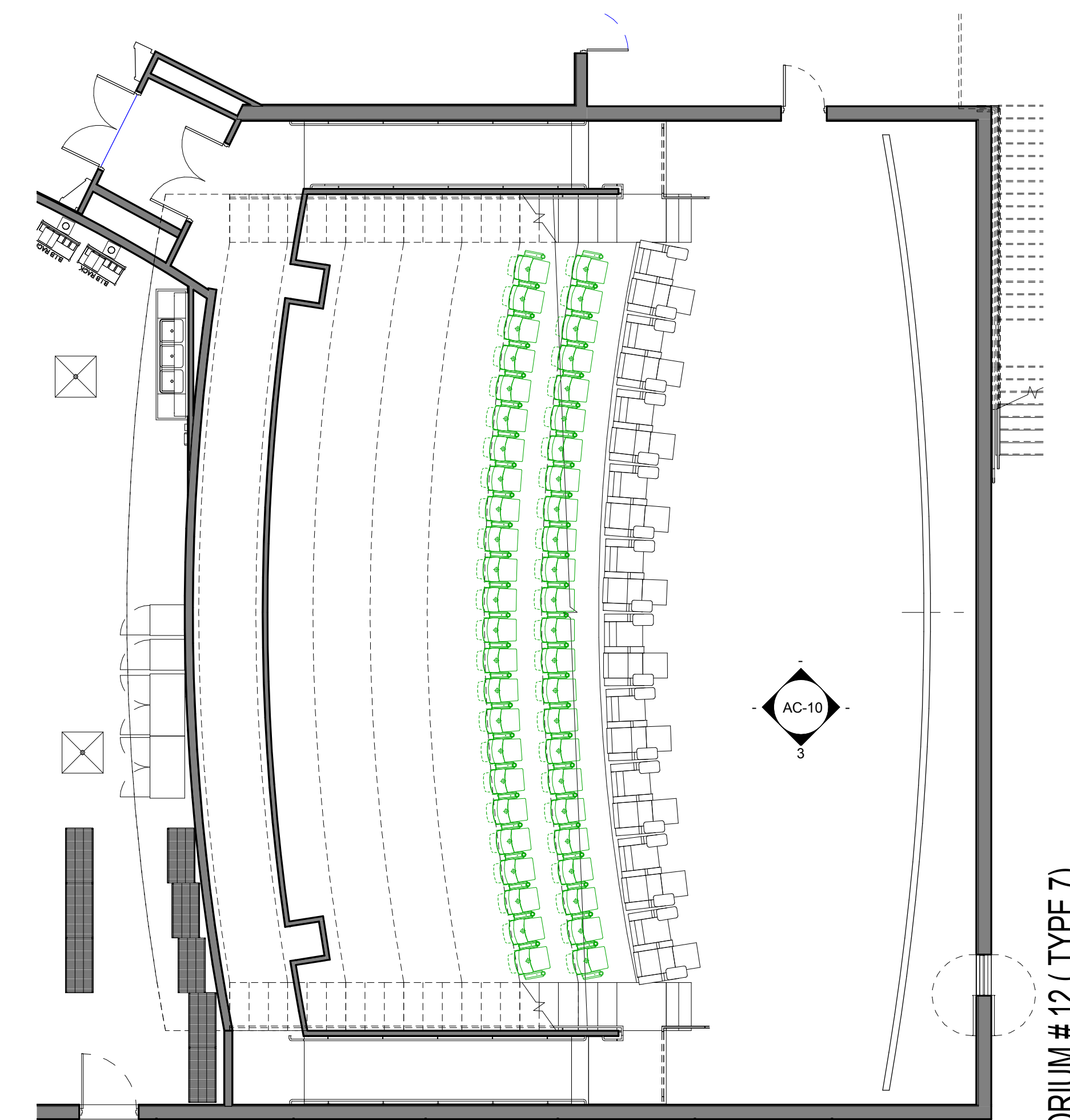
AUDITORIUM 12  
293 FIXED  
SEATS + 6  
WHEELCHAIR  
POSITIONS



2 AUDITORIUM 12 VIP LEVEL  
1/8" = 1'-0"



3 AUDITORIUM 12 (XL) EAST WALL  
1/8" = 1'-0"



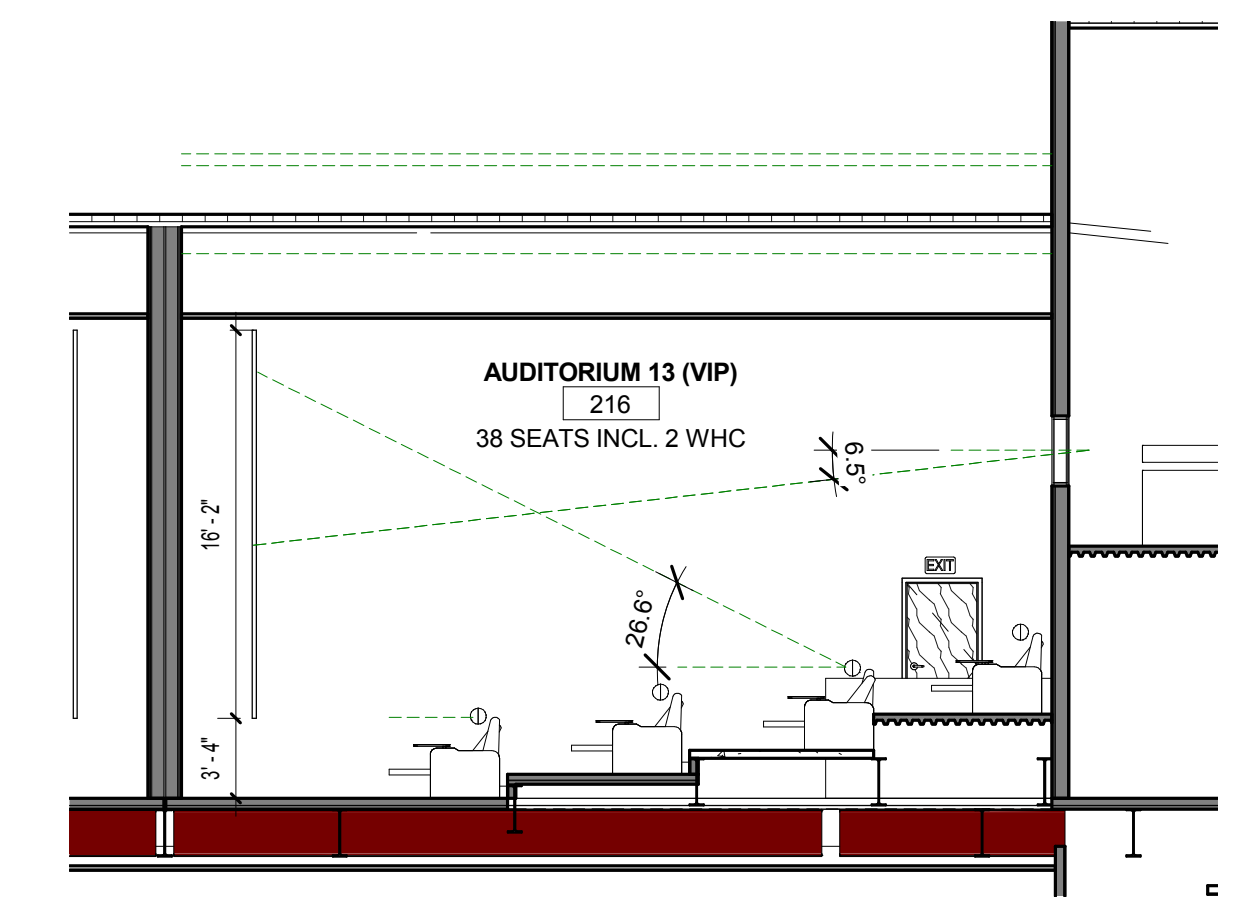
1 AUDITORIUM 12 1ST FLOOR  
1/8" = 1'-0"

AUDITORIUM #12 (TYPE 7)

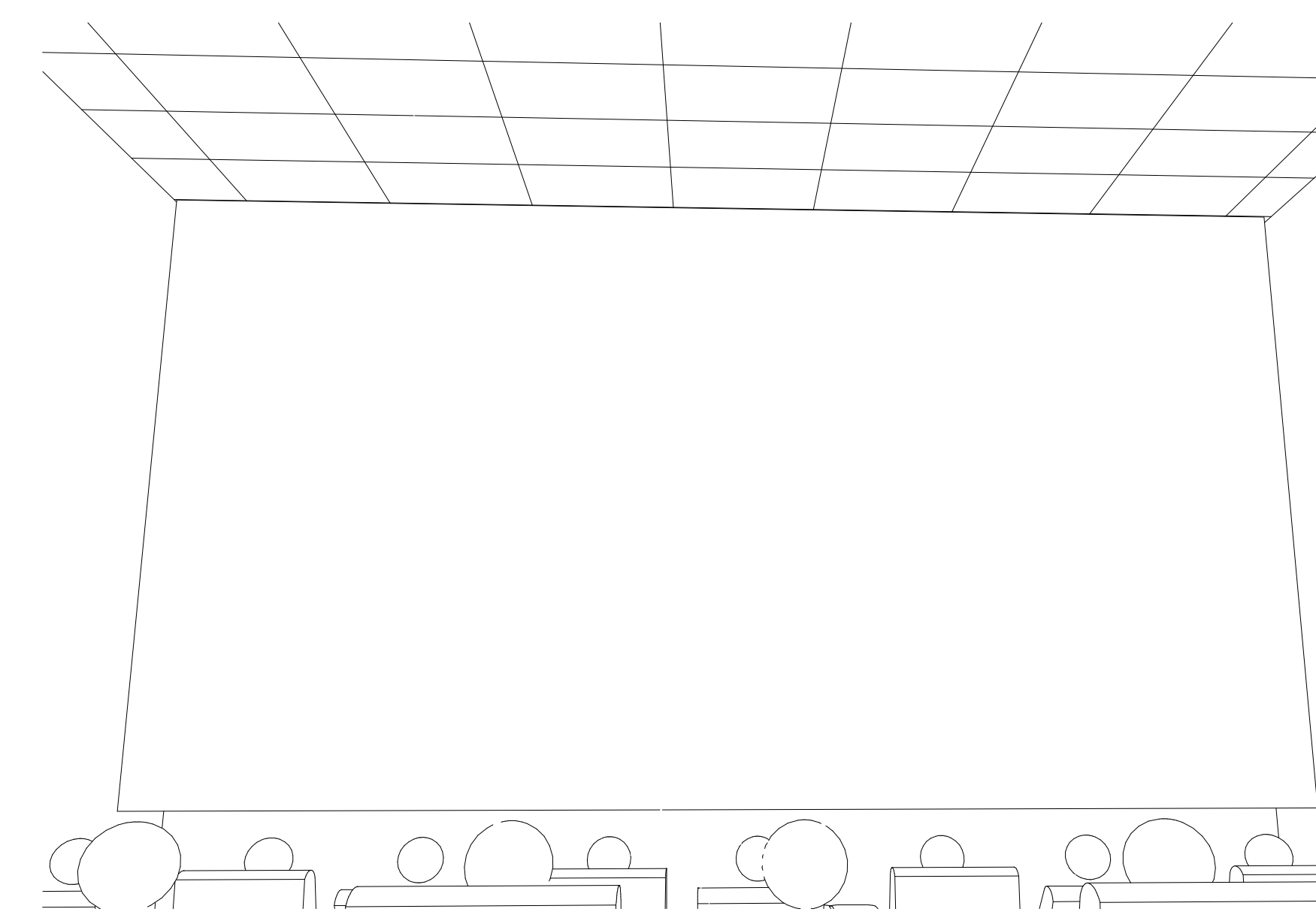
AUDITORIUM 12 JACKSONVILLE, FL

2014.07.1 13094

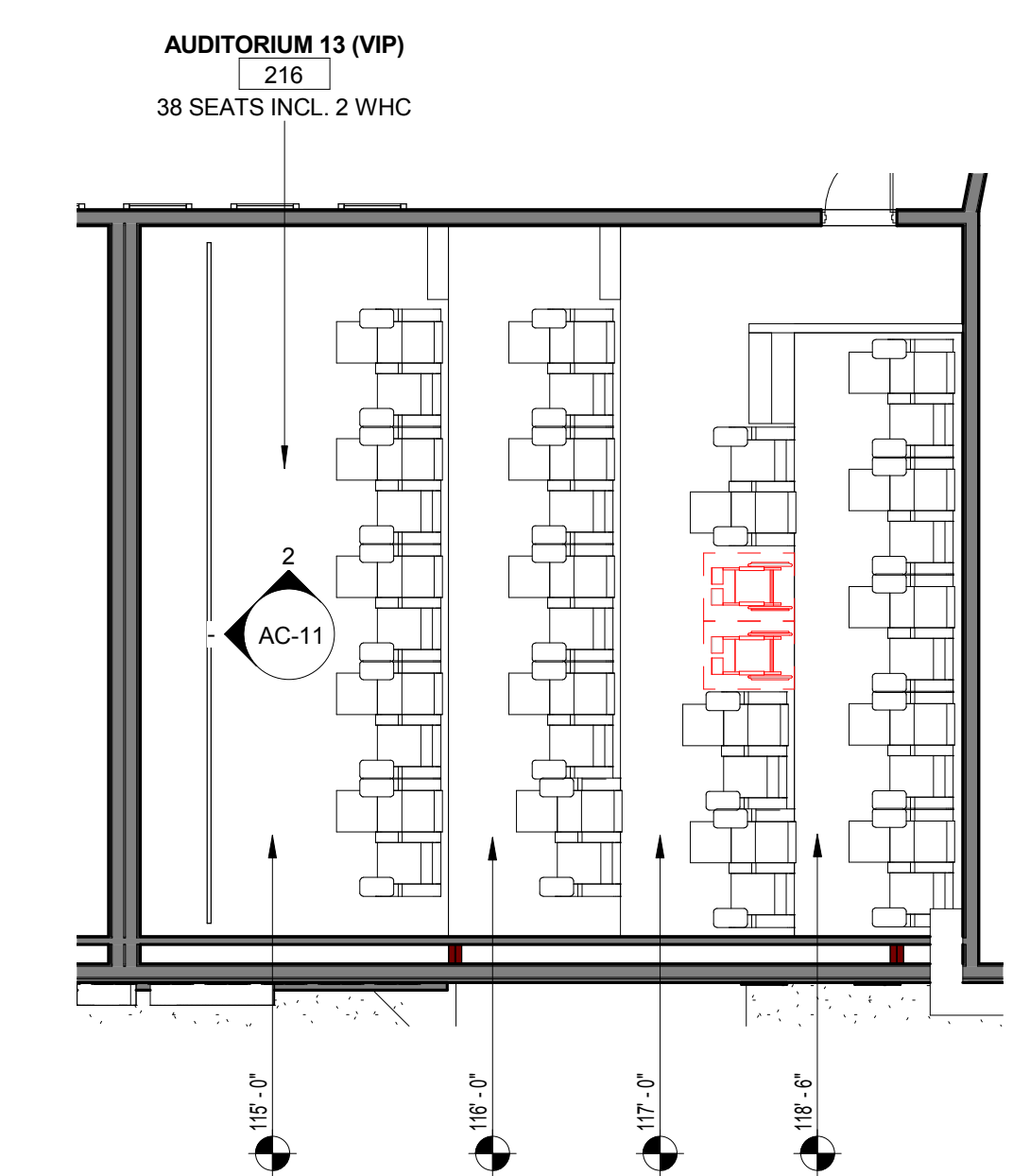
AUDITORIUM 12  
 36 FIXED SEATS  
 + 2  
 WHEELCHAIR  
 POSITIONS



② AUDITORIUM 13 EAST WALL VIP  
 1/8" = 1'-0"



③ AUDITORIUM 13 AND 14 VIP  
 WHEELCHAIR VIEW



① AUDITORIUM 13 VIP (14 SAME)  
 1/8" = 1'-0"

AUDITORIUM # 13 & 14 (TYPE 7)

AUDITORIUM 13&14 VIP JACKSONVILLE. FL

2014.07.1 13094



# The Mobilift CX

## Portable Wheelchair Lift

Specifications and Technical Reference

**Adaptive Engineering Inc.**



Load



Lift



Leave

### Product Abstract

The Mobilift CX is a multipurpose, portable wheelchair lift that provides access to school stages, outdoor bleachers and elevated platforms. Over 1000 units are used in schools, colleges, churches, auditoriums and historic buildings to provide handicapped access. The lift is ideal where structural modifications are impractical, unattractive, too costly or prohibited for historic reasons.

Unlike other vertical platform lifts, the Mobilift CX is manually powered making it easy to use and highly portable. The absence of batteries, hydraulic and electric components make the lift extremely reliable and virtually maintenance free.

Mobilifts can be customized to accommodate unique situations – minimizing the chance that you will have to incur costly structural modifications to your facility. With its reasonable purchase price, the Mobilift is an economical way to make your location handicapped accessible – instantly!.

### Weight & Dimensions

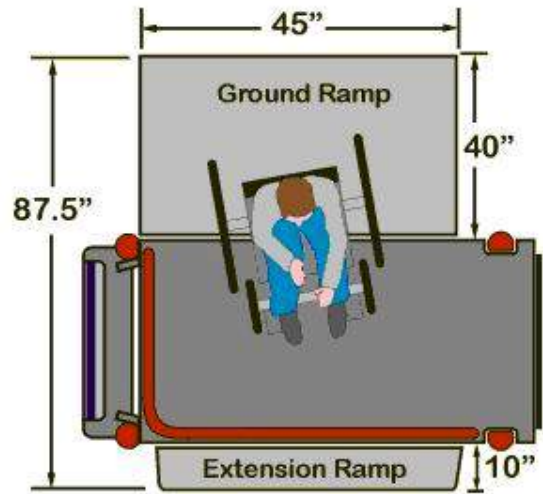
The Mobilift CX is manufactured to exacting tolerances using aluminum and stainless steel. Critical components have been tested successful for extreme weather performance from -50° to +130°F to ensure low-cost, trouble-free use. The lift conforms to stringent safety requirements with each lift factory load tested to 3000 lbs. – five times the rated load.

Typical lifting time:	20 seconds to maximum height of 60"
Maximum lifting height:	60" (1.52m)
Crank force required:	5 lbs to lift 150 lbs., 11 lbs. To lift 300 lbs.
Capacity:	600 lbs (275kg)
Lift weight:	265 lbs. (120 kg)
Lift height:	66" (1.67m)
Lift width:	37.5" (0.95m)
Length:	72" (1.83m)
Platform size:	34" X 56" (0.86m X 1.42m) Accommodates a large wheelchair or scooter
Bridge ramp size:	20"L X 32"W (0.51m X 0.81m) <i>Note: Other ramp sizes are available as an option</i>
Warranty:	2 years from date of invoice

### Deployment Details

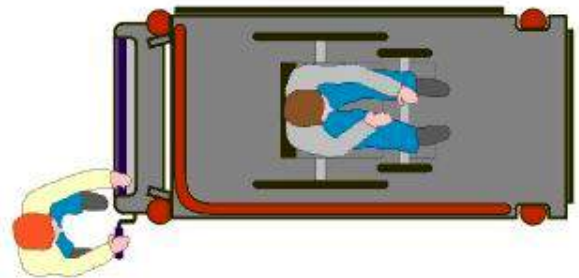
#### Load

- The Mobilift CX loads from a ground ramp which folds down to the platform.
- The lift's platform is large enough to accommodate electric wheelchairs or scooters.
- No special training or expertise is required to operate the Mobilift
- Pictogram decals clearly depict the lift's operating instructions.
- Self sufficient – no power is required.



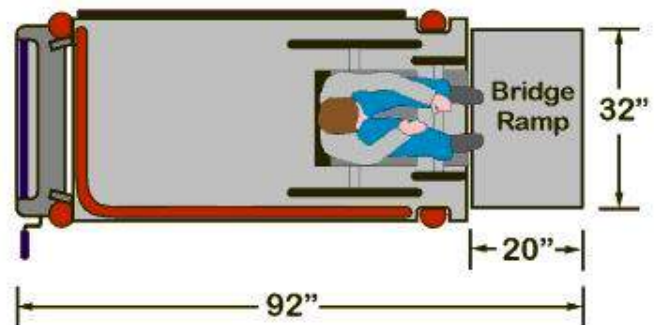
#### Lift

- 20 seconds is the typical time to the maximum elevation of 60”.
- 5 lbs. Of crank force is required to lift 150 lbs.
- 11 lbs of crank force is required to lift 300 lbs.
- Capacity is 600lbs; all lifts are factory tested to 3000 pds.



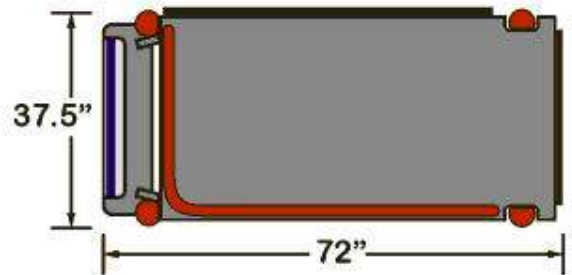
#### Leave

- The Mobilift unloads using a bridge ramp.
- Bridge ramps are available in different lengths to clear stairs or other obstacles.



#### Moving & Storage

- The Mobilift moves and stores easily and quickly.
- 4 lbs. of force on level ground is all that is required to start a Mobilift moving – as easy as moving a shopping cart.
- Rolls well over uneven surfaces for outdoor stage or bleacher access.
- Mobilifts weigh approx. 265 lbs. And can be transported in the back of any size pickup truck.



**Options**

- Weather protection
  - Enclosed shed
  - Open mesh shed
  - Tarp shed
- Loading from right side
- Stair bumper
- Oversize platform
- Narrow-doorway option
- Left-hand side cranking
- Mobile bridge ramp
- Powder coated main structure
- Choice of ramp lengths:
  - 10" (0.25 m)
  - 30" (0.76 m)
  - 40" (1.0 m)
  - 50" (1.27 m)
  - 60" (1.52 m)
- CE certification for European customers

**Mobilift CX Testimonials**

"The Mobilift manual wheelchair lift is exactly what we needed. It is easy to use and move around, yet once the mechanism is set in place, it is solid and stationary. We have been pleased in using it to get our wheelchair students onto the stage in our auditorium. When we do not use it, we wheel it into a corner where it is out of the way. I would recommend this unit for other schools."

May Beyda, Principal  
John L. Bernstein School

"Our University has many historical buildings which were not designed or entry by the disabled. The lift is very mobile, easy to position, easy to operate and flexible. Operators need minimum training and the device is low in maintenance time and cost. We have used the lift in garden areas where electrical sources are non-existent."

Bill Bohn, Project Manager  
University of Virginia

**Warranty**

Every Mobilift carries a 2 year warranty from the date of invoice. The lift is also covered by after-sales support and assistance. Parts can generally be shipped within 48 hours.

**Adaptive Engineering Inc.**



Tel.:1-800-448-4653  
Email: info@adaptivelifts.com  
Web: www.adaptivelifts.com

**Sample Customer List**

- Arizona State University, AZ
- Bank One Ballpark – Phoenix, AZ
- City of Rancho Cucamonga, CA
- Long Beach Transit, CA
- Glendale Unified Schools ,CA
- Sinai Temple, CA
- University of Colorado, CO
- Salem Board of Education, CT
- Georgetown University, DC
- Washington Convention Ctr., DC
- Boca Raton Historical Society, FL
- Hilton Waikoloa Village, HI
- Chicago Public Schools, IL
- Fayette County Schools, IL
- Red Oak Schools, IA
- Oakdale Baptist Church, IN
- Purdue University
- Rossville High School, KS
- Murray ISD, KY
- Louisiana Tech, LA
- Harvard University, MA
- Tufts University, MA
- United Cerebral Palsy, MA
- Fort Detrick Military Base, MD
- Northville Public Schools, MI
- Biloxi Public Schools, MS
- Bethel Baptist Church, NC
- Minot Public School District, ND
- Somerset Schools, NJ
- Reno Sparks Convention Ctr, NV
- Mayor of New York, NY
- Killen ISD, TX
- Canterbury Cathedral, UK
- London Metropolitan Univ., UK

# Ascension Virtuoso 5460F Model Series Vertical Wheelchair Lift Product Specifications

## SECTION 14420 AND SECTION 14 42 00

### PART 1 - GENERAL

#### 1.1 SYSTEM DESCRIPTION

A. The product described herein is an unenclosed, self-contained vertical wheelchair lift, manufactured by Ascension, intended for the exclusive use of individuals with disabilities. The lift shall require minimal modifications to the using facility. The lift shall consist of a platform supported by an electro-hydraulic lifting mechanism. The lift shall be low profile (no machine tower) to maintain viewing lines. The lift shall provide for independent use by individuals with disabilities and include all applicable operating and safety devices for compliance with ADA requirements. The lift shall have a slim profile platform frame to eliminate the need for a pit or access ramp on the lower landing side and facilitate easy entry into the lift directly at floor level by patrons. The lift shall provide adequate lifting force to raise the platform and occupant to a height suitable for access to most stages, platforms, or similar elevated surfaces.

#### 1.2 REFERENCES

A. The lift shall be designed and tested in accordance with ASME A18.1, ASME A17.5, ADAAG, ANSI A117.1, and NFPA 70 (NEC).

#### 1.3 SUBMITTALS

A. Submit manufacturer's drawings and product data for approval. Drawings shall show dimensional and wiring requirements.

#### 1.4 QUALITY ASSURANCE

A. Manufacturer shall be ISO 9001:2008 registered.

B. Manufacturer shall have not less than ten (10) years of experience in the design and manufacture of vertical wheelchair lifts.

C. Lift shall be installed in accordance with all applicable codes.

#### 1.5 WARRANTY

A. Manufacturer shall provide a warranty for a period of twenty (20) years on the drive train, five (5) years on all other components, and one (1) year on labor, starting from the date of installation.

B. Extended warranty plans are available.

#### 1.6 MAINTENANCE

A. Maintenance of the lift shall consist of regular cleaning as deemed necessary by the using facility. General inspection, maintenance, and lubrication shall be specified in the manufacturer's service manual.

### PART 2 - PRODUCT

#### 2.1 MANUFACTURER

A. Ascension Virtuoso 5460F Model Series vertical wheelchair lift, manufactured by Ascension, 3526 E. Fort Lowell Rd., Tucson, AZ, 85716, Tel: 800-459-0400 or 520-881-3993, Fax: 520-881-4983, sales@wheelchairlift.com.

B. Acceptance of other products is subject to compliance with specified requirements and owner or architect approval.

#### 2.2 PHYSICAL CHARACTERISTICS

A. Lifting capacity: 750 pounds [341 kg].

B. Vertical speed: seven (7) feet per minute [2.1 meters per minute].

C. Vertical travel: 12" [304 mm] to 60" [1524 mm], infinitely adjustable.

D. Standard platform gate configuration: the upper landing platform gate shall be left-hinged when facing the lift from the upper landing; the lower landing platform gate shall be right-hinged when facing the lift from the lower landing. Contact Ascension for custom platform gate configurations.

#### 2.3 DIMENSIONS

A. Platform size: 36" x 54" [914 mm x 1371 mm] with 43" [1092 mm] high sidewalls and platform gates.

B. No part of the lift shall stand over 44" [1117 mm] high when the platform is on the ground (with the exception for when the optional stage guard is being used).

## **2.4 MATERIALS**

- A. The base frame and guide rails shall be constructed from ASTM A 36 structural steel, 1/4" [6.35 mm] thick minimum.
- B. The platform shall be constructed from ASTM A 36, AISI 1018, or AISI 1020 Steel.
- C. The windows shall be fabricated from 1/4" [6.35 mm] thick high impact strength clear thermoplastic.
- D. The safety skirt shall be constructed from rigid plastic.

## **2.5 FINISH**

- A. All metal components shall be thoroughly cleaned to remove any foreign substance. Exposed metal surfaces shall be finished with an oven-baked powder coating.
- B. Standard color is black; contact Ascension for custom color selection.

## **2.6 DRIVE TYPE**

- A. Drive shall be direct-acting hydraulic.

## **2.7 ELECTRICAL REQUIREMENTS**

- A. Electrical contractor shall provide a 120VAC, 60 hertz, single phase, 15 amp service line (option: international electrical configurations available).
- B. All control and operating circuits shall be serviced by a 12 VDC power supply.
- C. Electrical components shall be UL listed and CSA registered.
- D. Electrical system shall be certified to ASME A17.5 by an independent testing laboratory.

## **2.8 SAFETY DEVICES**

The lift shall include the following safety features for protection of the passenger and general public.

- A. Grounded electrical system.
- B. 12 VDC operating controls.
- C. Constant pressure operating switches.
- D. Emergency stop button at passenger control station.
- E. Electro-mechanical interlock to prevent accidental opening of lower landing side platform gate.
- F. Switches to prevent platform movement if either platform gate is open.
- G. Safety skirt that completely encloses and protects the area under the platform, with switches to stop platform movement in the case of excess skirt deflection.
- H. 43" [1092 mm] high sidewalls and platform gates.
- I. Unobstructed view through transparent sidewalls and platform gates.
- J. Grab bar extending full length of inside wall.
- K. Slip resistant surfaces on platform floor.
- L. Structural safety factors as specified in ASME A18.1.
- M. Self-closing platform gates.
- N. Alarm and lighted alarm switch on platform.
- O. Upper landing gate (where required by code) – Ascension Virtuoso Model 5460FG.

## **2.9 OPERATING CHARACTERISTICS**

- A. Lift shall include three (3) constant pressure "UP/DOWN" switches, located outside of the platform at both ends and inside the platform.
- B. The passenger control station shall be provided with a separate "PUSH TO STOP" emergency button. The emergency stop button shall lock when pushed and require manual reset before operation can resume.
- C. The lower landing side platform gate shall be provided with a mechanical interlock that prevents the platform gate from being opened whenever the platform is more than 2" [50 mm] above the full down position.

## **PART 3 - EXECUTION**

### **3.1 EXAMINATION**

- A. Verify suitability of substrate preparation in accordance with approved manufacturer's drawings.
- B. Verify correct space requirements in accordance with approved manufacturer's drawings.
- C. Verify electrical service is of correct type and at correct location.



### **3.2 INSTALLATION**

A. Lift shall be installed in accordance with architect's approved plans and specifications, manufacturer's instructions, and ASME A18.1 requirements.

### **3.3 FIELD QUALITY CONTROL**

A. Perform acceptance tests as required by code and the authority having jurisdiction. Place rated load on platform and operate for several cycles to verify correct installation and operation. No mechanical failures shall occur and no wear that would affect the reliability of the lift shall be detected.

NOTE: This specification has been written to assist in preparing a detailed description of a vertical wheelchair lift. Additional technical information may be obtained from Ascension. Specifications are also available electronically at [www.wheelchairlift.com](http://www.wheelchairlift.com). Specifications are subject to change.

U.S. Patent Nos. 7,721,850 and 8,079,447. Other U.S. Patents Pending.

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## Planet Mobility's "PL-36"



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Equipment. Raising  
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Hoists.

### ► PL-36 Wheelchair Lift

The *PL-36 Wheelchair Lift* lowers flush to the floor to allow wheelchair users to easily get on and of the lift with no need for a ramp or pit.

### Product Specifications

#### Standard Features:

- ? Service range: 1□ to 36□
- ? Platform size: 32□ x 52□
- ? Overall size: 52□ wide x 56□ long
- ? Controls mounted in the power unit (integrated in handrail)

- ? Weather tight power unit and controls
- ? Platform controls: constant pressure push button
- ? Key lock-out of controls
- ? Rated load capacity: 750 lbs.
- ? Industrial 2 HP DC motor
- ? Power supply: 110V AC Single Phase
- ? 12V DC operation (lift runs independent of AC power)
- ? 12V DC also provides backup operation in case of power failure
- ? Battery charge indicator gauge
- ? Drive system: electric hydraulic with hydraulic actuators
- ? Manual relief valve
- ? Safety internal brass velocity fuse
- ? Aluminum pump and manifold with integral valves
- ? Adjustable upward travel limit switches
- ? Minimum 42" high guards with mid-rails and 8" solid sides
- ? 6" bridge on both ends
- ? Automatic flip-up ramp/run-off guard on platform entrance
- ? 2 inch/second lift speed
- ? Integral maintenance supports
- ? Rollers - Cold finished steel with case carburizing to .010 inch
- ? Pins - Cold rolled and finished to bearing manufactures specifications
- ? Bearings Self-lubricating with compressive strength of 44,000 psi
- ? Enamel paint with heavy duty clear coat finish
- ? Standard colors: beige, brown, black, or white
- ? Non-slip platform surface
- ? Cold temperature synthetic hydraulic fluid (-20°F to 120°F)



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## Vertical Lift Sale

**Options:**

- ? Solid steel sides
- ? Solid Plexiglas sides
- ? Solid steel shroud surrounding lift
- ? Accordion skirting on sides
- ? Upper platform gate with interlock
- ? Grab rail (solid sides required for this option)
- ? Safety under-platform guard
- ? Aluminum hinged bridge
- ? Call / Send station (attendant operation)
- ? Custom colors to match customer's specifications
- ? Power coat finish on deck
- ? Extreme cold temperature oil heater
- ? Wireless remote control

Comparison

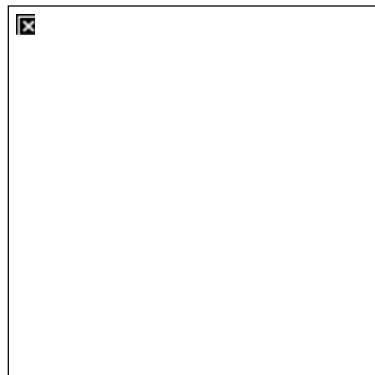
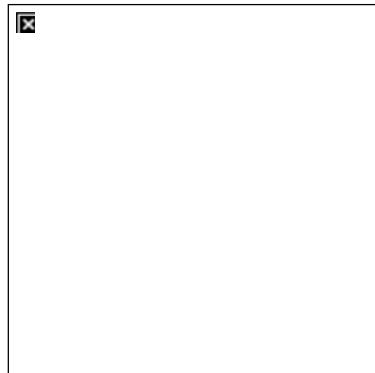
The design of the PL-36 wheelchair lift eliminates the need for a obtrusive tower that is required in conventional wheelchair lifts.

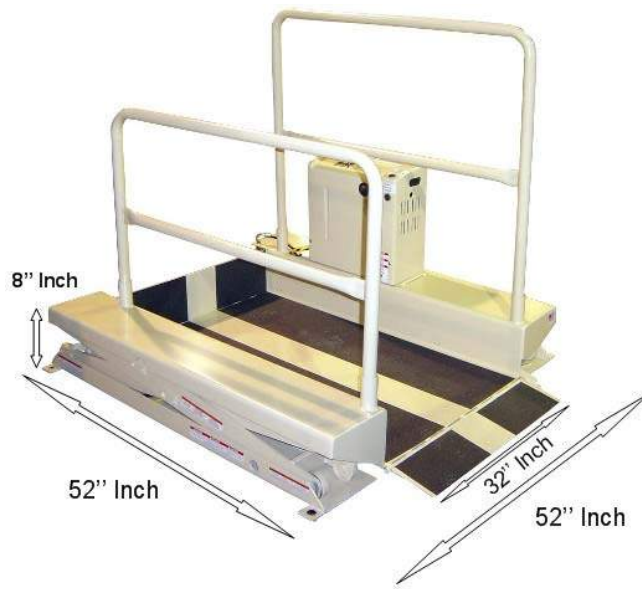
**NO TOWER**



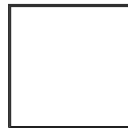
Battery Backup & Lock Out Key is "Standard" on the PL-36. You will have a piece of mind knowing that if the power were to ever fail your wheelchair lift will continue to operate.

Retractable Ramp & Safety Plate on both the entrance and exit.  
Standard on the PL-36.

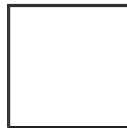




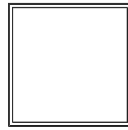
Wheelchair Lift Standard Colors



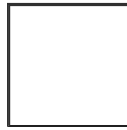
Sandy Beige



Earth Brown



Tuxedo Black



Bright White

**PL-36 WHEELCHAIR LIFT**

~~Retail Price: \$6998.~~  
**Planet Price: \$4998.**

**PL-36 WHEELCHAIR LIFT**

**Control Buttons:**

- Standard Buttons & Key Operation On Lift **Free**
- Standard Lift Controls Plus Upper & Lower Call Send Buttons **\$289.**

**Handrails:**

- Standard Removable Handrails **Free**
- Custom Handrails **\$175.**

**Ramps And Safty Plate:**

- Standard Automatic Lower Ramp **Free**
- 22 Inch Automatic Folding Ramp At Lower Access **\$89.**

**Model:**

- Standard 32 x 52 Useable Platform **Free**
- Custom Size **\$400.**

**Safety Shroud:**

- None
- Full Safety Shroud & Solid Handrails **\$2750.**

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