

HOLLYWOOD THEATERS

Issue: Vertical accessibility to all rows of seats in a new, 14 screen movie theater complex.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to all rows of seats in a new, 14 screen movie theater. No project costs were submitted as the project is in the conceptual phase and the applicant is seeking guidance before finalizing the plans. Wheelchair seating locations are proposed on the first tier of the second section of stadium-type seating. The working design incorporates companion seats as required and no accessible seats are planned on the ends of the aisles.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility to all rows of stadium seating, as required by Section 553.509, Florida Statutes.

553.509 Vertical accessibility. Nothing in Sections 553.501-553.513 or the guidelines shall be construed to relieve the owner of any building, structure or facility governed by those sections from the duty to provide vertical accessibility to all levels above and below the occupiable grade level regardless of whether the guidelines require an elevator to be installed in such building, structure or facility, except for:

- (1) Elevator pits, elevator penthouses, mechanical rooms, piping or equipment catwalks and automobile lubrication and maintenance pits and platforms;
- (2) Unoccupiable spaces, such as rooms, enclosed spaces and storage spaces that are not designed for human occupancy, for public accommodations or for work areas; and
- (3) Occupiable spaces and rooms that are not open to the public and that house no more than five persons, including, but not limited to equipment control rooms and projection booths.

Waiver Criteria: There is no specific guidance for a waiver of this requirement in the code. The Commission's current rule, authorized in Section 553.512, Florida Statutes, provides criteria for granting waivers and allows consideration of unnecessary or extreme hardship to the applicant if the specific requirements were imposed.

*Defy
you add
information*

**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: Hollywood Theaters: Port Orange 14
Address: Port Orange, Florida

2. Name of Applicant. If other than the owner, please indicate relationship of applicant to owner and written authorization by owner in space provided:

Applicant's Name: Hollywood Theaters

Applicant's Address: 919 SW Taylor Street, Suite 800, Portland, OR 97205

Applicant's Telephone: 503-803-2190 FAX: 503-221-9501

Applicant's E-mail Address: jlane@gohollywood.com

Relationship to Owner: N/A

Owner's Name: Hollywood Theaters

Owner's Address: 919 SW Taylor Street, Suite 800, Portland, OR 97205

Owner's Telephone: 503-803-2190 FAX 503-221-9501

Owner's E-mail Address: jlane@gohollywood.com

Signature of Owner: 

Contact Person: Kevin Bernard

Contact Person's Telephone: 415-256-8001 ext.106

E-mail Address: kbernard@rdarchitects.com

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.)

Type of Facility: Theater (14 Screens), Total Seats: 2416

Square Footage: 46,772 sq.ft.

No. of Floors: 1 + mezzanine

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

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.

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

Issue 1: Vertical Accessibility, F.B.C. section 553.509

Issue2:

Issue3:

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.

This is a theater project and each of the auditoriums has multiple stadium seating levels to provide necessary viewing angle to the screen. The proposed design provides accessible seating in each of the auditoriums as required per F.B.C.

The F.B.C. – Vertical Accessibility code would require an accessible path to each of the stadium-seating riser. This would be difficult to achieve for both maintaining a standard auditorium layout & user-friendly design and location of ADA seating as currently designed.

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

The owner has made a **diligent investigation** into the costs of compliance with the code, but cannot find an efficient mode of compliance. Provide detailed cost estimates and, where appropriate, photographs. Cost estimates must include bids and quotes.

9. **Provide documented cost estimates for each portion of the waiver request and identify any additional supporting data which may affect the cost estimates.** For example, for vertical accessibility, the lowest documented cost of an elevator, ramp, lift or other method of providing vertical accessibility should be provided, documented by quotations or bids from at least two vendors or contractors.

a. _____

b. _____

c. _____

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

The Hollywood Theater in Port Orange, FL is a 14-screen theater. The theater and each of its auditoriums have been designed to comply with Florida Building Code 2004 & ADA requirements per Chapter 11. The current Auditorium design incorporates the F.B.C. required number of Accessible seats with adjacent companion seating. These seats have a clear path of travel and sufficient clearance necessary for ADA access. The auditorium design includes the construction of Stadium seating, which provides better viewing angles for all patrons. The ADA accessible seating is provided in the prime position in the auditorium; it is the first level of the upper stadium seating area on the raised cross aisle.

A strict reading of the F.B.C statute for vertical accessibility could define each stadium seating area as a level in the building. Providing an accessible path to each of the stadium seating levels is not needed because ADA seating is already provided for in the "best seats in the house" and the required number of seats has been met. In addition, providing access to each riser level would increase the size of the building dramatically. The typical design of an auditorium does not allow for a ramp between each level, and a lift for each level would require the overall width of the auditorium to be increased by approx. 6' & each stadium seating riser's depth would have to be increased to provide the minimum width for an accessible pathway.

In addition, providing the ADA seating on each level of the stadium risers is less user friendly to the person occupying those ADA seats; they must rely on a riser lift to access each level.



Signature

Paul Bosman

Printed Name


Phone number: 650-269-8911

(SEAL)

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 19th day of MAY, 20 08


Signature _____

CLYDE CORNELL
Printed Name _____

By signing this application, the applicant represents that the information in it is true, accurate and complete. If the applicant misrepresents or omits any material information, the Commission may revoke any order and will notify the building official of the permitting jurisdiction. Providing false information to the Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.

REVIEW AND RECOMMENDATION BY LOCAL BUILDING DEPARTMENT.

Please state why the issue is being referred to the Florida Building Commission as well as a recommendation for disposition. The Building Official or his or her designee should review the application and indicate that to the best of his or her knowledge, all information stipulated herein is true and accurate. Further, if this project is complete, explain why it is being referred to the Commission. The Building Official or his or her designee should sign a copy of the plans accompanying this application as certification that such plans are the same as those submitted for building department review. Please reference the applicable section of the Accessibility Code.

- a. FBC 11-4.1.3
- b. FS. 553-509
- 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 _____

RECOMMEND FOR APPROVAL

Jurisdiction CITY OF PORT ORANGE, FL.

Building Official or Designee KOS
Signature

KERRY A LEUZINGER
Printed Name

BU 1582
Certification Number

386-506-5626 - FAX 386-506-5699
Telephone/FAX

Address: 1000 CITY CENTER CIRCLE
PORT ORANGE, FL. 32129



1000 ...
1000 ...
1000 ...

PORT ORANGE LIBRARY

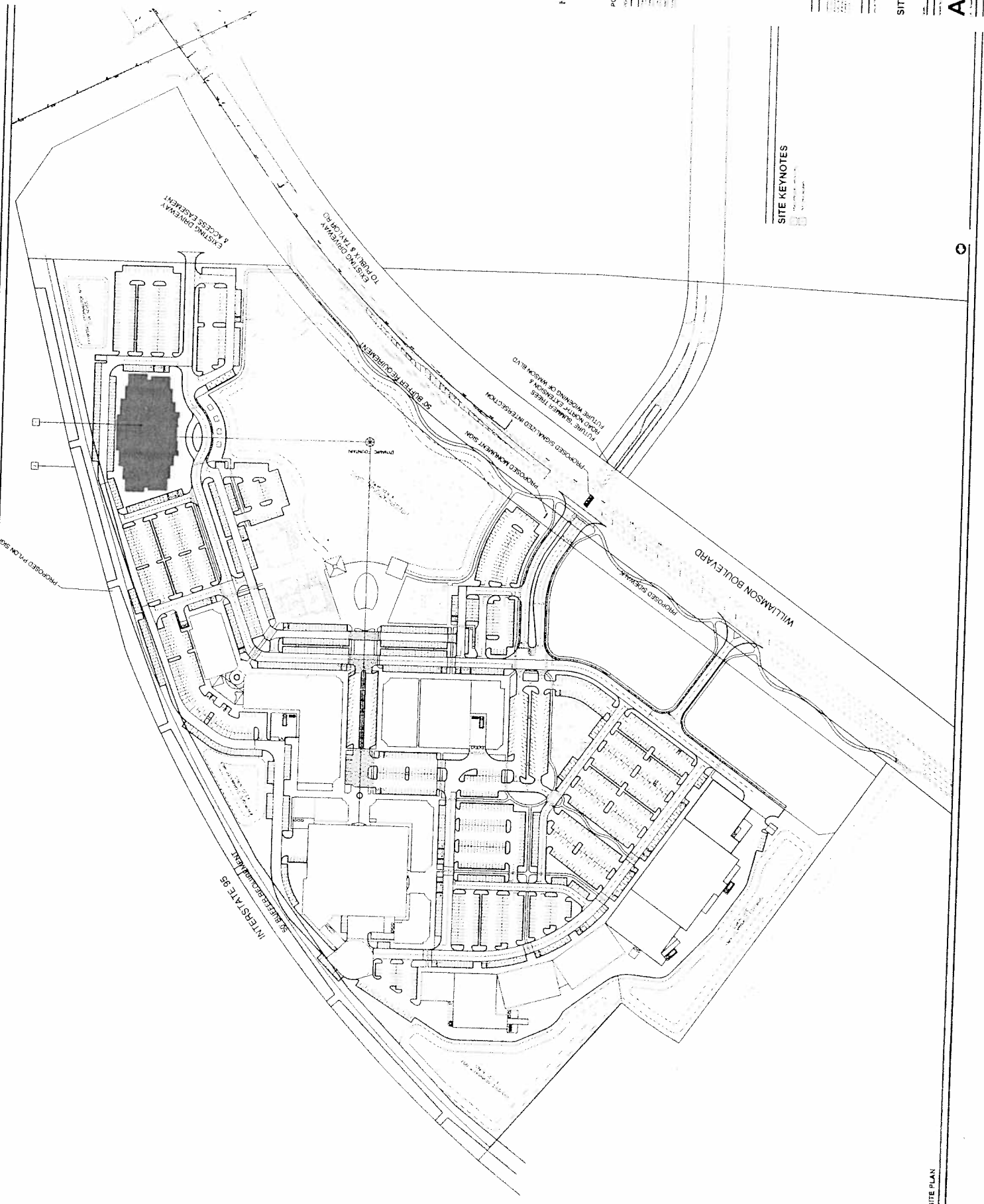
PORT ORANGE 14
SHEET: PLAN 01

DATE:	10/15/14
SCALE:	AS SHOWN
DRAWN BY:	...
CHECKED BY:	...

NO.	DESCRIPTION
1	...
2	...
3	...
4	...
5	...
6	...
7	...
8	...
9	...
10	...

SITE PLAN

A0.1



SITE KEYNOTES

1. ...

2. ...

3. ...

4. ...

5. ...

6. ...

7. ...

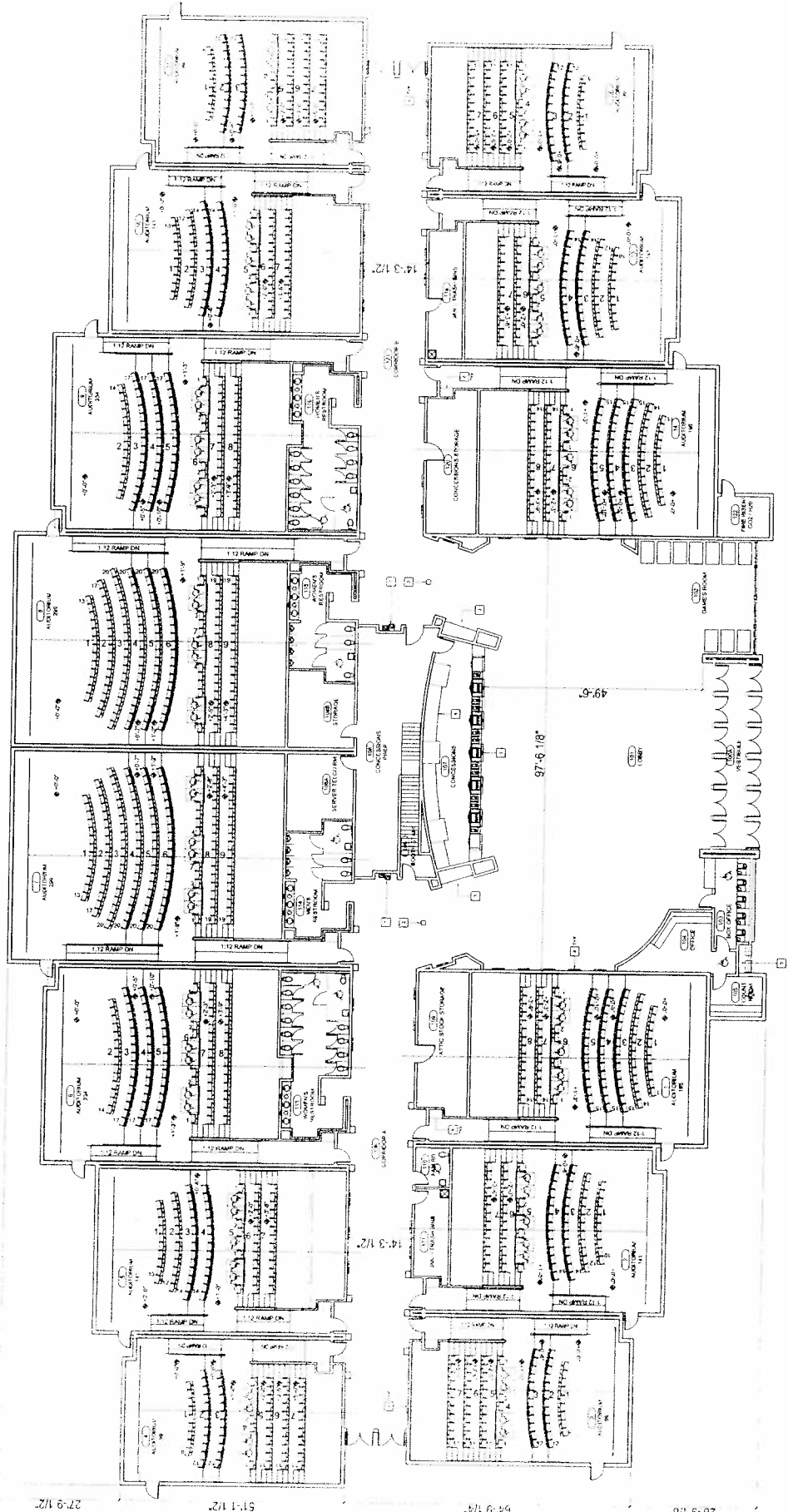
8. ...

9. ...

10. ...

SITE PLAN

0



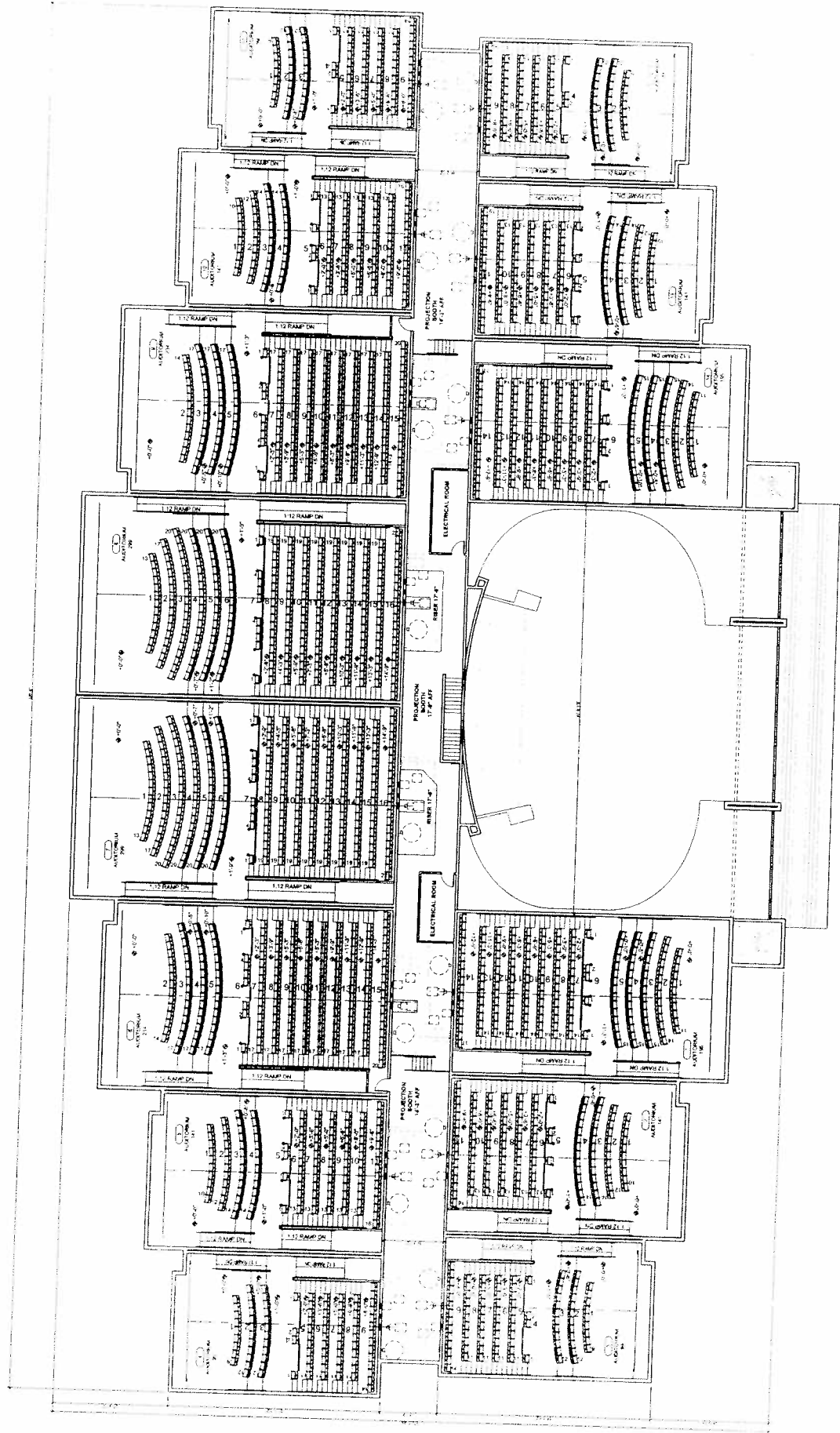
KEYNOTES

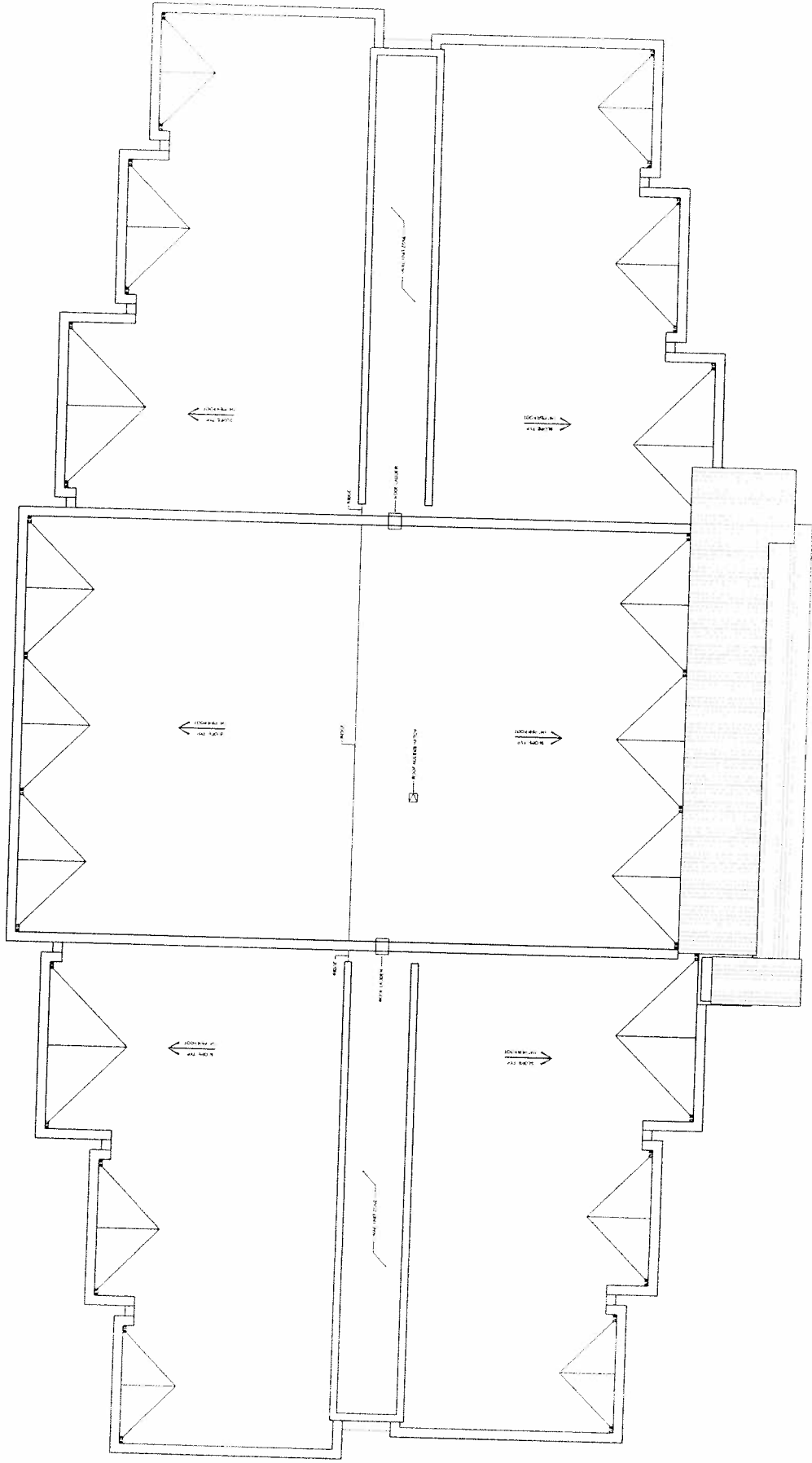
- 1. ALL DIMENSIONS ARE IN FEET AND INCHES UNLESS OTHERWISE NOTED.
- 2. FINISHES ARE AS NOTED OR AS SHOWN ON THE FINISH SCHEDULE.
- 3. SEE NOTES ON OTHER SHEETS FOR FINISHES AND MATERIALS.
- 4. SEE NOTES ON OTHER SHEETS FOR MECHANICAL AND ELECTRICAL.
- 5. SEE NOTES ON OTHER SHEETS FOR STRUCTURAL.
- 6. SEE NOTES ON OTHER SHEETS FOR LANDSCAPE ARCHITECTURE.
- 7. SEE NOTES ON OTHER SHEETS FOR INTERIORS.
- 8. SEE NOTES ON OTHER SHEETS FOR EXTERIORS.
- 9. SEE NOTES ON OTHER SHEETS FOR SPECIALTIES.
- 10. SEE NOTES ON OTHER SHEETS FOR FURNITURE.
- 11. SEE NOTES ON OTHER SHEETS FOR EQUIPMENT.
- 12. SEE NOTES ON OTHER SHEETS FOR ACCESSIBILITY.
- 13. SEE NOTES ON OTHER SHEETS FOR SAFETY.
- 14. SEE NOTES ON OTHER SHEETS FOR SECURITY.
- 15. SEE NOTES ON OTHER SHEETS FOR COMPLIANCE.

BUILDING DATA

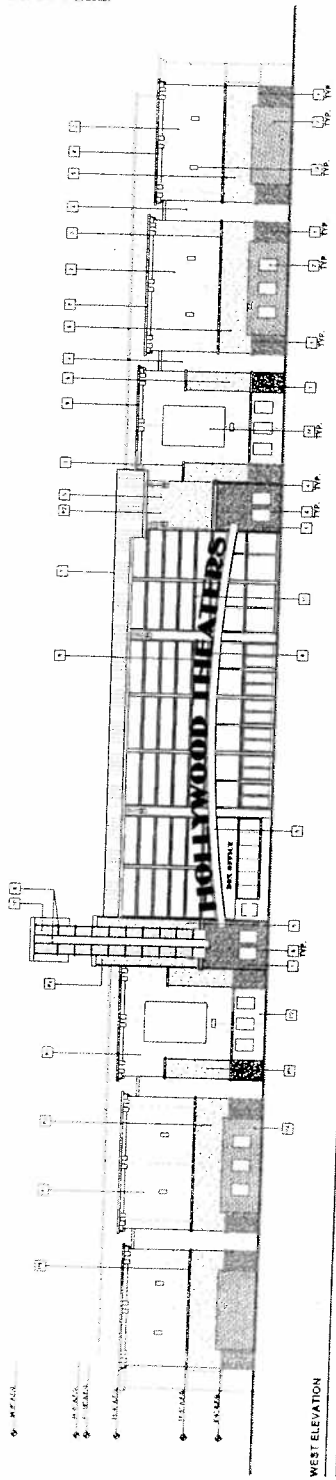
PROJECT NAME	HOLLYWOOD THEATERS
PROJECT NUMBER	14
DATE	11/11/11
LOCATION	PORT ORANGE, FL
OWNER	[Name]
ARCHITECT	Russell Davis Architects
SCALE	AS SHOWN
DRAWN BY	[Name]
CHECKED BY	[Name]
DATE PLOTTED	[Date]
PLOTTED BY	[Name]

FIRST FLOOR PLAN



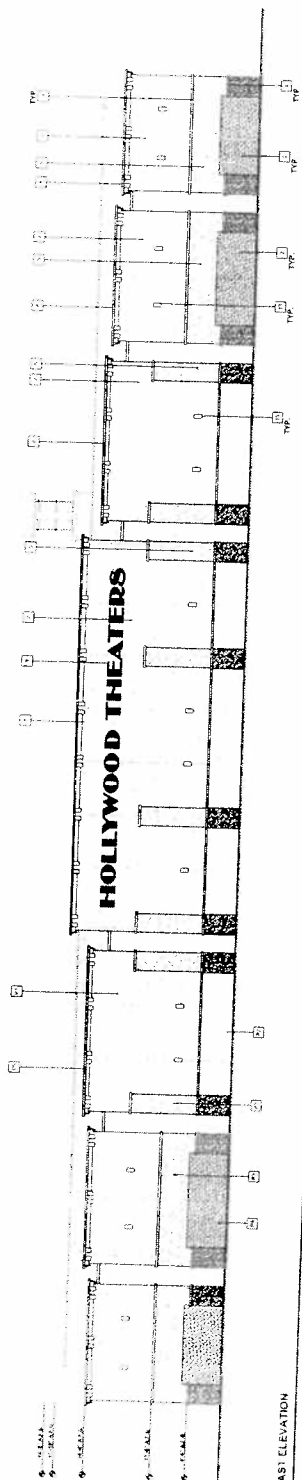


ELEVATION KEYNOTES
 1. FINISH ...
 2. FINISH ...
 3. FINISH ...
 4. FINISH ...
 5. FINISH ...
 6. FINISH ...
 7. FINISH ...
 8. FINISH ...
 9. FINISH ...
 10. FINISH ...
 11. FINISH ...
 12. FINISH ...
 13. FINISH ...
 14. FINISH ...
 15. FINISH ...
 16. FINISH ...
 17. FINISH ...
 18. FINISH ...
 19. FINISH ...
 20. FINISH ...

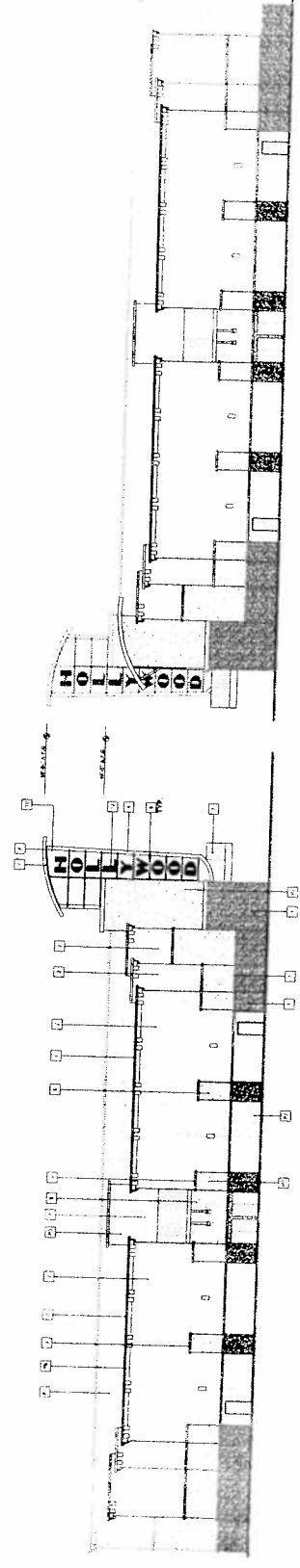


WEST ELEVATION

PAINT SCHEDULE
 1. FINISH ...
 2. FINISH ...
 3. FINISH ...
 4. FINISH ...
 5. FINISH ...
 6. FINISH ...
 7. FINISH ...
 8. FINISH ...
 9. FINISH ...
 10. FINISH ...
 11. FINISH ...
 12. FINISH ...
 13. FINISH ...
 14. FINISH ...
 15. FINISH ...
 16. FINISH ...
 17. FINISH ...
 18. FINISH ...
 19. FINISH ...
 20. FINISH ...



EAST ELEVATION



NORTH ELEVATION

SOUTH ELEVATION