

BLOSSOM HOUSE

Issue: Vertical accessibility to the second floor.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to the 1,000 square second floor of an existing building. The 2,132 square foot first floor presently houses a flower shop and the owner would like to expand the business to include the second floor as well. The project is in the preliminary design phase and no working drawings have been provided. The preliminary estimate of the scope of work is \$26,075 and it would cost an additional \$20,500 to install a lift. It is highly unlikely that the owner will proceed with the expansion if a waiver is not obtained.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility to the second floor, 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.

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: BLOSSOM HOUSE ALTERATIONS

Address: 1003 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901

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: GREGORY TSARK, AIA

Applicant's Address: 2813 GLASBERN CIRCLE, WEST MELBOURNE, FL 32904

Applicant's Telephone: 321-327-3769 FAX: 321-674-7257

Applicant's E-mail Address: GTSARK@FIT.EDU

Relationship to Owner: OWNER'S ARCHITECT

Owner's Name: KATHLEEN A. HARNED

Owner's Address: 688 SHERIDAN WOODS DR., W. MELB, FL 32904

Owner's Telephone: 321-626-3732 FAX —

Owner's E-mail Address: KDURTSCHI@BELLSOUTH.NET

Signature of Owner: Kathleen A. Harned

Contact Person: GREGORY TSARK, AIA

Contact Person's Telephone: 321-327-3769 E-mail Address: GTSARK@FIT.EDU

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.)

THIS IS AN EXISTING 2 STORY BUILDING WITH A FLOWER SHOP, "BLOSSOM HOUSE", OCCUPYING THE ENTIRE 1ST FLOOR OF 2132 SF. THE SECOND FLOOR WHICH IS 1000 SF IS UNUSED, BUT IS "FINISHED" SPACE. IT IS CURRENTLY ACCESSED BY WAY OF AN INTERIOR STAIRCASE FROM THE FLOWER SHOP.

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

PRELIMINARY ESTIMATE : \$ 26,075

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: FLORIDA STATUTE 553.509 VERTICAL ACCESSIBILITY (1);
COMPLIANCE WILL REQUIRE A STAIR MOUNTED WHEELCHAIR LIFT.

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.

79% INCREASE IN TOTAL PROJECT COST.
\$ 26,075 PROJECT COST + \$ 20,500 COMPLIANCE

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.

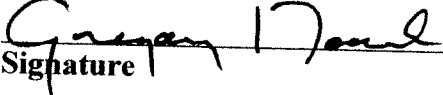
a. PLEASE SEE ATTACHED PRELIMINARY ESTIMATE FROM
MH WILLIAMS CONSTRUCTION GROUP, INC.

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.

COMPLIANCE IS PHYSICALLY POSSIBLE. HOWEVER, THE COST
WILL BE SUBSTANTIAL RELATIVE TO THE TOTAL PROJECT COST.

 _____
Signature Printed Name GREG TSARK

Phone number 321-288-5201

(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 27th day of AUGUST, 2009

Kathleen A. Harned
Signature

KATHLEEN A. HARNED
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.

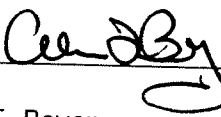
- a. Plans have not been submitted for permit review as of 9/1/09. However, after speaking with the architect of record the waiver is being requested during design phase since the owner is not likely to continue this project if a waiver from vertical access is denied.
- b. A review of the preliminary plans submitted has revealed that vertical access would indeed be required per 2007 FBC 11-4.1.6 (1) (k) (iii). Since the proposed space is a business that is open to the public none of the automatic three exceptions would apply. Therefore, only the Florida Building Commission may grant the waiver.

Has there been any permitted construction activity on this building during the past three years? If so, what was the cost of construction?

(x) Yes () No Cost of Construction \$4900 for a re-roof permit

Comments/Recommendation Based on the preliminary plans submitted and the documentation of the cost to provide a chair lift, I would be in favor of the waiver, provided the Commission agrees that this would be an unnecessary or extreme hardship to the owner.

Jurisdiction _____ City of Melbourne _____

Building Official or Designee _____  _____
Signature

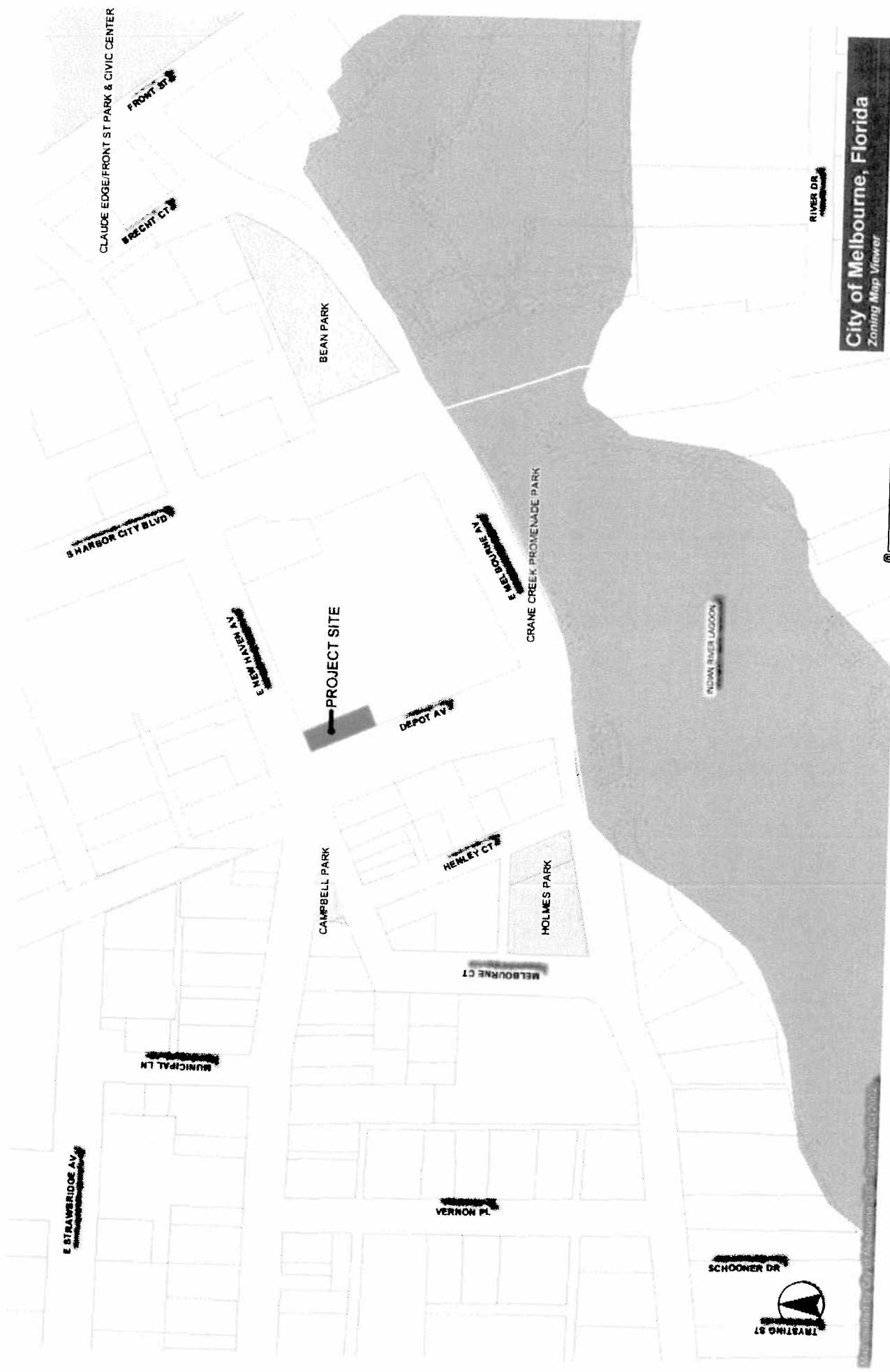
Alan F. Beyer _____
Printed Name

BU 383 _____
Certification Number

321-674-5773 321-674-5771
Telephone Fax

Address: _____ 900 E. Strawbridge Ave. _____

_____ Melbourne, FL 32901 _____



CLAUDE EDGE/FRONT ST PARK & CIVIC CENTER

FRONT ST

BRIGHT CT

BEAN PARK

S HARBOR CITY BLVD

E NEW NAVER AV

PROJECT SITE

DEPOT AV

E MELBOURNE AV

CRANE CREEK PROVENADE PARK

INDIAN RIVER LAGOON

CAMPBELL PARK

HEWLEY CT

HOLMES PARK

MELBOURNE CT

MUNICIPAL LN

E STRAWBRIDGE AV

VERNON PL

SCHOONER DR



City of Melbourne, Florida
Zoning Map Viewer



RIVER DR

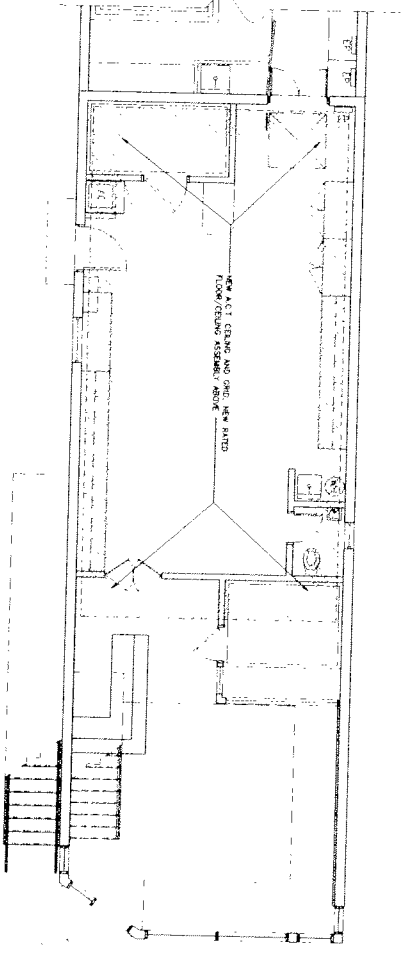
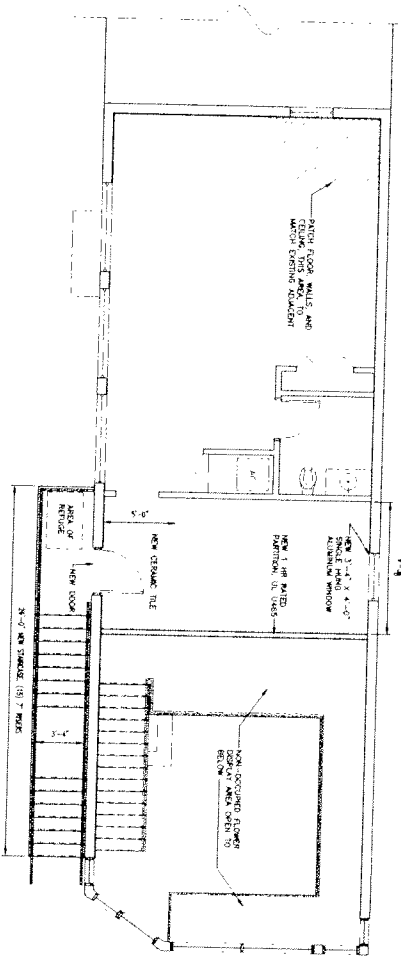
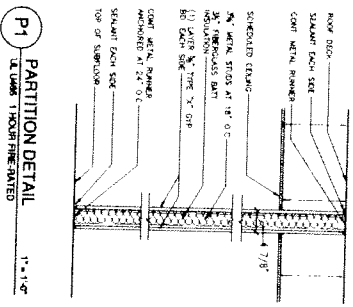
PROJECT SUMMARY
 THE PURPOSE OF THIS PROJECT IS TO MAKE USE OF EXISTING STRUCTURE AS A RESIDENTIAL UNIT. THE EXISTING STRUCTURE IS TO BE DEMOLISHED AND RECONSTRUCTED TO BE A SECOND FLOOR UNIT. THE EXISTING STRUCTURE IS TO BE DEMOLISHED AND RECONSTRUCTED TO BE A SECOND FLOOR UNIT. THE EXISTING STRUCTURE IS TO BE DEMOLISHED AND RECONSTRUCTED TO BE A SECOND FLOOR UNIT.

PLANNED OCCUPANCY CLASSIFICATION
 MULTIFAMILY - GROUP B FIRST FLOOR
 GROUP B SECOND FLOOR

CONSTRUCTION CLASSIFICATION
 TYPE V-B UNREINFORCED CONCRETE

BUILDING AREA

ALTERED	TOTAL
FIRST FLOOR 1124 SQ. FT.	1124 SQ. FT.
SECOND FLOOR 222 SQ. FT.	1346 SQ. FT.
DEMOLITION 509 SQ. FT.	3132 SQ. FT.
NEW STAIRWELL 102 SQ. FT.	



Alterations to Blossom House

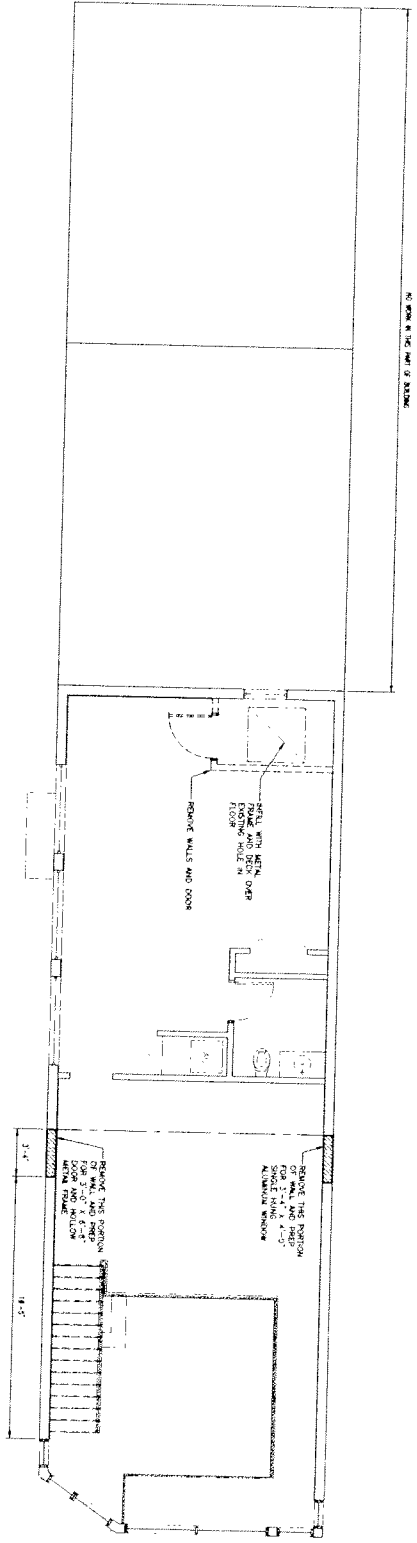
1003 East New Haven Avenue
 Melbourne, Florida
 Project No.: 09027

Team Architecture, LLC
 1000 15th Street, Suite 1000
 Vero Beach, FL 32980

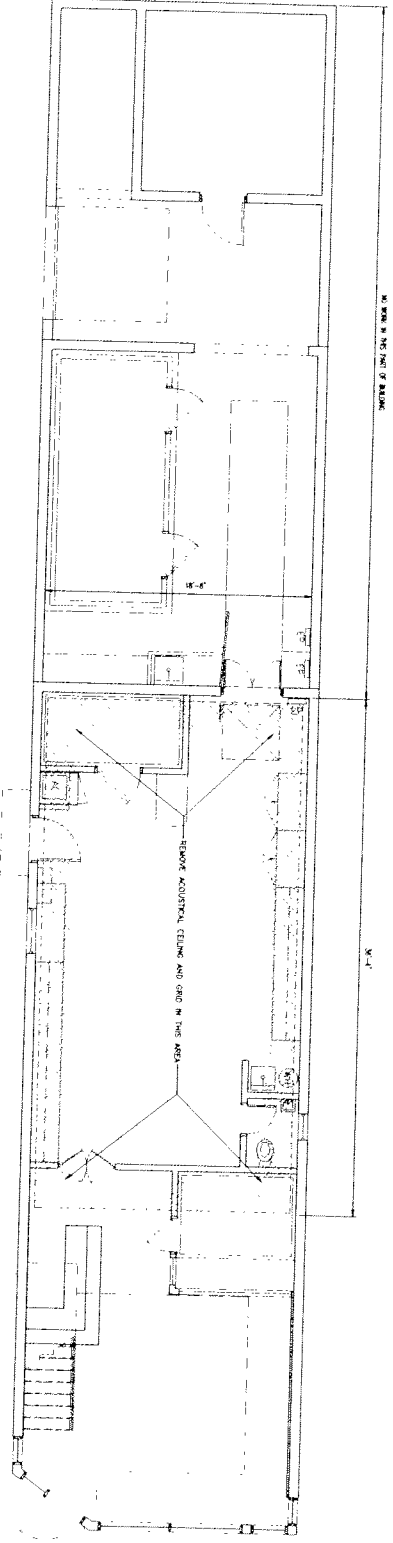
REVIEW SET
 NOT FOR
 CONSTRUCTION
 PURPOSES

A-1

DATE	BY	REVISION
8.20.0	GJT	



2nd FLOOR DEMOLITION PLAN 1/4" = 1'-0" 1/8" = 0'-6" 0 2 4 6 8 10 12



1st FLOOR DEMOLITION PLAN 1/4" = 1'-0" 1/8" = 0'-6" 0 2 4 6 8 10 12

Alterations to Blossom House

1003 East New Haven Avenue
Melbourne, Florida
Project No.: 09027

Tank Architecture, LLC
2611 Gateway Circle
West Melbourne, Florida 32909
352.233.7300



DATE	8/20/09
DRAWN BY	GFJ
REVISIONS	
SHEET TITLE	

A-2

REVIEW SET
FOR
CONSTRUCTION
PURPOSES

August 26, 2009

Greg Tsark, AIA
Tsark Architecture LLC
2813 Glasbern Circle
West Melbourne, FL 32904

Re: Cost Estimate for Blossom House Alterations

Greg,

Please review the preliminary estimate below for the costs associated with the Blossom House Alterations project.

- Demolition	\$ 2,150
- 1- Hour floor and ceiling assembly and partition	\$ 1,950
- New entrance door and window	\$ 2,850
- Floor tile, ceilings and finishes repair	\$ 11,250
- Exterior stair	\$ 7,500
- Electrical work (new exterior light and switch)	\$ 375

To provide a chairlift for this project, please add the following costs:

- Electrical (if power can be pulled from existing panel)	\$ 1,250
- Increase stair tower to accommodate lift	\$ 2,750
- Chairlift	\$ 16,500

Thanks for your consideration.

Sincerely,



Michael Williams Jr.
Project Manager



Accessible Environments, Inc.

7151 Richmond Road, Suite 403, Williamsburg, Virginia 23188
 800-643-5906 - Fax: 757-565-1570

QUOTE

Date: April 30, 2009

To: Kathleen Harnet
 Phone: 321-626-3732

Zip code: FL
 Email: kdurtschi@bellsouth.net

Quote Prepared by: Brigette Weis, Sales Tech

We offer the following quote – good for 30 days:

ITEM	QUANTITY	TOTAL QUOTE COST
Standard Trus-T-Lift; straight thru access unenclosed application; [Circle one of the following: tower on left or tower on right. Sign here for tower side: X _____	1	\$ 4,071.00
120" Lifting Height	1	\$ 3,000.00
Commercial Package – required for commercial facilities. Includes the following: <i>Solid Side Walls</i> <i>18in. Extra Wide Toe Plate [no toe plate if enclosed in a shaft]</i> <i>Solid Carriage Floor and Under Platform</i> <i>Safety Plate</i> <i>Two Remote Call Stations (Keyed)</i> <i>42in. High Steel Upper Landing Gate c/wMounting Frame</i> <u>[CIRCLE: LEFT OR RIGHT HINGE FOR UPPER LANDING GATE]</u> Sign here for upper landing gate hinge side: X _____ <i>42in. High Steel Carriage Gate – hinge on same side as tower</i> <i>Electrical/Mechanical Interlocks</i> <i>Emergency Alarm and Light</i>	1	\$ 4,214.00
Shipping - delivery to local depot for customer pick up		\$0.00
Discount		-\$1,692.00
Total		\$9,593.00

Note: Lead time is approximately 1 - 2 weeks to manufacture plus delivery time from Alberta Canada to you.

MAKE SURE TO FOLLOW PACKAGE INSTRUCTIONS REGARDING MOVING THE CRATE TO AVOID DAMAGING THE UNIT ONCE DELIVERED. DO NOT

REMOVE PACKING MATERIALS UNTIL THE LIFT IS IN PLACE WHERE IT IS GOING TO BE INSTALLED. THE PACKING MATERIALS KEEP MECHANICAL CABLES/SHAFT IN PLACE WHILE TRANSPORTING THE LIFT.

Wheelchair Lifts 72 inch and higher must be delivered to a depot in your area for customer pick up or a commercial address with a loading dock and sufficient unloading equipment.

Check with your local building official/permit agency to verify regulations concerning licensing of the installer and equipment requirements. National codes state that anything over 60" of travel must be enclosed within a shaft in commercial applications.

Technical Information for Wheelchair Porch Lifts- Wheelchair Lift

- Constant pressure Soft Touch control pads
- 550 pound (250-kg) lift capacity
- Constant pressure Soft Touch control pads
- 8 feet/minute lift speed
- Direct worm gear/acme screw drive
- Non-load-bearing backup safety nut on lift shaft
- Low maintenance
- Expanded metal platform with full under platform visibility and non skid surface
- 8" positive action, reversible toe-plate for universal access
- Emergency manual operation
- Fuse box accessible from carriage
- Quick and easy set-up and adjustment
- Baked on Powder Coat finish
- Baked on Powder Coat finish
- Extreme Weather resistant design
- U.L. and C.S.A. Certified

Wheelchair Porch Lift - Wheelchair Lift Specifications

The Trus-T-Lift Wheelchair Porch Lift - wheelchair lift Specifications are as follows:

Wheelchair Lift Deck Dimensions (L, D, W)

Access	L Deck Length	D Deck Width	W Total Width
Straight Through Access	54" (1372 mm)	34" (864 mm)	48" (1219 mm)

Wheelchair Lift Tower Dimensions (H)

Total Travel	H Tower Height
120" (3048 mm) Lift Height	142" (3607 mm)

*****Lift needs to be installed on a concrete pad with minimum measurements of 60" x 60"**

The diagram below displays a straight through residential 120" lift with **commercial application**. The diagram shows tower right with upper landing gate right hinge. Commercial lifts over 60" should be installed in a shaft

with a full height lower door – check with your local codes and compliance to make sure an unenclosed lift is acceptable for your local jurisdiction. **If you do install the lift in a shaft, we will change the options by replacing the gates with supply interlocks only.**

Model:

Access:

Commercial **D.C.**

Toe Plate:

Solid Handrail **Cont. Wall Ext.**

Solid Platform **Solid EndWall**

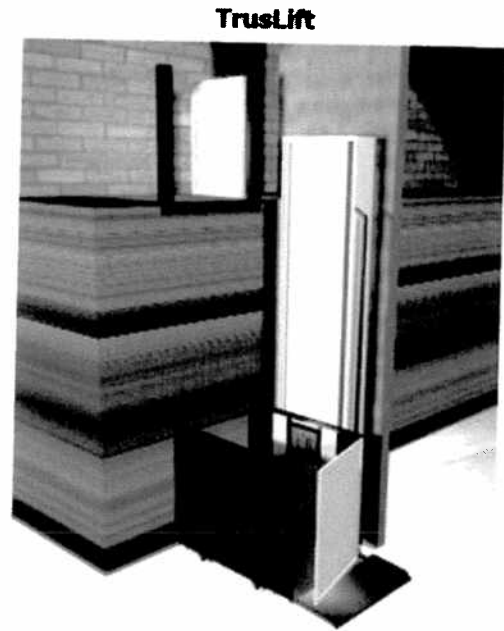
Carriage Gate and Interlock **Safety Pan**

Upper Gate and InterLock

Upper Remote P/B Toggle Key

Lower Remote P/B Toggle Key

Interlock Only Lower Floor Mid Floor Top Floor



TrusLift
Accessible Environments
1-800-643-5906

Name and Ship to Address: _____

Name and Billing Address: _____

Credit Card: _____ Exp. Date _____ CSC: _____

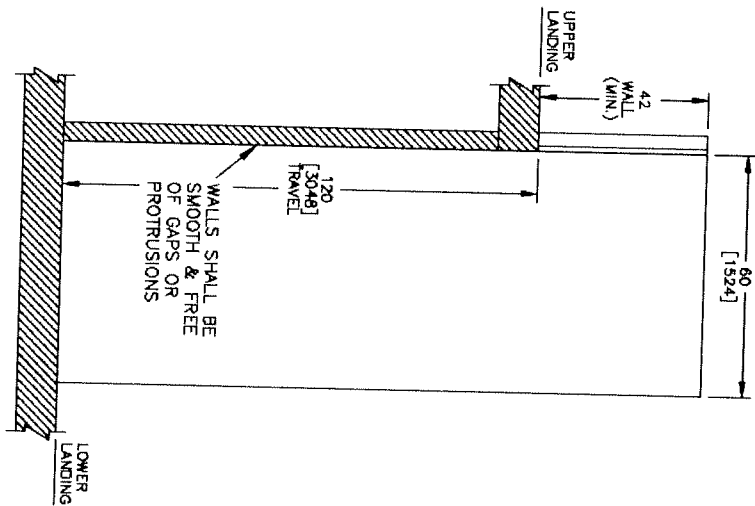
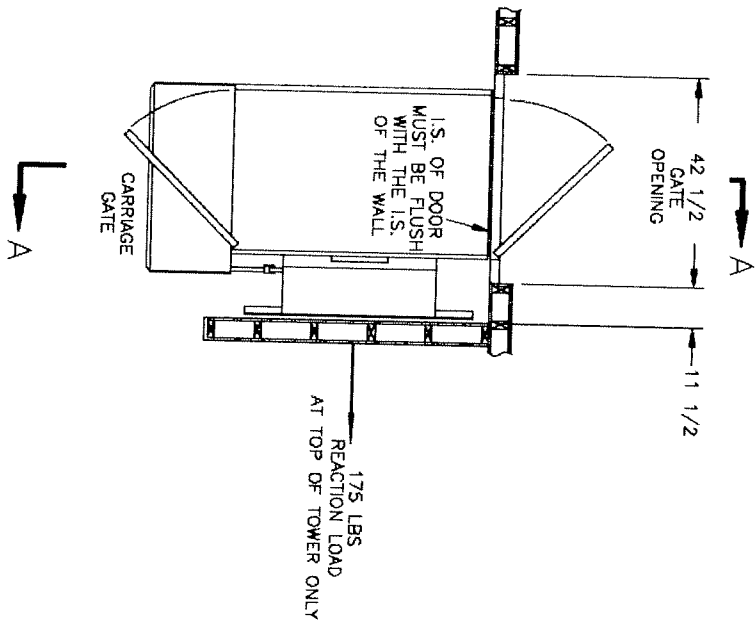
Name on Credit Card: _____

Check **(Order will be placed once check is received)**

Authorized Signature: _____ Date: _____

Please complete and sign the above and fax back to us at 757-565-1570 or email to me at brigitteaccessinc@aol.com
Your signature is necessary for the order to be processed.

Payment is due at time of order and we accept Mastercard, Visa, Discover, American Express or check.



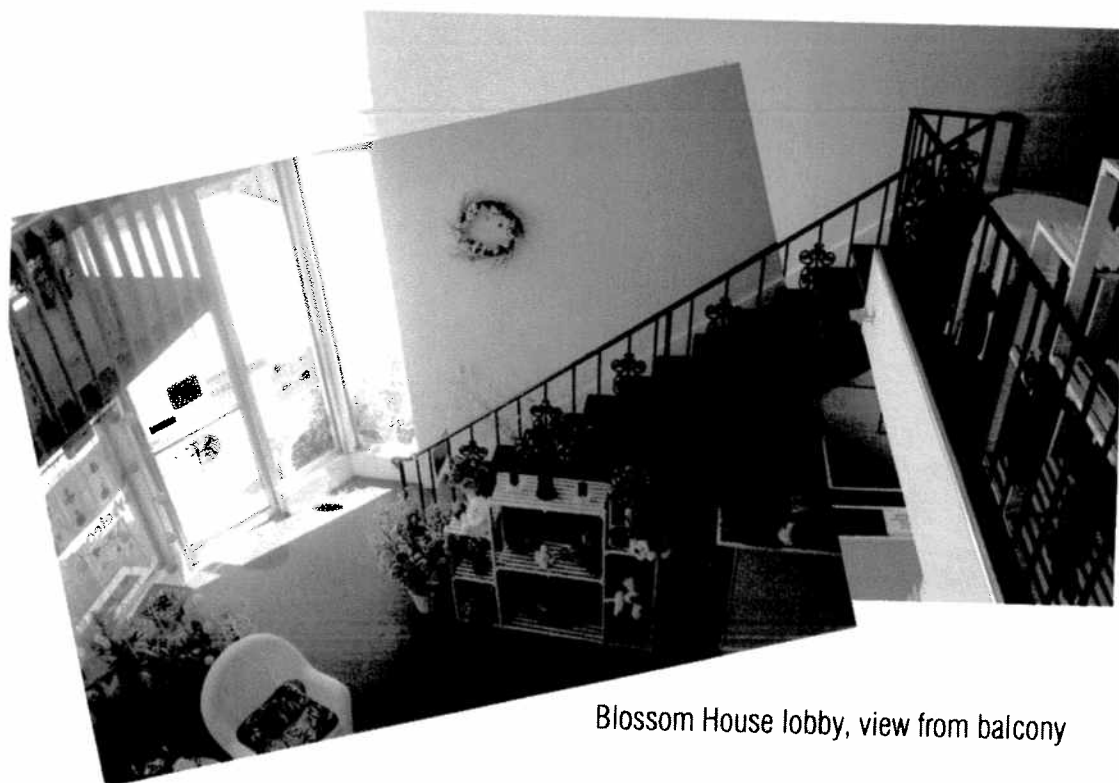
PLAN VIEW SECTION

SECTION A-A

JOB No.	S120	TOTAL TRAVEL	120 [3048] mm	INCHES	No. OF LANDINGS	2	
LOCATION	UNENCLOSED COMMERCIAL TRUS-T-LIFT SAMPLE DRAWING						
ARCHITECT							
GENERAL CONTRACTOR							
				TRUS T LIFT			
DWN. BY:		B. HANNAH					
CHECKED BY:							
				TRUS-T-LIFT ELEVATOR INSTALLATION DETAILS AND SPECIFICATIONS			
SCALE:		N.T.S.		DATE:		17/12/03	
				DRAWING No.		TI - A - 102/REV 2/2	
				REV		A	



Blossom House lobby, view from front entrance



Blossom House lobby, view from balcony