

**SOUTH WALTON MONTESSORI ACADEMY**

No additional information was supplied by the applicant.

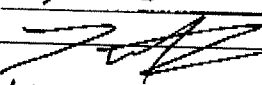
**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS  
OF CHAPTER 553, PART V, FLORIDA STATUTES**

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: South Walton Montessori Academy  
 Address: 101 Eden Gardens Rd  
Santa Rosa Beach, FL 32459

**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: South Walton Montessori Academy  
 Applicant's Address: 101 Eden Gardens Rd.  
 Applicant's Telephone: 850-231-5955 FAX: Same  
 Applicant's E-mail Address: info@southwaltonmontessori.com  
 Relationship to Owner: Same  
 Owner's Name: Same  
 Owner's Address: Same  
 Owner's Telephone: Same FAX: Same  
 Owner's E-mail Address: Same  
 Signature of Owner:   
 Contact Person: Kurt Lischnka *Kurt Lischnka, Board of Trustees*  
 Contact Person's Telephone: 850-865-8720 E-mail Address: Studio@Mooncreek.com