

X-RAY ASSOCIATES

Issue: Vertical accessibility to the second floor of an office building.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to the second floor of an office building that is undergoing to alteration to construct a new conference room and lunch area on the second floor and adding accessible toilet rooms on the first. The building is associated with the office of a health care provider, but no patients come to the facility, which is strictly used for administrative and technical purposes. The project will cost \$75,000 and estimates for the cost of a lift of \$28,980 and \$45,000 were submitted

Project Progress:

The project is in plan review.

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.

This application is available in alternate formats upon request.

**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: X-RAY ASSOCIATES

Address: 150 Westmonte Dr.

Altamonte Springs, FL 32711

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: X-RAY ASSOCIATES

Applicant's Address: 631 Palm Springs Dr., Suite 111, Altamonte Springs, FL 32701

Applicant's Telephone: 407-767-0433 **FAX:** 407-767-0608

Applicant's E-mail Address: mharriman@floridaradiology.com

Relationship to Owner: _____

Owner's Name: X-RAY ASSOCIATES

Owner's Address: 631 Palm Springs Dr., Suite 111, Altamonte Springs, FL 32701

Owner's Telephone: 407-767-0433 **FAX** 407-767-0608

Owner's E-mail Address: _____

Signature of Owner: 

Contact Person: Martha Harriman

Contact Person's Telephone: 407-767-0005

E-mail Address: mharriman@floridaradiology.com

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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.)

12,000 s/f

2 floors

Building used for clerical and professional offices (no patients)

Interior alteration of an existing building in which we are adding 2nd floor conference room and lunch room, and 1st floor handicap restrooms and new exit door.

5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): Seventy Five Thousand and 00/00 dollars

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: 11-4.1.6 (2) F.A.C. – Alterations to an area containing a primary function shall be made to ensure that the path of travel ... serving the altered area are readily accessible unless such alterations are disproportionate in cost or scope. (Florida Specific Requirement) Alterations made to provide an accessible path of travel to altered areas shall be deemed disproportionate to the overall alteration when the cost exceeds 20% of the cost of the alteration to the primary function area. (the building official interprets this as not applying to vertical accessibility)

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.

Cost of alteration to building = +/- \$75,000; cost of lift = +/- \$29,000 _____

[] 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.

Inclined platform lift: (see enclosed quotes)
Accessibility Lifts, Inc.: +/- \$28,980
Weber Accessibility Systems: +/- \$45,000

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. Inclined platform lift: (see enclosed quotes)
Accessibility Lifts, Inc.: +/- \$28,980
Weber Accessibility Systems: +/- \$45,000

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.

My client requests a waiver of providing vertical accessibility because of the disproportionate cost of providing full accessibility by way of an inclined lift or vertical platform lift. This building is a business office (as it was existing) and is not a change of use. _____

 _____
Signature Printed Name
James G. Nielsen, Architect

Phone number 407-628-5664

ARCHITECTS II, Lic. No. AAF000059
Greg Nielsen, Architect, Lic# AR0011069
P O Box 636
Winter Park, FL 32790

10-9-05

(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 6th day of October, 2005

Martha Harriman
Signature

Martha Harriman
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.



2784 Wrights Rd, Suite 1032
Oviedo, FL 32765
Ph: 407-971-2507 Fx: 407-971-1618
www.accessibilitylifts.com

ACCESSIBILITY LIFTS, INC.

PROPOSAL & SALES AGREEMENT

DATE: 9-19-05

ATTN: Greg Nielson

Accessibility Lifts, Inc. respectfully submits the following proposal to furnish and install:

EQUIPMENT: Wheelchair Lift for Altamont Springs Office Building
One, Artira Inclined Platform lift with travel to 6.6 meters, folding seat, tower mounted,
Inside turns, 90 degree park, call send controls, automatic fold.

PRICE: \$28,980 (Price based on verbal conversation of 9-14-05.) Price includes material,
shipping, installation, permitting and inspection by the Dept of Elevator Safety)

WORK BY OTHERS: 208V at top of stairs

NOTE: *All commercial accessibility lifts require installation by a registered elevator company and an inspection by the Department of Elevator Safety.*

AT THIS DATE, lead time 60 days for Bureau of Elevator Safety permitting process,
concurrent with 6-8 weeks production/installation/inspection of product.

All materials are warranted to be as specified above. All work shall be completed in a workmanlike manner according to local industry standards and shall comply with all applicable building codes.

Any alteration or deviation from the above specifications and/or

“work by others” which requires or involves additional labor or materials must be requested in writing by the purchaser and will be performed by the Seller as an extra. The Purchaser agrees to pay the charges for such extras and such charges shall be in addition to the above contract price.

Storage charges that may be incurred by A.L.I. due to delay of site readiness, as scheduled by the G.C. will back -charged. Additional installation time required by A.L.I. due to lack of site readiness may be back charged as well as site condition. A 7 day notice is required for installation.

If a clear accessible route to hoistway cannot be achieved, additional charges will occur.

If permanent power is not available during installation, a \$500 charge will be assessed if a generator has to be used to complete job.

QUOTES VALID FOR 60 DAYS: After acceptance, price remains valid only if goods are shipped within 180 days from acceptance. Any changes may affect the original quoted price.

Florida's premier accessibility contractor for commercial A.D.A. and residential applications

Orlando - Tampa Bay - Jacksonville - Palm Beach - Miami

Toll Free 888-326-5438

TERMS:

- 50% deposit before release for production of this custom equipment,
- 40% material delivery/installation, before State inspection
- 10% at completion of successful State Elevator Department inspection/turnover.
- 10% cancellation fee after signed proposal received.

Material **WILL NOT** be released for production without deposit nor lift turned over without final payment unless special arrangement is negotiated with our corporate office.

WARRANTY:

One (1) year manufacturers warranty on parts. No labor is included 90 days after installation from installer or Seller.

OPTIONAL EXTENDED PARTS WARRANTY: Preventive Maintenance Agreement with Accessibility Lifts, Inc. includes 2 P.M. visits per year and extends parts warranty from the manufacturer for 5 years for free. Participation in this PM contract also waives the requirement for annual State Elevator Inspections, and provides a reduced service rate for call between P.M.'s. So there are free parts, reduced service rates, and 2 service visits, and no additional cost of state inspection for 5 years.
Price: \$500 per year, total \$2500.

ACCEPTANCE OF PROPOSAL

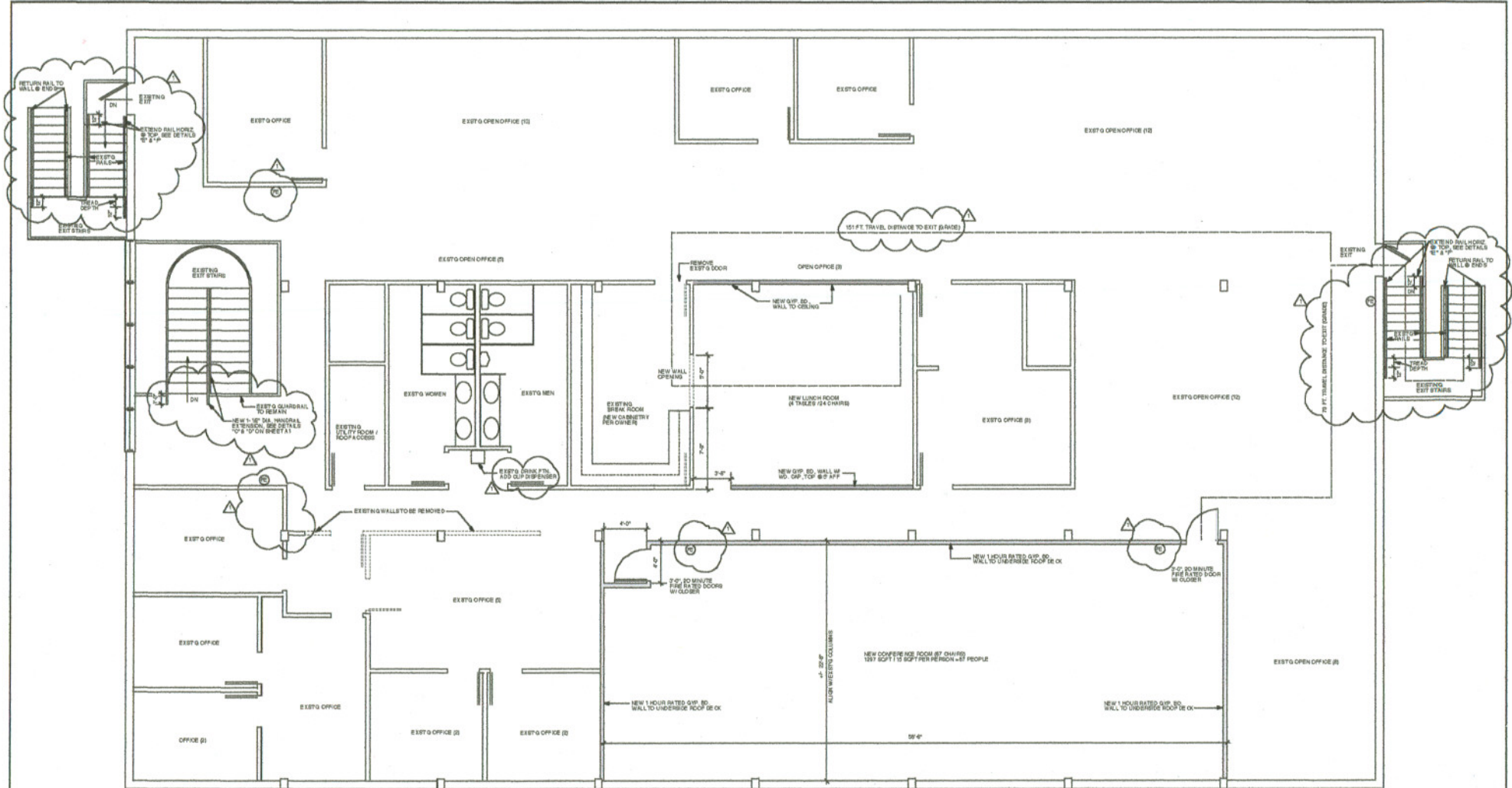
The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Purchaser: _____ Date: _____

Submitted by: *Accessibility Lifts, Inc. rep: Stasia Owczarzak*
Thanks for the opportunity. Check out our website for background about the company and other good information.

www.accessibilitylifts.com

Accessibility Lifts, Inc.



SECOND FLOOR PLAN 1/4"

- NUMBER OF EXITS 2 DIRECT TO OUTSIDE STAIRS
- EXISTING WALLS TO REMAIN
- ==== NEW STUD WALL-UNRATED (WALL SECTION 'H' ON SH. A'S)
- ===== NEW 1 HOUR RATED STUD WALL (WALL SECTION 'B' ON SH. A'S)
- EXISTING WALLS TO BE REMOVED

FIRE EXTINGUISHER - SHALL BE 2A15BC TYPE, TRAVEL DISTANCE SHALL NOT EXCEED 75 FT. TO EXTINGUISHER. CONSPICUOUSLY LOCATED, AND EASILY ACCESSIBLE. SIZE OF EXTINGUISHER SHALL NOT BE MORE THAN 17 LBS. NET WEIGHT AND NOT MORE THAN 4" ABOVE FLOOR PER CITY FIRE CODE.

REVISION	DATE	BY	ARCHITECT'S RESPONSE
1			REVISIONS TO BE MADE BY ARCHITECT
2			REVISIONS TO BE MADE BY ARCHITECT
3			REVISIONS TO BE MADE BY ARCHITECT
4			REVISIONS TO BE MADE BY ARCHITECT
5			REVISIONS TO BE MADE BY ARCHITECT

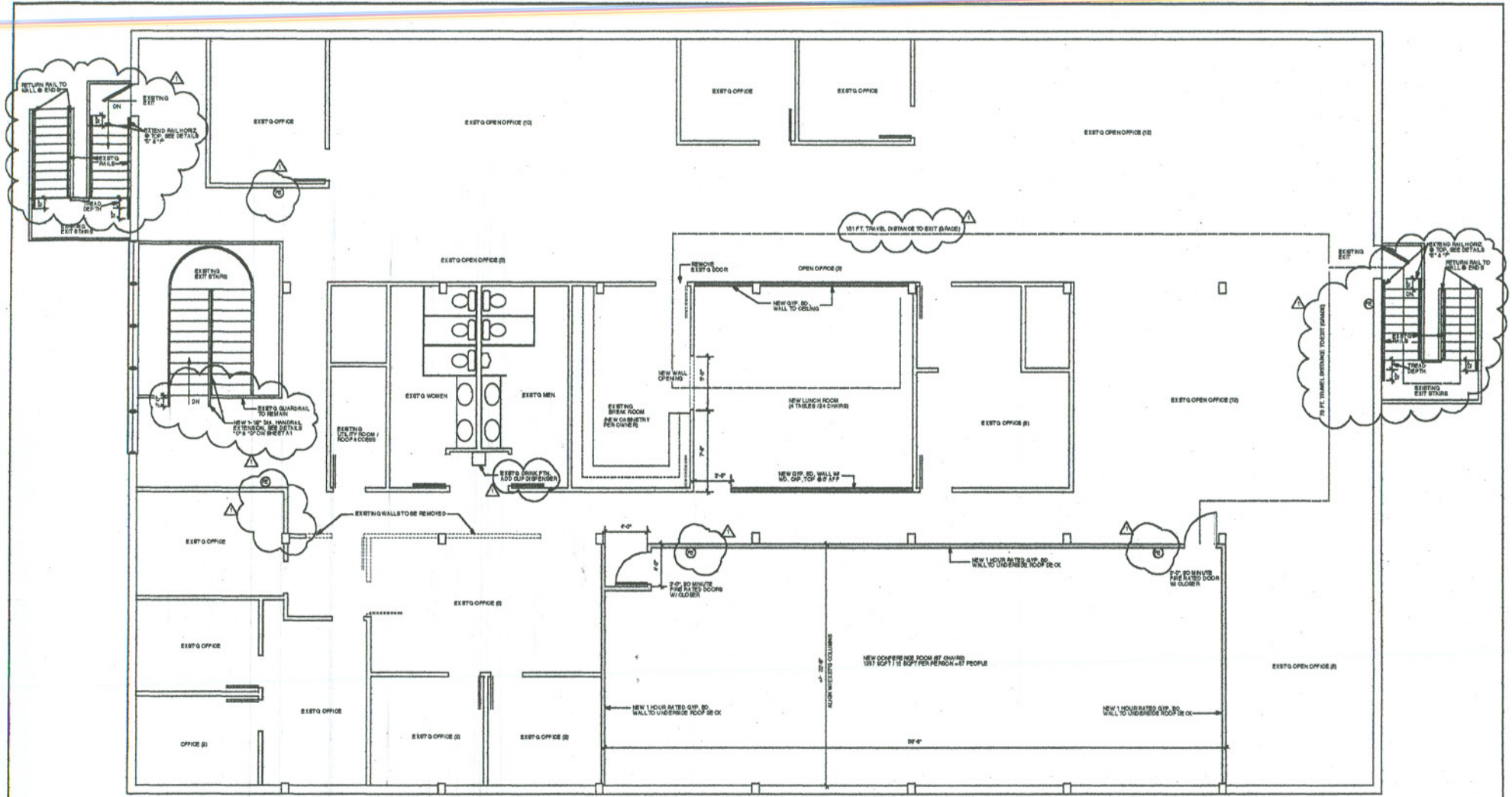
ARCHITECTS II, LIC. NO. AAFC00059 GREG NIELSEN, ARCHITECT, LIC. NO. AR0011069 P.O. BOX 636, WINTER PARK, FLORIDA 32790 407-628-5664

SECOND FLOOR PLAN



INTERIOR ALTERATION
FOR
FLORIDA RADIOLOGY ASSOCIATES, P.A.
150 NORTH WESHAMITE DRIVE,
ALTA MOUNTAIN, SPRING, FLORIDA

DRAWN BY	SHEET
GN	A3
CHECKED	
DATE	
SCALE	
FILE NO.	
OF 4 SHEETS	



SECOND FLOOR PLAN 1/4"

- NUMBER OF EXITS & DIRECT TO OUTSIDE SIGN
- EXISTING WALLS TO REMAIN
- NEW STUD WALL - UNRATED (WALL SECTION "M" ON SHEET A1)
- NEW 1 HOUR RATED STUD WALL (WALL SECTION "P" ON SHEET A1)
- EXISTING WALLS TO BE REMOVED

THE EXTINGUISHER SHALL BE PLACED IN THE TRAVEL DISTANCE SHALL NOT EXCEED 30 FT. TO BE IN REACH OF ALL OCCUPANTS. COVERS SHALL BE OF HEAVY PLASTIC OR METAL. IT SHALL BE PLACED IN A PROMINENT LOCATION. NO LESS THAN 30 INCHES FROM FLOOR PER CITY FIRE CODE.

REVISIONS	BY	DATE	ARCHITECT'S REVISIONS

ARCHITECTS II, LIC. NO. AAFO00059 OR ED NELSEN, ARCHITECT, LIC. NO. ARCD11069 P.O. BOX 636, WINTER PARK, FLORIDA 32790 407-628-5664

SECOND FLOOR PLAN



INTERIOR ALTERATION
FOR
FLORIDA RADIOLOGY
ASSOCIATES, P.A.
10 NORTH WESTMONTGOMERY DRIVE,
ALTA MONTE SPRINGS, FLORIDA

DRAWN BY GM	SHEET
CHECKED	A3
DATE 08-20-00	SCALE 1/8" = 1'-0"
FILE NO. 54	OF 4 SHEETS