

## **WORLD GYM FITNESS CENTER**

**Issue:** Vertical accessibility to second floor toilet rooms.

**Analysis:** The applicant is requesting a waiver from providing vertical accessibility to existing toilet rooms located on the second floor of a fitness facility. The building has 9,500 square feet, 8,900 of which are located on the accessible first floor level. The project is an alteration costing \$50,000-75,000 including construction of new accessible toilet and shower rooms on the first floor.; The applicant indicates it will cost an additional \$23,850-29,000 to make the second floor accessible.

### **Project Progress:**

The project is under design.

### **Items to be Waived:**

Vertical accessibility to the second floor, as required by Section 553.609, 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.

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. 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.  
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:** World  
Gym\_Express\_Fitness\_Center\_\_\_\_\_

**Address**  
: 1962\_A1A\_Beach\_Blvd.\_Saint\_Augustine\_Florida\_32080\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**  
: Gene\_Schlossberg\_\_\_\_\_

**Applicant's Address**  
: 6300\_A1A\_South\_Saint\_Augustine\_Florida\_\_\_\_\_

**Applicant's Telephone:** 904-471-9093\_\_\_\_\_ **FAX**  
: 904-829-3525\_\_\_\_\_

**Applicant's**                      **E-mail**                      **Address:**  
\_\_worldgym@auglink.com\_\_\_\_\_

**Relationship**                      **to**                      **Owner:**  
\_\_same\_\_\_\_\_

**Owner's**    **Name**  
: \_\_same\_as\_above\_\_\_\_\_

**Owner's**    **Address**  
: \_\_same\_as\_above\_\_\_\_\_

**Owner's**                      **Telephone:** \_\_same\_as\_above\_\_\_\_\_                      **FAX**  
\_\_same\_as\_above\_\_\_\_\_

**Owner's**                      **E-mail**                      **Address:**  
\_\_same\_as\_above\_\_\_\_\_

**Signature**                      **of**                      **Owner:**  
\_\_Gene\_Schlossberg\_\_\_\_\_

**Contact**    **Person:**  
\_\_Mike\_Lynch\_\_\_\_\_

**Contact Person's Telephone:** \_\_904-669-3299\_\_\_\_\_ **E-mail Address:**  
\_\_worldgym@auglink.com\_\_\_\_\_

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.)  
Building: 9,000 sq. feet approximately 8,200 sq. feet on first floor and 800 sq. ft. on second floor ( bathrooms ) This building is one third of an old Winn Dixie grocery store.  
Use of building: Recreational health and fitness club

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

est. \$50,000.00 to \$75,000.00

**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.

We are requesting to be approved to keep the existing upstairs mens and womens bathrooms and add one mens, one womens 100% handicap accessible bathroom with handicap showers downstairs. These additional downstairs bathrooms and sho

wers will provide our guests and members who are handicapped the same bathroom and shower amenities as the upstairs restrooms and showers. We will restrict the usage of the downstairs restrooms and showers for handicapped members and guests. Our request for this waiver is based on the location of the existing bathrooms upstairs and the enormous expense of an elevator. We are very conscious of the special needs of all people and we are dedicated to provide a safe and accommodating facility.

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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**  
: ADA act ( which we have used as a guideline for the additional downstairs bathrooms and showers )

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\_\_\_\_\_

**Issue**

**2**  
:

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\_\_\_\_\_

**Issue**

**3**  
:

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\_\_\_\_\_

\_\_\_\_\_

**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.

\_\_\_\_\_

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

The request is also based on the additional downstairs accommodations. \_\_\_\_\_

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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. \_\_\_\_\_<sup>1st</sup>  
estimate \$23,850.00 plus labor percentage and General contractor percentage. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b.

2nd estimate \$29,000.00 including installation plus General contractors percentage

\_\_\_\_\_

\_\_\_\_\_

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.

This waiver is a fair request on behalf of the business owner, the facility will have full accommodations for handicapped people and the existing buildings upstairs bathrooms are in very good structural condition needing only refurbishing.

The waiver will reduce the financial cost of this project greatly, allowing the owner to proceed with this business plan. This building project will meet and or exceed all buildingcode requirements with this approval. Thank you \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Les Thomas  
**Signature** **Printed Name**

**Phone number** 904- 824-9508 \_\_\_\_\_

**(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   9th   day of   November  ,  
20  05  

  Gene  Schlossberg    
Signature

  Gene  Schlossberg    
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.

Under Design per #6 Project Status  
\_\_\_\_\_

b.

Local building official who referred us to this waiver request application Dallas Stratton of St. Johns County  
\_\_\_\_\_

c.

\_\_\_\_\_  
\_\_\_\_\_

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

[no ] Yes [ ] No Cost of Construction  
no \_\_\_\_\_

**Comments/Recommendation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

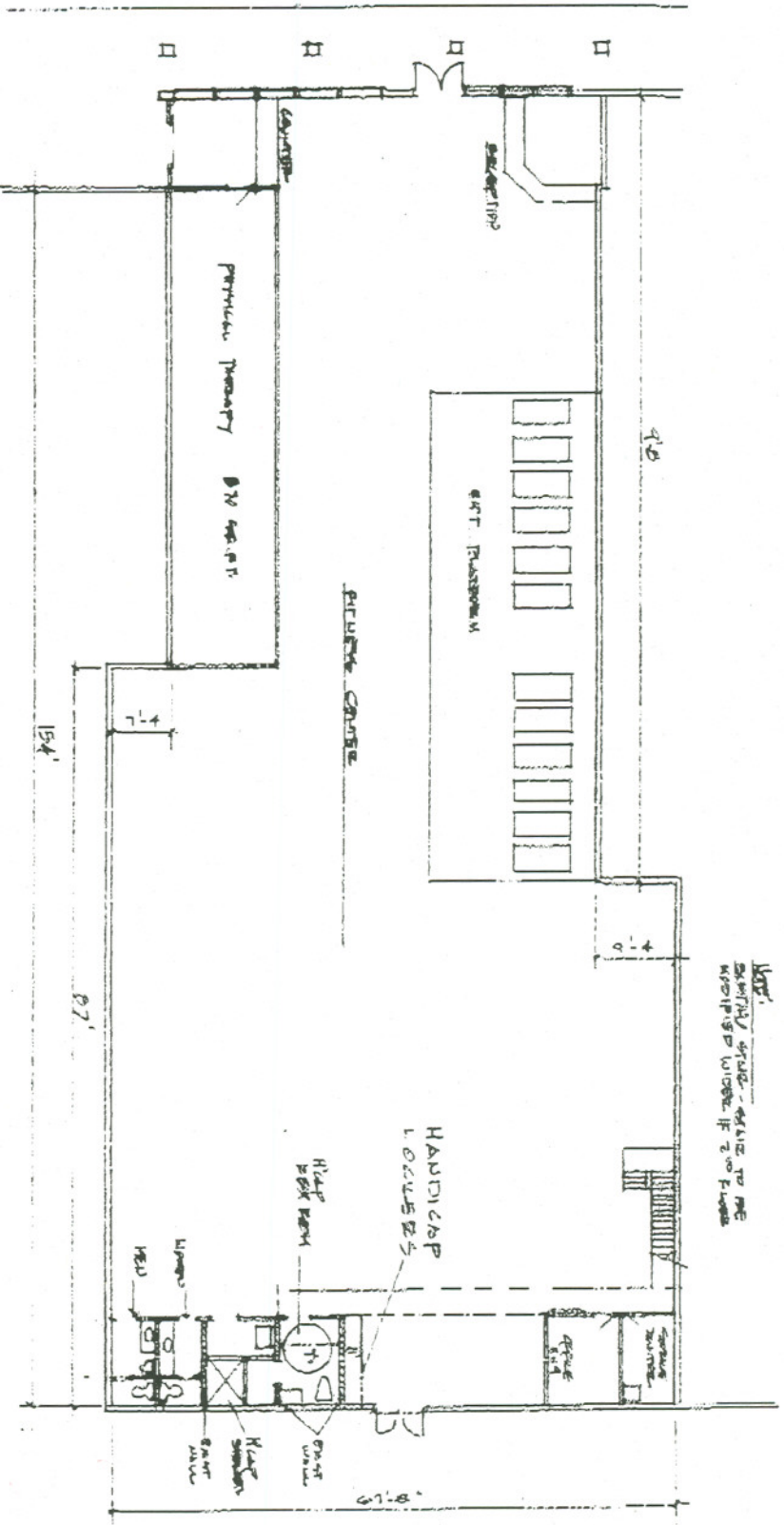
Jurisdiction

\_\_\_\_\_

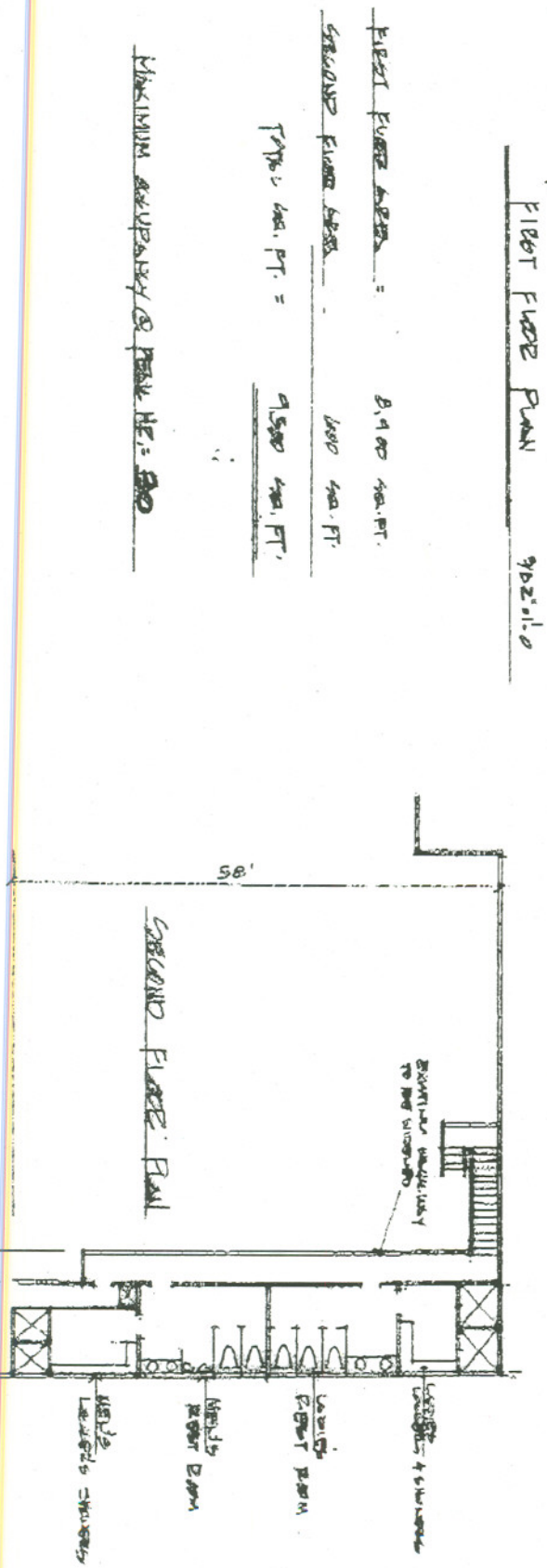
Building Official or Designee  
Dallas Stratton will review when plans are submitted  
\_\_\_\_\_

Signature

World Gym Express Sr. Augustine Florida



Handicap LOCUSTS - ACCESS TO THE RESTROOMS WITHIN IF 2nd FLOOR



FIRST FLOOR AREA = 8,900 SQ. FT.

SECOND FLOOR AREA = 1,120 SQ. FT.

TOTAL SQ. FT. = 10,020 SQ. FT.

MAXIMUM OCCUPANCY @ PEAK HR. = 500

REST ROOM  
LUNcheon  
HANDICAP LOCUSTS  
REST ROOM  
HEAD