

XIXON RESTAURANT

Issue: No additional information was provided.

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

Your application will be reviewed by the Accessibility Advisory Council and its recommendations will be presented to the 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: XIXON RESTAURANT
Address: 2103 CORAL WAY
CITY OF MIAMI, FL

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

Applicant's Name: 2103 CORAL WAY ASSOCI, LLP
Applicant's Address: 2665 UPPER PARK ROAD, BALDWIN PK. ORLANDO
Applicant's Telephone: 407-3850264 FAX 4075409630 FL. 32814
Applicant's E-mail Address: MIKE@MMI.COM

Relationship to Owner:

Owner's Name: MICHAEL WRIGHT
Owner's Address: 2665 UPPER PARK RD. ORLANDO, FL 32814
Owner's Telephone: 407-3850264 FAX 4075409630
Owner's E-mail Address: MIKE@MMI.COM

Signature of Owner:

Contact Person: Michael Wright
Contact Person's Telephone: 407-385-0664 E-mail Address: mwite@mmi.com

This application is available in alternate formats upon request.
Form No. 2001-01

To: 850,414,8436

MARY - KATHERYN SMITH
DCA

FROM: 954-566-3286

GEORGE NAY

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2 PAGES TOTAL.