

LATITUDE 30 DEGREES

Issue: Vertical accessibility to all rows of seats in a movie theater.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to all rows of seats in a 60 seat movie theater. The design includes two wheelchair seating locations at the front and two at the back of the auditorium; however, the design does not clearly depict whether companion seating will also be provided. The project is an alteration to a family entertainment center, but no construction costs or cost estimates to make all the rows accessible were included in the application.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility to all rows of seats, 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.

TO: MARY KATHY - 1-850-414-9436
FROM: ROY WILLIAMS
DATE: 10/30/09

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: LATITUDE 30°
Address: 10370 PHILIPS HWY
JACKSONVILLE, FL. 32256

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: ROY WILLIAMS
Applicant's Address: 407 CRAFT VIEW CIR
Applicant's Telephone: 904-422-8986 FAX: 904-225-6338
Applicant's E-mail Address: WILLIAMJARCHITECT@COMCAST.NET
Relationship to Owner: ARCHITECT
Owner's Name: BRENT BROWN
Owner's Address: 8862 LA TERRAZZA PLACE
Owner's Telephone: 904-571-5778 FAX
Owner's E-mail Address: BRENTBROWN@BROWNSPINEDEVELOPERSLLC.COM
Signature of Owner: [Signature]
Contact Person: BRENT BROWN
Contact Person's Telephone: 904-571-5778 E-mail Address: [Signature]

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.)

45,000 SF. FAMILY ENTERTAINMENT CENTER
ONE FLOOR - RECREATION

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

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.

SEEKING WAIVER FROM VERTICAL
ACCESSIBILITY REQ. FOR MOVIE
THEATRE SEATING

7. **Requirements requested to be waived.** Please reference the applicable section of Florida law. Only Florida-specific accessibility requirements may be waived.

Issue VERTICAL ACCESSIBILITY REQ. PER
11-4.3 "ACCESSIBLE ROUTE" & 11-4.11
"WHEELCHAIR LIFTS"

1: THEATRE DESIGN

WE ARE SHOWING TWO AREAS AT THE
Issue TOP + BOTTOM OF THEATRE FOR 2
WHEELCHAIRS AT EACH LOCATION

REMAINING SEATS WOULD NOT BE
Issue ACCESSIBLE (60 SEATS ±)

4:

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.


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

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 30 day of OCTOBER, 20 09


Signature

Roy Williams
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. VERTICAL ACCESSABILITY - THEATER SEATING
- b. _____
- c. _____

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

Yes No Cost of Construction _____

Comments/Recommendation RECOMMEND APPROVAL

Jurisdiction CITY OF JACKSONVILLE

Building Official or Designee [Signature]
Signature

T. H. GOLDSBURY
Printed Name

BU 1043
Certification Number

904-255-8505
Telephone/FAX

Address: 214 N. HOGAN ST RM 225
JACKSONVILLE FL 32202

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Certification of Licensed Design Professional for Replicated Designs to be Placed on Consent Agenda

