

STEVEN SANDERS

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

Analysis: The applicant is requesting a waiver from providing vertical accessibility to an office building undergoing a \$60,000 alteration. An estimate of \$21,250 to install a lift was submitted. According to the applicant, the same services are provided on the accessible first floor as are on the second; however, no notation was provided indicating the function of each area. Note: The toilet rooms on the second floor are not accessible.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility to the second floor, as required by Chapter 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.

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: *Stephen Sanders*

Applicant's Address: *19546 Saturnia Lakes Dr., Boca Raton, FL 33498*

Applicant's Telephone: *561-482-1443* FAX: *561-483-5805*

Applicant's E-mail Address: *Stevesand@comcast.net*


Relationship to Owner: *Architectural Drafter and Representative of owner.*

Owner's Name: *Miami Management, Inc. (Guillermo Bello - President/owner)*

Owner's Address: *14275 S.W. 142nd Ave., Miami, FL 33186*

Owner's Telephone: *305-378-0130* FAX : *305-259-1472*

Owner's E-mail Address: *Guillermo@miamimanagement.com*

Signature of Owner: 

Contact Person: *Guillermo Bello*

Contact Person's Telephone: *786-417-7532*

E-mail Address: *Guillermo@miamimanagement.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.)

" Private Offices. Square footage is 6000 existing square feet per each of the two floors plus an additional 1300 square feet per each floor to be converted from existing adjacent warehouse space to become an extension of the existing offices. "

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

Proposed construction costs to be ^{approx.} \$60,000.

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 the Florida law. Only Florida-specific accessibility requirements may be waived.

Issue

1. Chapter 553.509

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.

The second floor is a duplication of services of the first floor. The first floor has all the common services such as handicapped men's and women's restrooms, lunchroom and wheel chair accessible entry and egress to and from the first floor. There is nothing unique on the second floor. Any employment that is currently on the second floor is also available on the first floor. Therefore, there would not be any employment discrimination. The owner has determined that a vertical lift would be financially infeasible.

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 vendors or contractors.

a. _____ N/A _____

b. _____

c. _____

10. Licensed Design Professional: Where a 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.

_____ N/A _____

Signature:

Printed Name: _____

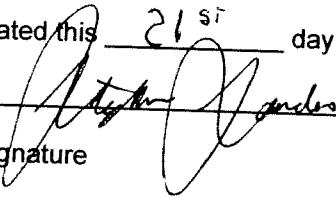
Phone Number: _____

(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 be the best of my knowledge true and correct.

Dated this 21st day of August, 2009



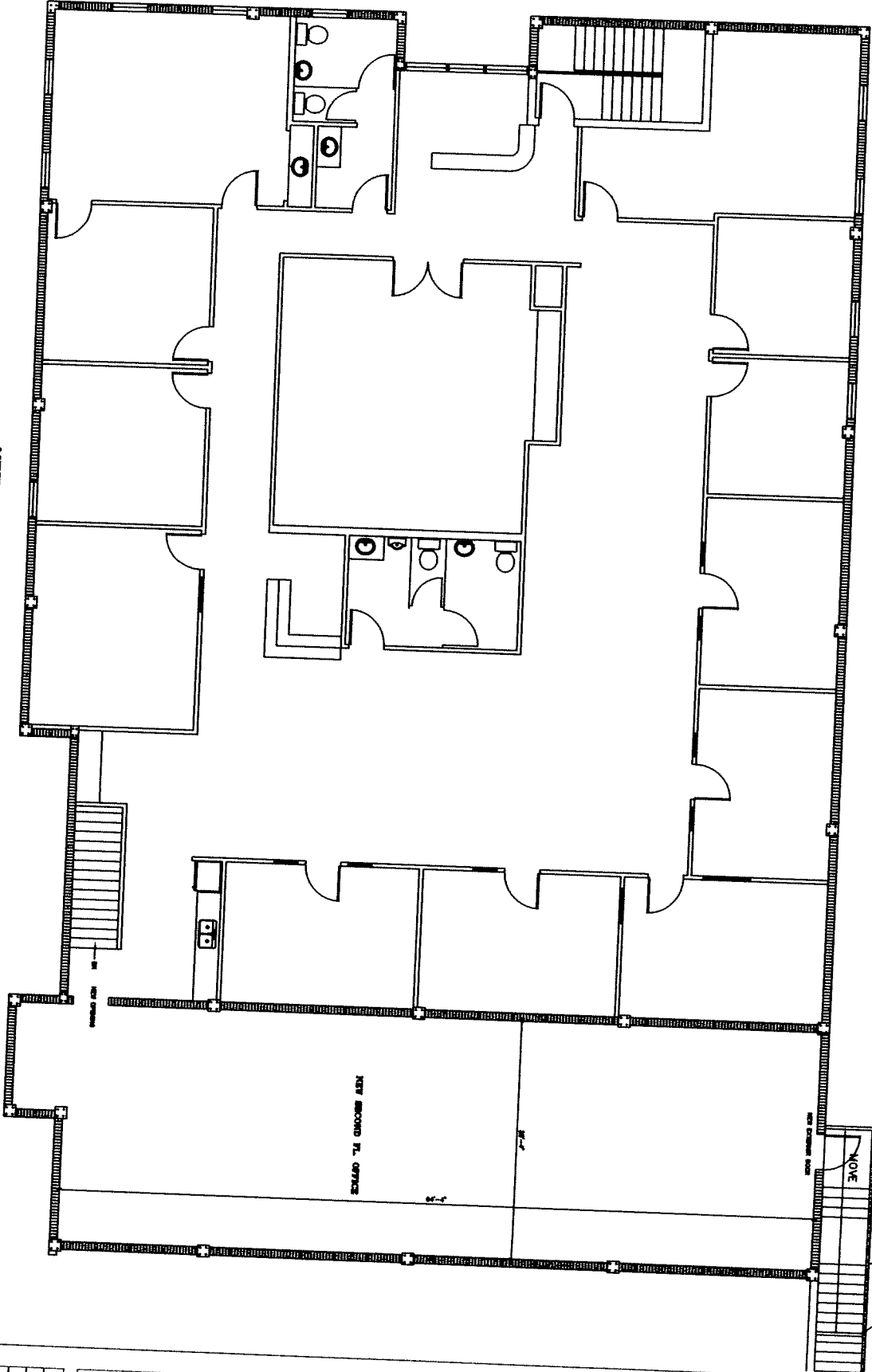
Signature

STEPHEN SANDERS - representative of Miami Management Inc.

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.

NEW SECOND FLOOR PLAN
SCALE 1/8" = 1'-0"
N.T.S.



EXISTING SLAB
 ORIGINAL LOCATION OF
 TOP END OF STAIRCASE

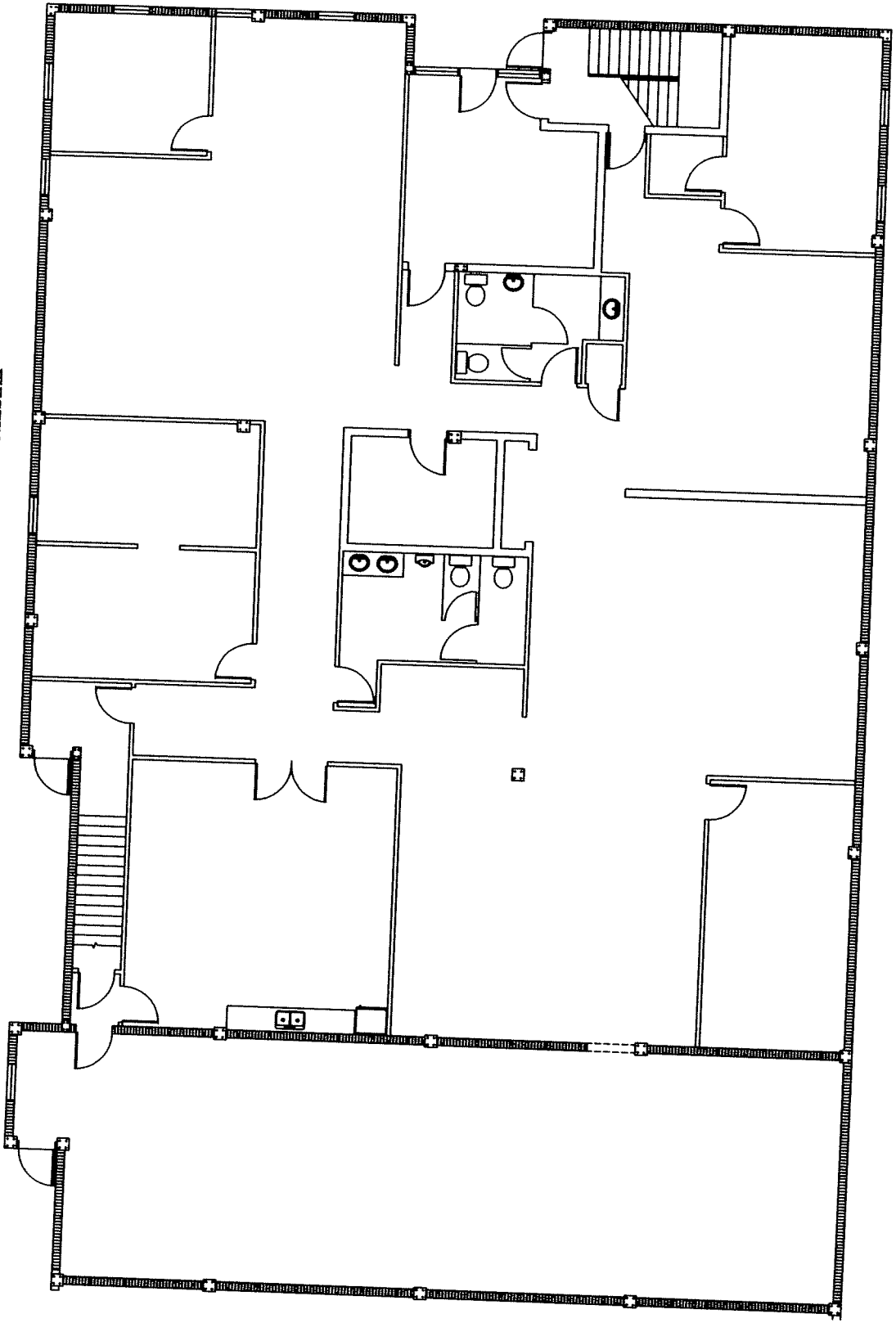
DATE	BY	CHKD.	APP. BY
07/27/06			
SCALE			
1/8" = 1'-0"			
JOB NO.			
A-4			
TOT			

OFFICE BUILDOUT
MIAMI MANAGEMENT INC.
 14275 S.W. 142nd AVE.
 MIAMI FL. 33186

SHIELD CONSULTING ENGINEERS INC.
 C.A. 27455
 7103 W. SUNRISE BLVD. SUITE B-2
 PLANTATION, FLORIDA 33313
 TEL.(954) 257-3401 FAX.(954) 321-6430
 JAMIL JALLOUL P.E. #65621

NO.	REVISION

EXISTING & DEMOLITION PLAN 1st FL.
SCALE: 1/8" = 1'-0"
N.T.S.



A-3

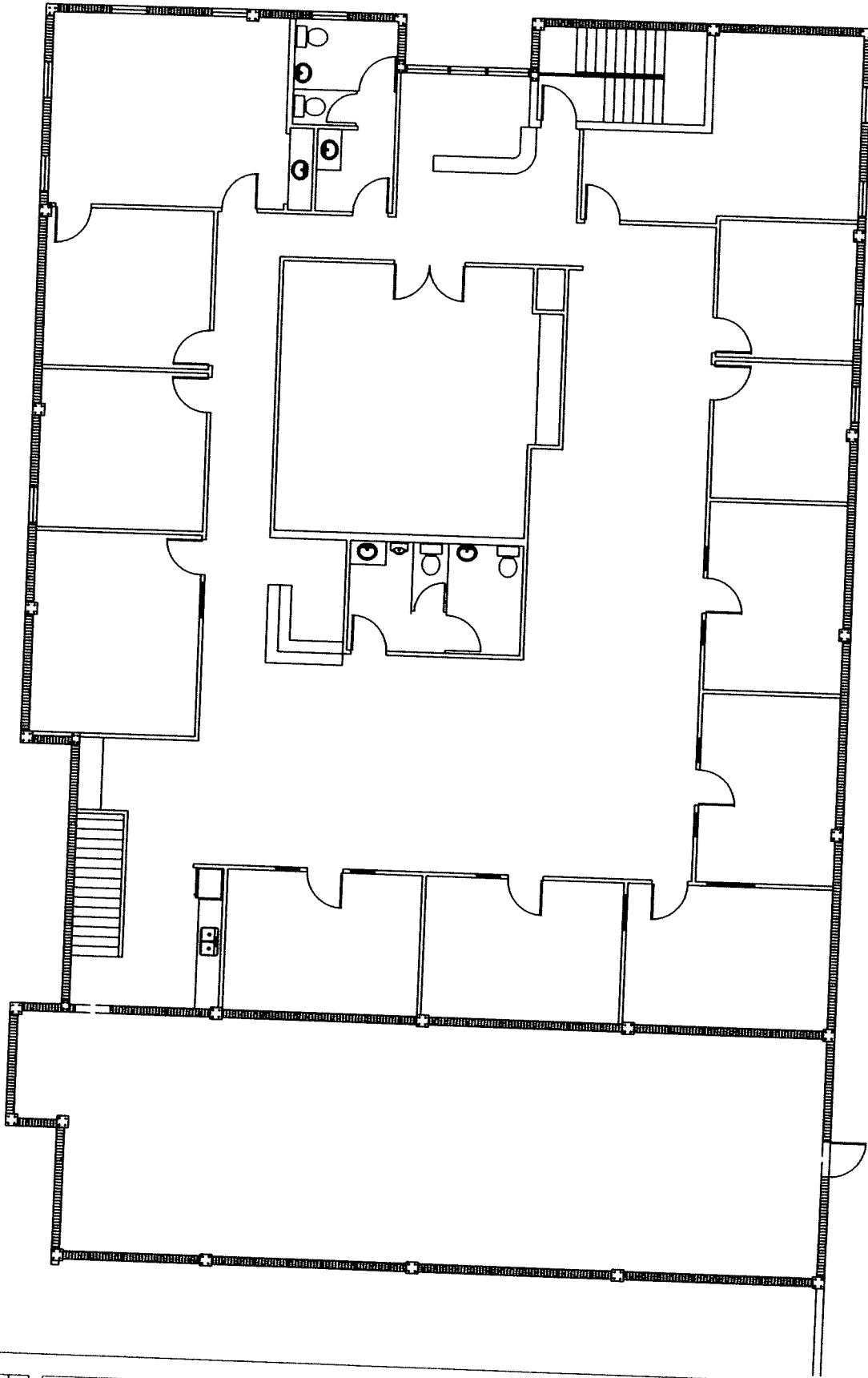
DATE	07-27-09
BY	J.S.
CHECKED	J.S.
SCALE	AS NOTED
PROJECT	MIAMI

OFFICE BUILDOUT
MIAMI MANAGEMENT INC.
 14275 S.W. 142nd AVE.
 MIAMI FL. 33186

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 PLANTATION, FLORIDA 33313
 TEL.(954) 257-3401 FAX.(954) 321-6430
 JAMIL JALLOUL P.E. #66621

NO.	DATE	REVISION

EXISTING & DEMOLITION PLAN 2nd FL.
SCALE 1/8" = 1'-0"
M.T.S.



A-3

DATE	5. 8. 8.
DESIGNED	
DATE	07-27-08
SCALE	AS NOTED
DRAWN BY	
CHECKED BY	
DATE	

OFFICE BUILDOUT
MIAMI MANAGEMENT INC.
 14275 S.W. 142nd AVE.
 MIAMI FL. 33186

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NO.	DATE	REVISION



Your Elevator and Lift Experts
Sales, Service and Installation

EleLift LLC
P.O. Box 740708
Boynton Beach, FL. 33474-0708

Ph: 561-Ele-Lift (561-353-5438)
Fax: 561-932-0807
info@elelift.com

PURCHASE CONTRACT

ELE09-_____

This contract dated as of _____ is entered into between EleLift LLC, a Florida Limited Liability Company of 3479 High Ridge Road, Boynton Beach, FL 33426 (hereinafter known as "Seller"), and Miami Management, Inc. with a principal address at 14275 SW 142nd Avenue (hereinafter known as "Customer"), and shall become effective when signed by both parties and upon receipt of the first payment by Seller. This quote is valid for 90 days upon receipt.

Goods to be sold:

Seller agrees to provide and install one (1) vertical platform lift (the Goods") per the scope of work and specifications attached hereto as Exhibit A.

1. Purchase Price and Payment Terms:

The Customer shall pay to Seller for the Goods specified in paragraph one of this contract the sum of Twenty One Thousand Two Hundred and Fifty Dollars (\$21,250.00), the "Purchase Price", in accordance with the following schedule:

- \$11,750.00 payment ("first payment") shall be due upon contract signing. The first payment shall be considered a non-refundable deposit which shall become the property of Seller should this contract be cancelled by the Customer at any time or should the Customer be in default of this Contract. If this order is canceled by the Customer for any reason, the Customer agrees to reimburse the Seller for all costs and expenses incurred in connection with this Contract, which may be in addition to the non-refundable deposit amount.
- \$7,500.00 payment ("second payment") payment ("second payment") of the Purchase Price shall be due upon delivery of the Goods to the Customers' job location
- \$2,000.00 payment ("final payment") of the Purchase Price shall be paid to Seller when the installations of the Goods are complete.

Customer agrees to permit Seller to commence installation within one week of Seller's receipt of Goods from the factory. If the installation is delayed, halted or interrupted for any other reason beyond the control of Seller, (including but not limited to having permanent power at the installation site) the balance due, less the sum of one thousand dollars, is to be paid to Seller at that time. The balance of one thousand dollars shall be paid by Customer to Seller within 10 days of completion of installation.

All payments are to be made payable to EleLift LLC and sent to:

EleLift LLC
P.O. Box 740708
Boynton Beach, FL. 33704-0708

8/17/2009

Page 1 of 5

Customer Initial _____

Seller Initial _____



SERVICES INDUSTRIELS
SAVARIA INC.

At Savaria
the customer
our priority

V-1504 STD Vertical Platform Lift

Savaria offers the V-1504 STD, a Vertical Platform Lift designed to provide easy access for the physically challenged. This innovative product has been carefully studied to fit your home. Its versatility also provides the best architectural choice for commercial applications such as schools, churches and office buildings.




30
MONTH
LIMITED
WARRANTY

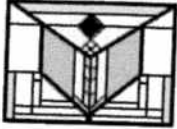


(450) 681-5655
or 1 800 931-5655

(450) 681-4745

 www.savaria.com

 savaria@savaria.com



Mary-Kathryn
Smith/DCA/FLEOC
09/24/2009 03:12 PM

To Stevesand@comcast.net

cc

bcc

Subject Waiver Application

In reviewing your application, I noticed there are no dimensions on the rooms nor is there a notation indicating the room function. For the Accessibility Advisory Council to be able to make a thorough review, they will need this information. You may either send it to me electronically, fax to 850-414-8436 or bring copies to the Council meeting October 12th. You will receive an official meeting notice either tomorrow or Monday with the meeting's logistical details. Please let me know if you have any questions. MK

The Department of Community Affairs is committed to maintaining the highest levels of service and values your feedback. Please take a few moments to complete our Customer Service Survey by visiting <http://www.dca.state.fl.us/CustomerServiceSurvey/>. Thank you in advance for letting us know what you think.

The Florida Discount Drug Card is designed to lower the cost of prescriptions for certain Florida residents. To learn more, visit <http://www.FloridaDiscountDrugCard.com> or call toll-free 1-866-341-8894 or TTY 1-866-763-9630.

Florida has a broad public records law and all correspondence, including email addresses, may be subject to disclosure.