

BRIAN AND LINDA LENEAVE

Issue: Vertical accessibility to the second floor.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to the second floor of 2,300 square foot historic house that is being converted to a beauty salon/office. The applicant indicates that is undergoing a \$5,800 alteration to provide a wheelchair ramp, larger exterior door, plumbing alterations to accommodate salon requirements and smoke and alarm systems. The renovations are necessary because of zoning changes; otherwise, no modifications to the building would be considered. Estimates of \$22,410 and \$32,000 were submitted to install a chair lift to the second floor.

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.

**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: BRIAN AND LINDA LENEAVE

Address: 2633 HERSCHEL STREET
JACKSONVILLE FL 32204

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: BRIAN AND LINDA LENEAVE

Applicant's Address: 11032 ROYAL COUNTY DRIVE SOUTH ^{JACK FL} 32221

Applicant's Telephone: 904 535 0922 FAX: 904 783 9893

Applicant's E-mail Address: LCGREMODEL@COMCAST.NET

Relationship to Owner: SAME

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____ FAX _____

Owner's E-mail Address: _____

Signature of Owner: _____

Contact Person: BRIAN LENEAVE

Contact Person's Telephone: 904 535 0922 E-mail Address: _____

LCGREMODEL@COMCAST.NET

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.)

TWO STORY BRICK HISTORIC HOUSE THAT IS
APPROXIMATELY 2300 SQFT. ITS INTENDED
USE IS COMMERCIAL. OFFICE, HAIR SALON

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.

I AM GOING THROUGH CERTIFICATE OF USE
REQUIREMENTS. FIRE SAFETY AND ZONING HAVE
BEEN SATISFIED. THIS WAS BROUGHT UP FOR
THE BUILDING REQUIREMENT. CONCERNED
ABOUT ACCESSIBILITY TO THE SECOND FLOOR.

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

Issue

1: CHAPTER 553.509 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.

THE FINANCIAL COSTS TO PROVIDE ACCESSIBILITY TO THE SECOND FLOOR WOULD BE VASTLY DISPROPORTIONATE TO THE OTHER MINOR REQUIRED ALTERATIONS

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. _____

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.

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 the best of my knowledge true and correct.

Dated this 11/3/2010 day of NOVEMBER, 2010


Signature

Brian LENEAVE
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. FLORIDA BUILDING CODE 11-4.1.6(1)

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 BASED ON
DISPROPORTIONATE COST OF THE PROJECT.

Jurisdiction CITY OF JACKSONVILLE

Building Official or Designee Sanford Rosenblatt
Signature

SANFORD ROSENBLATT
Printed Name

PX-1527
Certification Number

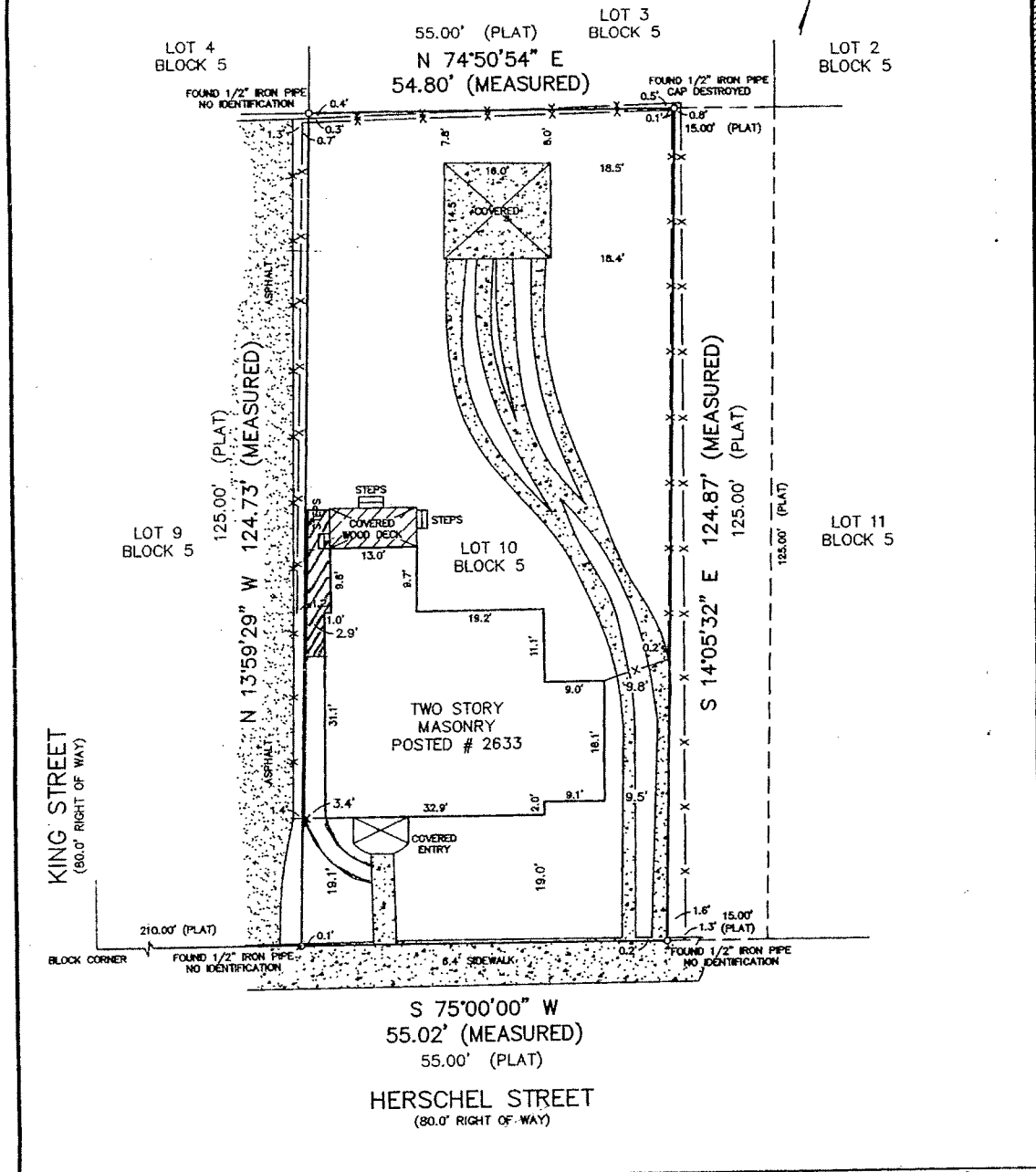
(904) 255-8515 / (904) 255-8542
Telephone/FAX

Address: 214 NORTH HOGAN ST. 2ND FLOOR.
JACKSONVILLE, FLORIDA 32202

MAP SHOWING BOUNDARY SURVEY OF
 THE WEST 55' OF LOT 10, BLOCK 5, RIVERSIDE ANNEX AS RECORDED IN PLAT BOOK 1, PAGE 106,
 OF THE FORMER PUBLIC RECORDS OF DUVAL COUNTY, FLORIDA.

CERTIFIED TO:

BRIAN AND LINDA LENEAVE
 WACHOVA BANK & TRUST
 OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
 DEBORAH W. TAYLOR, ATTORNEY-AT-LAW, P.A.

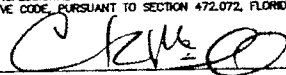


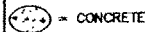
JOB #05-1133 DATE OF FIELD SURVEY: 09-07-05 DATE OF ISSUE: 09-12-05 SCALE: 1" = 20'



1524 Smith St.
 Suite 102
 Orange Park, FL 32073
 (Phone) 904-215-0900 (Fax) 904-215-0910
 Licensed Business # 7381

NOTES:
 1. BEARINGS ARE BASED ON THE ASSUMED BEARING OF S 75°00'00" W ALONG THE SOUTHEASTERLY BOUNDARY LINE OF SUBJECT PARCEL.
 2. BY GRAPHIC PLOTTING ONLY, THE CAPTIONED LANDS LIE WITHIN FLOOD ZONE X AS SHOWN ON THE NATIONAL FLOOD INSURANCE MAP DATED AUGUST 15, 1989, COMMUNITY NUMBER 120077, PANEL 0142E.
 3. THIS SURVEY REFLECTS ALL EASEMENTS & RIGHTS OF WAY AS PER RECORDED PLAT, UNLESS OTHERWISE STATED, NO OTHER TITLE VERIFICATION HAS BEEN PERFORMED BY THE UNDERSIGNED.
 4. THIS SURVEY IS NOT VALID WITHOUT THE ORIGINAL SIGNATURE AND EMBOSSED SEAL OF THE CERTIFYING SURVEYOR.

CERTIFICATE
 I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS IN CHAPTER 61017-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.072, FLORIDA STATUTES.

 CHARLES K. McINTOSH
 REGISTERED SURVEYOR AND MAPPER # 5502 STATE OF FLORIDA

LEGEND:
 R = RADIIUS
 L = LENGTH
 -X- = FENCE
 = CONCRETE

ThyssenKrupp Elevator



November 7, 2010

Brian Leneave
LCG Remodel
lcgremodel@comcast.net

RE: 2633 Herschel St. - Vertical WCL

Dear Brian:

ThyssenKrupp is pleased to quote \$26,344.00 Twenty Six Thousand Three Hundred Forty Four and no/100 dollars to provide and install the following described vertical wheel chair lift:

Quantity	One	
Manufacturer		National Wheel O Vator
Model		BC 168
Type		Vertical Wheel Chair Lift
Construction		Steel tower for installation in enclosure by others.
Lift Height		up to 168"
Speed		9 fpm
Dimensions		36" X 48" X 42"
Capacity	750 lbs	
Drive		110 VAC

Alternate: We can provide a 2 stop hydraulic elevator with standard finishes and features for \$32,000 to \$34,000 price range.

BID QUALIFICATIONS

The schedule shall be agreed to in writing by both parties before becoming effective.
ThyssenKrupp Elevator will not be liable for liquidated or consequential damages.
ThyssenKrupp Elevator's price is valid for sixty (60) days from the date of bid submission.
ThyssenKrupp Elevator's quotation is contingent upon all of our work being performed during the normal working hours of the elevator trade.
All related work as included on the attached work not included form shall be performed by other trades.
ThyssenKrupp Elevator will proceed with manufacturing of the equipment only after complete approvals have been returned, as well as the fully executed contract.
If re-inspection is required due to deficiencies by other trades, ThyssenKrupp Elevator will be reimbursed \$1,280 for re-inspection per elevator, as well as the cost of the additional inspector fees.
ThyssenKrupp Elevator's price is based on the understanding that, other than delays caused solely by ThyssenKrupp Elevator, ThyssenKrupp Elevator's work will be completed in its entirety during the calendar year of 2010 unless mutually agreed to in writing by both parties.

If I can provide more information, please don't hesitate to call. A disconnect with in sight of the unit must be provided by others. Telephone line to the lift must be provided by others. This proposal includes the installation of the lift only.

**NEW INSTALLATION & EXISTING BUILDING
WORK NOT INCLUDED**

ThyssenKrupp Elevator Corporation
6942 Phillips Pkwy. Dr. S.
Jacksonville, FL 32256
Telephone: (904) 280-4656 / (800) 683-8802
Fax: (904) 280-3608

A legal hoistway, properly framed and enclosed, and including a pit of proper depth provided with ladder, sump pump, lights, access doors and waterproofing, as required. Dewatering of pit(s). Legal machine room, adequate for the elevator equipment, including floors, trap doors, gratings, foundations, lighting, ventilation and heat to maintain the room at an ambient temperature of 50 degrees. Fahrenheit minimum 90 degrees Fahrenheit maximum, non-condensing. Adequate supports and foundations to carry the loads of all equipment, including support for guide rail brackets. A hoist beam with a capacity of 5,000 lbs suitably located. Adequate bracing of entrance frames to prevent distortion during wall construction. When required, divider beams at suitable points shall be provided for guide rail bracket support.

It is agreed that in the event asbestos material is knowingly or unknowingly removed or disturbed in any manner at the jobsite, you will monitor our work place and prior to and during our meaning of the job, you will certify that asbestos in the environment does not exceed .01 fibers per cc as tested by NIOSH 7400. In the event our employees or those of our subcontractors are exposed to an asbestos hazard, PCP's, lead or other hazardous substances, you agree to indemnify, defend, and hold us harmless from all damages, claims, suits, expenses, and payments resulting from such exposure. Identification, notification, removal and disposal of asbestos containing material, PCP's lead or other hazardous substances is the responsibility of the contractor.

All sill supports, including steel angles where required, and sill recesses (if sill angles not supplied by Elevator Contractor) and the grouting of door sills. Provide O.S.H.A. compliant removable temporary enclosures or other protection (barricades and kickboards) from open hoistways during the time the elevator is being installed (protection must allow clearance for installation of entrance frames). The Contractor agrees to indemnify, defend and hold us harmless from any OSHA citations we may receive as a result of contractor's non-compliance with OSHA standards. Proper trenching and backfilling for any underground piping and/or conduit. Cutting and patching of walls, floors, etc., and removal of such obstructions as may be necessary for proper installation of the elevator. Setting anchors and sleeves. Pockets or blockouts for signal fixtures. Structural steel door frames with extensions to beam above if required on hoistway sides and sills for freight elevators, including finish painting of these items.

Suitable connections from the power main to each controller and signal equipment feeders as required, including necessary circuit breakers and fused mainline disconnect switches per NEC. Wiring to controller for car lighting. (Per N.E.C. Articles 620-22 and 620-51). Electric power without charge, for construction, testing and adjusting of the same characteristics as the permanent supply. A means to automatically disconnect the main line and the emergency power supply to the elevator prior to the application of water in the elevator machine room will be furnished by the electrical contractor. This means shall not be self-resetting. Wiring and conduit from life safety panel or any other monitor station to elevator machine room or suitable connection point in hoistway. The contractor will provide a temporary 220 FAC - 30 amps single phase terminal with disconnect for each traction elevator in the machine room(s) at the start of the job for temporary operation of work platform.

Heat and smoke sensing devices at elevator lobbies on each floor, machine room, and hoistways (where applicable), with normally open dry contacts terminating at a properly marked terminal in the elevator controller. Telephone connection to elevator controller (must be a dedicated line and monitored 24 hours - instrument in cab by others). One additional telephone line per group of elevators for diagnostic capability wired to designated controller.

Emergency power supply with automatic time delay transfer switch and auxiliary contacts with wiring to the designated elevator controller. Electrical cross connections between elevator machine room for emergency power purposes is to be provided by others. Any governmentally required safety provisions not directly involved for elevator installation. All painting, except as otherwise specified. Temporary elevator service prior to completion and acceptance of complete installation. Furnishing, installing and maintaining the required fire rating of elevator hoistway walls, including the penetration of fire wall by elevator fixture boxes, is not the responsibility of the elevator contractor. Flooring and/or installation of flooring by others.

Owner/General Contractor to provide a bonded ground wire, properly sized, from the elevator controller(s) to the primary building ground.

Remove wiring to outside alarm bell as requested by the Safety Code for Elevators and Escalators (ASME 17.1) (where applicable).

Costs for additional inspections of the elevator equipment by code authorities after the initial one fails due to items that are the responsibility of the contractor, or for assisting others inspecting equipment installed by others.

The contractor agrees to provide a dry and secure area adjacent to the hoistway(s) at ground level for storage of the elevator equipment at the time of delivery. Adequate ingress and egress to this area will also be provided. Any relocation of the equipment as directed by the contractor after its initial delivery will be at contractor's expense.

The contractor agrees to provide at no cost a crane to hoist elevator equipment as needed.

Sincerely,

Ben Garrett

ThyssenKrupp Elevator Corporation
6942 Phillips Pkwy, Dr. S.
Jacksonville, FL 32256
Telephone: (904) 260-4666 / (800) 683-8802
Fax: (904) 260-3608
Email: ben.garrett@thyssenkrupp.com

11/3/2010

Property Address: 2633 Herschel Street, Jacksonville Florida 32204

I, Brian Leneave (owner of the property) am requesting a waiver from the accessibility requirements of Chapter 553.509 Vertical Accessibility. The building is a two story brick house that was built in the 1920's. It is located in a historically protected area of Jacksonville Florida. The property is zoned commercial, residential, or office.

In 2004 the former owners applied for and received an administrative deviation (AD-04-261) to wave the zoning requirements for parking and set backs. The property has been operating as an office since 2005. In 2008 a new zoning overlay was introduced to help protect the historical integrity of the area. The city wants me to bring the building up to full commercial compliance. The three areas are zoning, building, and fire safety. To meet fire safety and building requirements I applied and received a variance through their Building Code Adjustment Board.

The conditions for approval were a smoke and fire alarm system for the entire building and a ramp for accessibility to the first floor. These required minor changes to the building's historical integrity and did not present disproportionate costs.

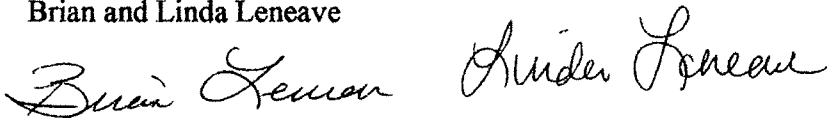
There are several reasons for the request of waiver from the accessibility requirements. First is the vast disproportionate cost to add accessibility to the second floor. The cost to add an exterior chair lift and install an exterior shaft would cost between \$35,000 and \$40,000. The fire and smoke detection system costs \$3350.

Secondly, the historical integrity would be compromised by adding an exterior structure to the building.

Thirdly, I will be providing ramp access to the first floor as well as providing a fire safety notification system for anyone upstairs or down to get people out of the building in a timely manner. The hair salon services will be provided for guests on both floors. So there is no need for accessibility to the second floor.

Thank you for your consideration in this matter.

Brian and Linda Leneave



COASTAL ELEVATOR SERVICE CORP.
RELIABLE - RESPONSIVE - RESPECTED

*11290 St. Johns Industrial Parkway
Suite 3
Jacksonville, Florida 32246
Phone: 904-642-2484
Fax: 904-642-1108*

Date: November 8, 2010

To: Brian Leneave
2633 Herschel St.
Jacksonville, Florida 32204

From: John DeVincentis
Coastal Elevator Service Corp.

Re: ADA Hydraulic Wheel Chair Vertical Platform Lift

Mr. Leneave

In accordance with the your request, Coastal Elevator Service Corp. is pleased to quote 14420-Hydraulic Wheel Chair Platform Lift for this project. Our quote includes all material, labor, permits, and supervision for the following:

1. One (1) Hydraulic Wheel Chair Lifts manufactured by National Wheel-O-Vator
2. Capacity: 750 lbs
3. Speed: 26 fpm
4. Platform: 36" X 54"
5. Number of landings: 2
6. Car Access: Enter/Exit same side. Doors hinged in opposite direction on level.
7. Travel: 12'
8. Operation: Constant pressure
9. Power Supply: 110 volt, 15 amp, 1 phase 60 Hz
10. Drive system: 2:1 Roller chain hydraulic
11. Painted: Powder coat finish
12. Emergency Power: Battery operation in down direction
13. Controller: Electronic-free relay logic
14. Motor/Pump: 110 VAC 1.6 HP
15. Color: Almond Beige

Price for the above: \$22,410

COASTAL ELEVATOR SERVICE CORP.

RELIABLE - RESPONSIVE - RESPECTED

All work shall be done in first-class workmen like manner and in accordance with any applicable codes including ADA. If you should have any questions or need clarifications, please contact me at your convenience.

Please allow six (6) weeks following execution of this contract for material procurement.

Others to supply the landing doors and build the hoistway. The hoistway size would be per our plans In order to maintain the code required clearances. Others to supply 110 Volt AC power disconnect to the unit.

The payment terms of this contract shall be as follows: 25% down-payment upon execution of contract, 50% upon material delivery, and 25% upon completion.

Respectfully submitted:
Coastal Elevator Service Corp.

John DeVincentis
Field Operations Manager

Acceptance

Coastal Elevator Service Corp.

By _____

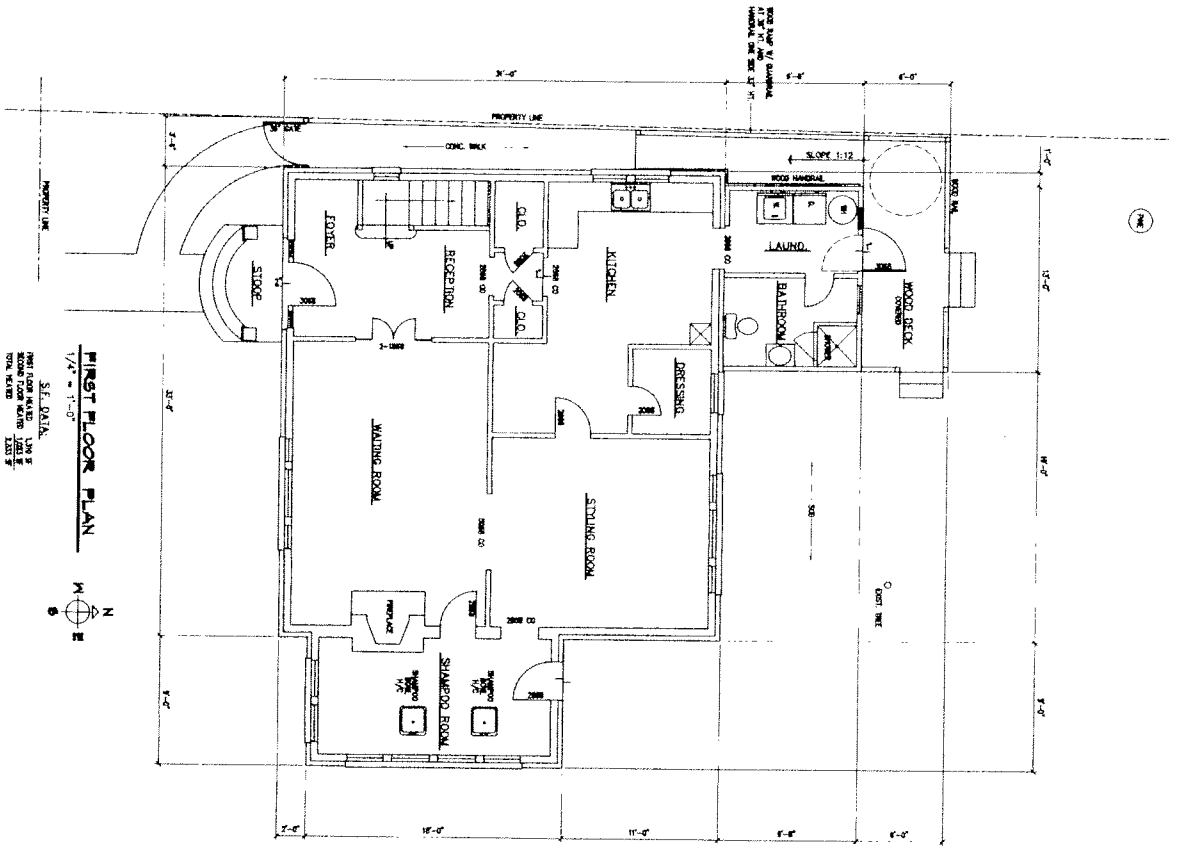
Title _____

Date _____

By _____

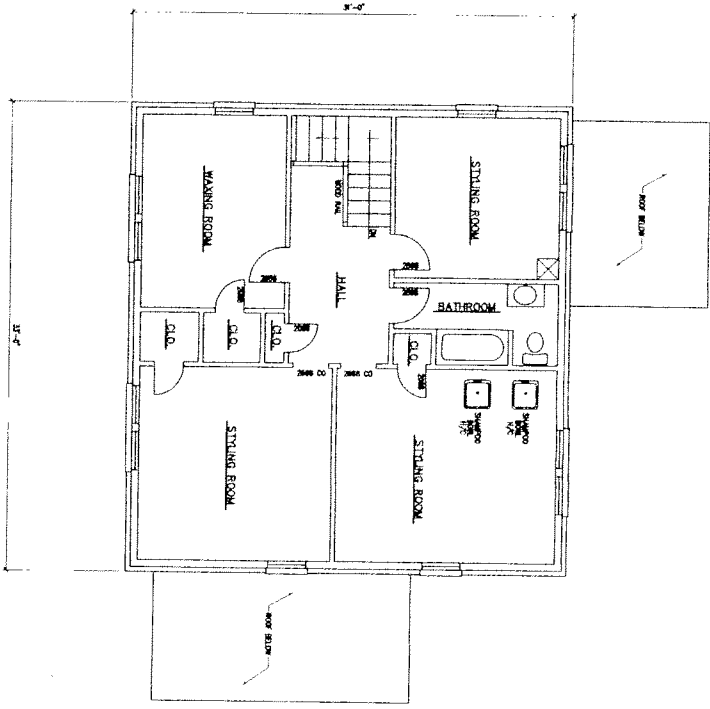
Title _____

Date _____

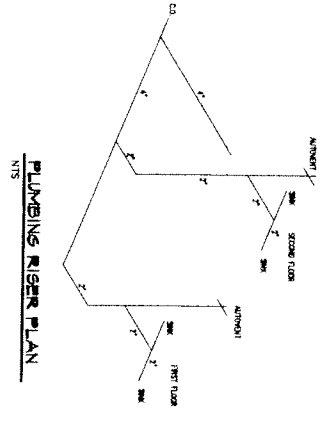


FIRST FLOOR PLAN
 1/4" = 1'-0"

S.F. DATA:
 FINISHED FLOOR AREA: 1,200 S.F.
 TOTAL FLOOR AREA: 1,200 S.F.
 TOTAL VOLUME: 12,000 CU. FT.



SECOND FLOOR PLAN
 1/4" = 1'-0"



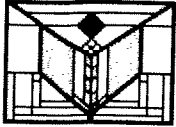
PLUMBING RISER PLAN
 NTS

JOB NO. J1009	DATE	10-11-10
	SCALE	AS SHOWN
DESIGNED BY	DATE	
CHECKED BY	DATE	
APPROVED BY	DATE	
REV.	DATE	DESCRIPTION

BRIAN LENEAVE
 2633 HERSCHEL STREET
 FIRST / SECOND FLOOR PLANS
 JACKSONVILLE FLORIDA

JAMES JOHNSON DESIGN
 3846 HOLLINGSWORTH STREET
 JACKSONVILLE, FLORIDA 32205
 PHONE 904-318-2575

A-1.0



Mary-Kathryn
Smith/DCA/FLEOC
11/19/2010 02:44 PM

To lcgremodel@comcast.net

cc

bcc

Subject Waiver Application

Brian, I was preparing the analysis of your application before posting on the Commission's website. You have submitted the appropriate cost estimates for installation of an elevator, but there is nothing that specifies the construction cost for the remainder of your project. I assume you are documenting disproportionate cost, but to verify that I need to know the cost of the alteration before the elevator is considered. Thank you and if you have any questions, please let me know. MK



LCGRemodel@comcast.net
11/22/2010 08:37 AM

To Mary-Kathryn Smith <Mary-Kathryn.Smith@dca.state.fl.us>
cc Brian Leneave <lcgremodel@comcast.net>
bcc

Subject Re: Waiver Application

History:  This message has been replied to.

Mary Kathryn

We are going to make four changes to the property. Two of which fall under accessibility. The first is a wheel chair ramp which I have at \$1000. Second we are widening the exterior door at the rear that is now accessible by the ramp. It's cost is \$450. Thirdly (not accessibility related) installing some plumbing for the salon wash bowls. It's cost is \$1000. Lastly we are installing a smoke and fire alarm system that will cost \$3350 to be installed.

Let me know if you need any other information.

Thanks

Brian Leneave
904 535 0922

----- Original Message -----

From: "Mary-Kathryn Smith" <Mary-Kathryn.Smith@dca.state.fl.us>
To: lcgremodel@comcast.net
Sent: Friday, November 19, 2010 2:49:45 PM
Subject: Waiver Application

Brian, I was preparing the analysis of your application before posting on the Commission's website. You have submitted the appropriate cost estimates for installation of an elevator, but there is nothing that specifies the construction cost for the remainder of your project. I assume you are documenting disproportionate cost, but to verify that I need to know the cost of the alteration before the elevator is considered. Thank you and if you have any questions, please let me know. MK

We are committed to maintaining the highest level of service and we value your feedback. Please complete our [Customer Service Survey](#). If you require direct assistance or a response, please [visit our Contact Page](#).

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