

This application is available in alternate formats upon request.

**LIST OF REQUIRED INFORMATION:**

1.  Drawings that will clearly present your project and that identify the issue(s) that relate to the waiver you are requesting. As a minimum, the following drawings must be submitted:
  - a. Project site plan - *AERIAL*
  - b. 24" x 36" minimum size drawings ✓
  - c. Building/project sections (if necessary to assist in understanding the waiver request) *N/A*
  - d. Enlarged floor plan(s) of the area in question ✓
2.  One set of reduced scale (11" x 17") versions of the drawings submitted in item one above.
3.  One set of overhead transparencies (8 ½" x 11") of the drawings submitted in item one above. When numerous features are shown on the drawings, please designate the location of the waiver items by highlighting or outlining in color the affected areas.
4. \_\_\_\_\_ When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.
5.  If you feel photographs and/or renderings are necessary for your presentation, provide 40 legible color photocopies of the photographs and/or renderings. If color photocopies of photographs are provided, use a minimum size of 4" x 6" photographs with a maximum of two photographs per photocopied page.
6.  Please submit a hard copy of this application to the Department of Community Affairs. PLEASE NOTE: Although not required by Rule 9B-7, F.A.C., in addition to the hard copy please include a copy of the application and drawings or plans on a CD in PDF format.

**General Information:**

a. **Equipment:** A CD projector is provided at the Accessibility Advisory Council and Florida Building Commission meetings. Any other equipment necessary for your presentation, such as an overhead projector, TV/VCR, slide or LCD projectors, etc., is the responsibility of the applicant.

b. **Verbal Descriptions:** Presentations may be to sight or hearing impaired persons; visual presentations should consider adequate verbal and text descriptions of charts and pictures.

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.

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**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: D. BASILE REAL ESTATE TENANT IMP.

Address: 440 S. BABCOCK STREET, MELBOURNE,  
FL 32901

**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: BABCOCK REALTY PARTNERS, LLP

Applicant's Address: 440 S. BABCOCK STREET, MELBOURNE,  
FLORIDA

Applicant's Telephone: 321-984-2440 FAX: 321-984-1040

Applicant's E-mail Address: KEITH@N-KLAW.COM

Relationship to Owner: OWNER

Owner's Name: SAME AS APPLICANT

Owner's Address: SAME

Owner's Telephone: SAME FAX

Owner's E-mail Address: SAME

Signature of Owner: \_\_\_\_\_

Contact Person: KEITH KROMASH

Contact Person's Telephone: 321-984-2440 E-mail Address: KEITH@N-KLAW.  
COM

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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, 7,462 S.F. OFFICE BUILDING BUILT IN  
APPROX 2000 S.F. ON SECOND FLOOR. BOTH FLOORS  
ARE OFFICES. PROJECT IS SMALL RENOVATION OF  
2ND LEVEL ONLY.

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

\$5,500 ALTERATION INCLUDING CONVERTING BATHROOM  
TO HANDICAP ACCESSIBLE

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.

IN PLAN REVIEW AT TIME OF SUBMISSION OF  
WAIVER REQUEST. CONDITIONAL PERMIT FOR  
CONSTRUCTION TO BE ISSUED WITH CERTIFICATE  
OF OCCUPANCY CONTINGENT UPON WAIVER  
APPROVAL.

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

**Issue**

1: Florida Statute 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.

INSTALLATION <sup>OF</sup> CHAIR LIFT OR ELEVATOR IS NOT

FEASIBLE IN THAT ELEVATOR WOULD INTRUDE INTO EXISTING  
1<sup>ST</sup> FLOOR TENANT SPACE

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

THE COST OF PROVIDING VEHICLE ACCESS IS EXTREME  
IN RELATIONSHIP TO THE OVERALL COST OF PROJECT.

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.

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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. CHAIR LIFT ESTIMATED AT \$20,000  
ELEVATOR ESTIMATED AT \$70,000

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.

N/A

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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 2<sup>nd</sup> day of November, 20 10

  
Signature

KEITH S. KROMAST  
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. The building permit was submitted 11/2/10. Before submittal the tenant and the owner (see letters from each) were told the tenant renovation would indeed require vertical access or a waiver from the Florida Building Commission. We agreed to accept the permit plans without showing a means for vertical access only because the tenant was under time constraints and further agreed to begin work at his own risk. And if by chance he did not receive a waiver was willing to walk away from the project.
- b. The cost of the renovation is only \$5500 and the vertical lift is well over 100% of the cost of construction. However, nothing in the code relieves the owner from providing vertical access per FBC 11-4.1.6.(1)(k)(iii). None of the three automatic exceptions apply since this space will be open to the public.

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

(x) Yes () No Cost of Construction \$9,905 to replace rusted light poles in parking lot and \$2000 to replace a front and side door.

Comments/Recommendation. Based on disproportionate cost to provide vertical access I would be in favor of granting the waiver.

Jurisdiction City of Melbourne

Building Official or Designee  Signature

Alan F. Beyer  
Printed Name

BU 383  
Certification Number

321-608-7915      321-608-7920  
Telephone                      Fax

Address: 900 E. Strawbridge Ave.

Melbourne, FL 32901





PERMIT APPLICATION

City of Melbourne, FL  
CODE COMPLIANCE

900 E. Strawbridge Ave.  
Melbourne, FL 32901  
(321) 608-7915  
(321) 608-7920 fax



Permit # \_\_\_\_\_  
Entered by: \_\_\_\_\_  
Application Date: \_\_\_\_\_

PLEASE PRINT LEGIBLY - INCLUDE STREET NUMBER/NAME, CITY & STATE

Job Name: D. BASILE REAL ESTATE TENANT IMPROVEMENT  
Address: 440 S. BARCOCK STREET Zip Code: 32901  
TWP: 27 RNG: 37 SEC: 28 SUB 00 BLK/PAR: 752 LOT: Q COUNTY: BREVARD  
Tax ID# 2728404 / 27-37-28-00-00752.0-0000.00

Owners Name: BABCOCK REALTY PARTNERS, LLP Phone: 321-984-2440  
Address: 440 S. BARCOCK STREET  
City: MELBOURNE, State: FL Zip Code: 32901

Contractor's Firm: TOTTY CONSTRUCTION  
Qualifier's Name: Stephen D. Totty License # CGC012950  
Address: \_\_\_\_\_  
City: Melbourne State: FLA Zip Code: 32901  
Phone #: 773-1176 Fax #: 726-8882 Email: SDTOTTY@YAHOO.COM

Fee Simple Title Holder: BABCOCK REALTY PARTNERS Phone: 321-984-2440  
Address: 440 S. BARCOCK STREET, MEL. Zip Code: 32901  
Bonding Company: N/A Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Architect/Engineer: N/A Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permit type:  Residential  Commercial Site Plan # \_\_\_\_\_  
 Building  Electric  Mechanical  Plumbing  Fence  Gas  Landscape  
 Above Ground Pool/Spa  In Ground Pool/Spa # of Gallons \_\_\_\_\_  
 Irrigation  Slab  Shed  Fire Alarm  Fire Sprinkler # of New Bedrooms: \_\_\_\_\_  
 Roofing: Shingle Mfg: \_\_\_\_\_  Pitch: \_\_\_\_\_  # of Squares: \_\_\_\_\_  
 Sign: Type: \_\_\_\_\_ Sticker #: \_\_\_\_\_ Sq. Ft: \_\_\_\_\_  
 Portable Sign: From: \_\_\_\_\_ To: \_\_\_\_\_  Other \_\_\_\_\_

Description of Work: TENANT IMPROVEMENT  
Value of Construction: \$ 5500 Total Area of Construction 2000 Sq. Ft.

SUB-CONTRACTOR INFORMATION:

Electrical: <u>SENA-TECH</u>	State Reg./Cert. No. <u>EC0002757</u>
Address: <u>1767 S. PSTRICK Drive</u>	Zip Code: <u>32937</u> Phone: <u>821-7407</u>
Signature: _____	Date: _____
Plumbing: <u>N/A</u>	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____
Mechanical: <u>N/A</u>	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____
Roofing: <u>N/A</u>	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____
Other: _____	State Reg./Cert. No. _____
Address: _____	Zip Code: _____ Phone: _____
Signature: _____	Date: _____

**APPLICANT'S AFFIDAVITS**

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2007 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that no work or installation has commenced prior to the issuance of a permit.

By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

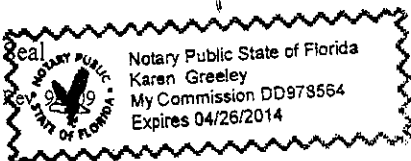
Kenn SL  
 \_\_\_\_\_  
 OWNER'S/AGENTS SIGNATURE:

STATE OF FLORIDA  
 COUNTY OF BREVARD

The foregoing instrument was acknowledged  
 Before me this 2<sup>nd</sup> day of NOV., 2010  
 By Keith S. Kramash who is  
 Personally known to me, or has produced  
 \_\_\_\_\_ as identification

And who did not take an oath

K. Greeley  
 \_\_\_\_\_  
 Notary as to Owner of Agent



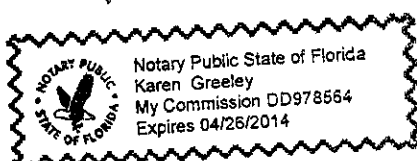
Stacy  
 \_\_\_\_\_  
 CONTRACTOR'S SIGNATURE:

STATE OF FLORIDA  
 COUNTY OF BREVARD

The foregoing instrument was acknowledged  
 Before me this 2<sup>nd</sup> day of NOV., 2010  
 By Stephen D. Totty who is  
 Personally known to me, or has produced  
FLDL as identification

And who did not take an oath

K. Greeley  
 \_\_\_\_\_  
 Notary as to Qualifier



*owner*  
**BABCOCK REALTY PARTNERS, LLP**

440 South Babcock Street  
Melbourne, Florida 32901

Tel: (321) 984-2440

Fax: (321) 984-1040

October 26, 2010

Mr. John Walker  
Plans Examiner  
City of Melbourne


Re: Buildout of Second Floor 440 S. Babcock Street, Melbourne, FL 32901  
Letter of Understanding

Dear Mr. Walker:

As per your email of October 11, 2010 to Mr. Dennis Basile, Babcock Realty Partners, LLP, the owner of 440 South Babcock Street, understands that the City may grant a conditional building permit for the proposed tenant buildout before the applicant is granted a waiver from the Florida Building Commission for "vertical access". Babcock Realty Partners, LLP as the proposed landlord, also understands that any work completed behalf of D. Basile Real Estate, LLC is totally at its own risk, and if the Florida Building Commission denies the request for a waiver, D. Basile Real Estate, LLC will not be allowed to occupy the premises until such time as acceptable "vertical access" is provided.

Sincerely,

BABCOCK REALTY PARTNERS, LLP

  
Keith S. Kromash, Partner



## D. Basile Real Estate, LLC

Residential – Commercial  
Asset Management – Investments  
www.dbasile.com

Tenant

Mr. John Walker  
Plans Examiner  
City of Melbourne

Re: Buildout of Second Floor 440 S. Babcock Street, Melbourne

Dear Mr. Walker:

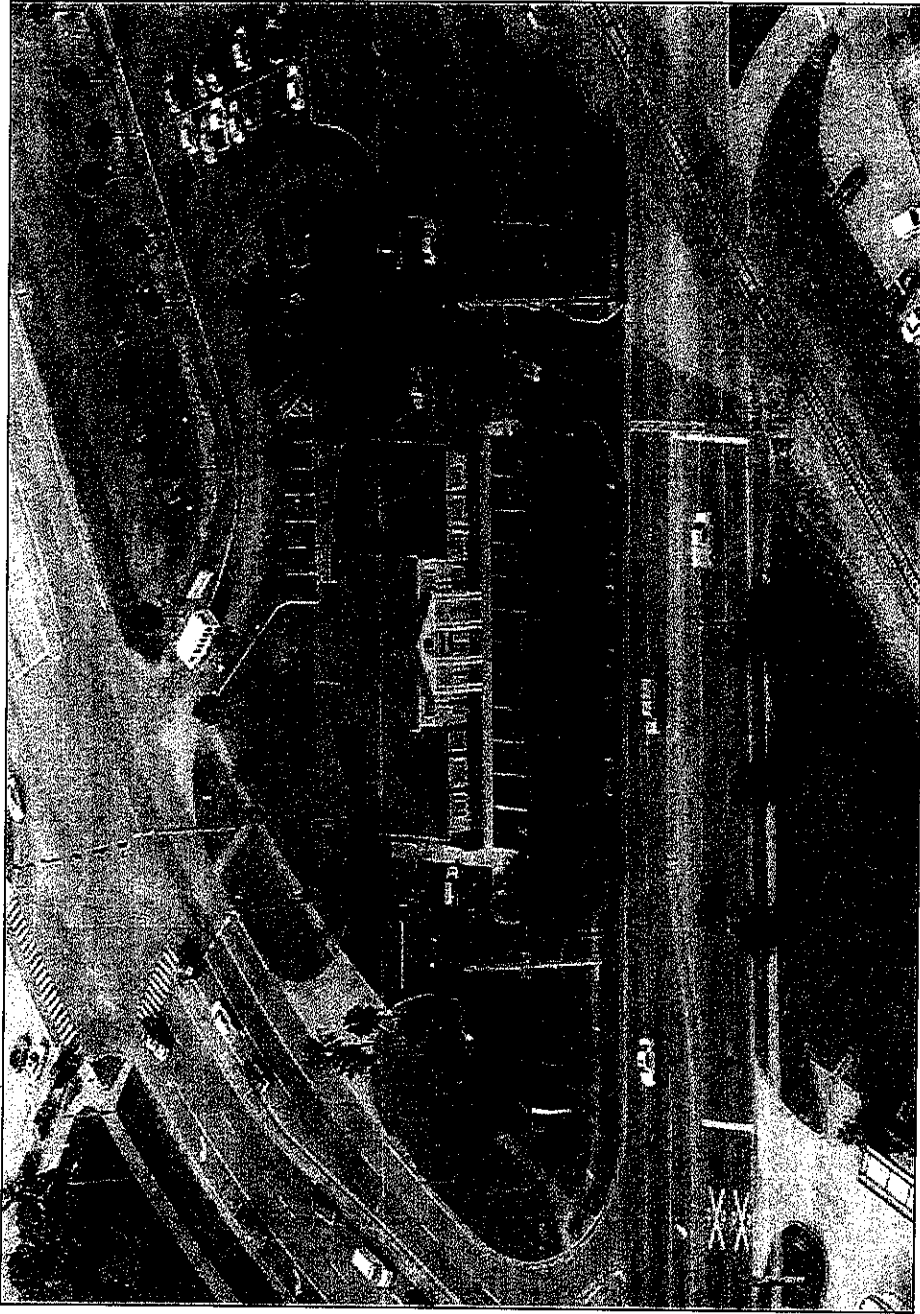
As per your email of October 11, 2010, D. Basile Real Estate, LLC understands that the City may grant a conditional building permit for the proposed tenant buildout before the applicant is granted a waiver from the Florida Building Commission for "vertical access". D. Basile Real Estate, LLC as the proposed tenant, also understands that any work completed on our behalf is totally at our own risk and if the Florida Building Commission denies the request for a waiver, D. Basile Real Estate, LLC will not be allowed to occupy the premises until such time as acceptable "vertical access" is provided.

The owners of the building are also aware of this limitation and as such will provide you with their own letter of understanding.

Thank you,

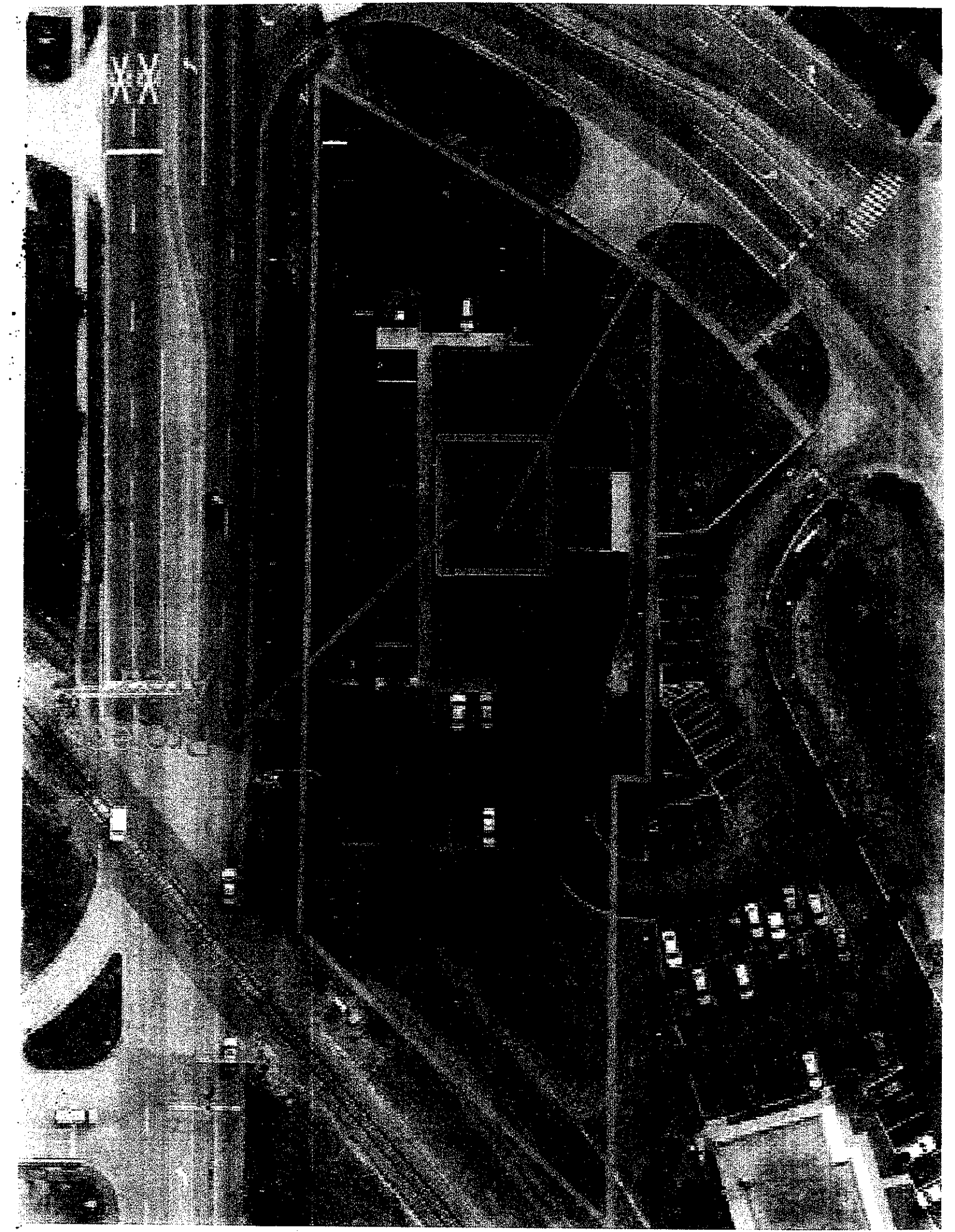
A handwritten signature in black ink, appearing to read 'Dennis Basile', written over a horizontal line.

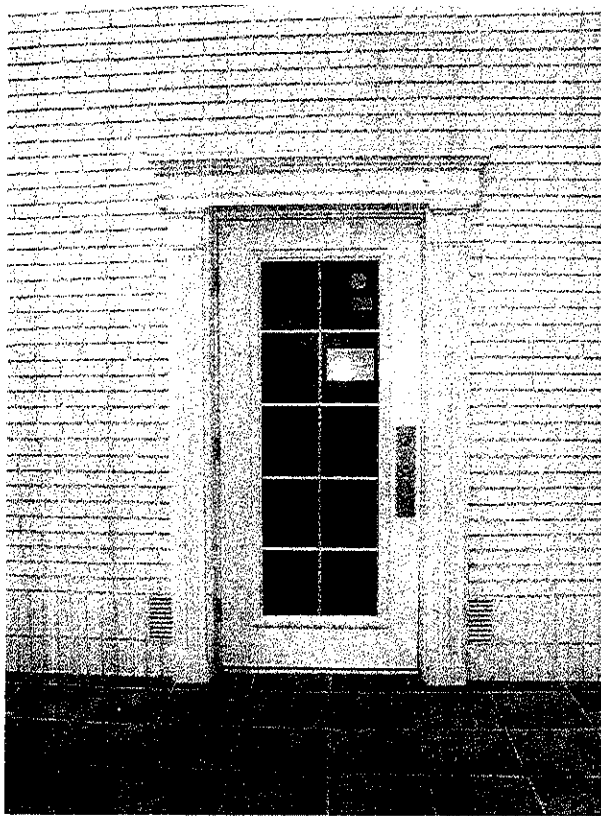
Dennis Basile  
President  
D. Basile Real Estate, LLC



West  Pictometry® Imagery provided by the Brevard County Property Appraiser 11/1/2010. Image Date: 12/22/2009

XX  
XX  
XX





Only Entrance  
to Second Level



Stairs Immediately  
inside entrance