

**Department of Community Affairs  
FLORIDA BUILDING COMMISSION  
2555 Shumard Oak Boulevard  
Tallahassee, Florida 32399-2100**

**NOTICE TO WAIVER APPLICANTS**

Please make certain you comply with the following:

- X The person submitting the waiver request application as the Applicant **MUST** sign the application. Should you fail to do so, your application will be returned.
- X If a licensed design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- X Be as explicit as possible. The more information provided to the Florida Building Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree.
- X If at all possible, **PLAN TO ATTEND the Accessibility Advisory Council and the Florida Building Commission meetings**. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your attendance at the meetings to answer questions will enhance the possibility of the waiver being approved, since the Council and the Commission will receive the most complete information – from you. When we receive the completed application, we will send you a notice of the time, date, and place for both the Council and the Commission meetings.

Enclosed is a **List of Required Information** and the **Request for Waiver** application.

If you have any questions or would like additional information, please call the Codes and Standards Section at (850) 487-1824.

**Please mail** this application to the Department of Community Affairs at the address above. **As well as a hard copy, please include a copy of the application and drawings or plans on a CD in PDF format. NOTE: Please do not send CAD files, but rather scan the CAD files and save as a pdf. Must be in Microsoft Compatible format.**

**NOTE: Failure to submit electronically will not have any bearing on whether your petition is heard by the Commission, however, electronic filing will facilitate the Commission's movement toward utilizing CD technology to display the waiver application and attached floor plans to the Counsel and Commission.**

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:

Project site plan

24" x 36" minimum size drawings

Building/project sections (if necessary to assist in understanding the waiver request)

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.

This application is available in alternate formats upon request.

**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:** \_\_Napoli\_Restaurant\_\_

**Address:** \_\_6149 A1A South, St. Augustine, Florida 32080 , St. Johns County. \_\_

**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:** \_Dwight Wilkes, Consultant with QiTec LLC. \_

**Applicant's Address:** \_\_632 Casa Fuerta Lane, St. Augustine, Florida, 32080-7107

**Applicant's Telephone:** \_\_904-501-5528\_\_ **FAX:** \_\_N/A\_\_\_\_\_

**Applicant's E-mail Address:** \_QiTecllc@gmail.com\_\_

**Relationship to Owner:** \_Consultant\_

**Owner's Name:** \_\_\_\_\_William Ken Yarbrough\_\_

**Owner's Address:** \_\_\_\_\_11 San Jose, Palm Coast, Florida, 32137\_\_

**Owner's Telephone:** \_904-461-6337\_\_ **FAX** \_\_\_\_\_

**Owner's E-mail Address:** \_\_\_\_\_

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

**Contact Person:** Dwight S. Wilkes\_\_\_\_\_

**Contact Person's Telephone:** 904-501-5528\_ **E-mail Address:** QiTecllc@gmail.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.)

\_Two (2) Story / Split Level Structure , 2,201 (+)(-) square feet , restaurant / office space. \_\_

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**5. Project Construction Cost (Provide cost for new construction, the addition or the alteration):** \$ 59,000\_\_\_\_\_

**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.

\_St. Johns County Building Department requiring that waiver for vertical accessibility be taken to the Accessibility Council. \_\_\_\_\_.

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

**Issue**

1: \_\_ 11-4.1.6 (2) (B) (iii) \_\_\_\_\_

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**Issue**

2: \_\_ FS 553.5041 \_\_\_\_\_

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**Issue**

3: \_\_ FS 553.512 Extreme Hardship \_\_\_\_\_

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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.

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

\_\_\_\_ Owner has already spent \$ 26,750 over the required 20%

\_\_ \* See attached contractor letter dated June 4, 2010 "Cost of Construction"

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.

\_\_\_\_ \* See attached estimate from "Southeast Elevator" \_\_\_\_\_

\_\_\_\_ \* See attached "Contractor's Estimate for Elevator Construction".

**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. \_\_\_ See attached "Southeast Elevator" \_\_\_\_\_

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b. \_\_\_ See attached "Contractor's Estimate" \_\_\_\_\_

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c. \_\_\_\_\_

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**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.

\_\_\_ To construct the elevator as required the structural improvements need to support and retrofit \_\_\_ for the system are extensive. However, it is possible, but extremely expensive based on contractor estimates received. \_

\_\_\_\_\_ Robert G. Morgan \_\_\_\_\_  
**Signature** **Printed Name**

**Phone number** \_\_\_\_\_

**(SEAL)**  
**# 58118**

**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 \_\_\_\_28th\_\_\_\_ day of \_\_\_\_\_October\_\_\_\_\_, 2010\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_Dwight S. Wilkes\_\_\_\_\_  
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. \_\_\_ Section 11-4.1.6 (ii) \_\_\_\_\_

b. \_\_\_ Section 11-4.1.6 (2) (B) (iii) \_\_\_\_\_

c. \_\_\_\_\_

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 \_\_\$ 3,300.00\_\_\_\_\_

**Comments/Recommendation** \_\_plans in development stage/ building department has no objections

\_\_\_\_\_  
Jurisdiction \_\_ St. Johns County Building Division \_\_\_\_\_

Building Official or Designee \_\_\_\_\_

Signature

\_\_\_\_ H. T. White \_\_\_\_\_

Printed Name

\_\_\_\_ BU-1340 \_\_\_\_\_

Certification Number

\_\_\_\_ 904-827-6803 \_\_\_\_\_

Telephone/FAX

Address: \_\_\_\_\_ 4040 Lewis Speedway \_\_\_\_\_

\_\_\_\_\_ St. Augustine, Florida 32085 \_\_\_\_\_.



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

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

I, \_\_\_\_\_, a licensed architect/engineer in the state of Florida, whose Florida license number is \_\_\_\_\_, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project) \_\_\_\_\_, for which the Owner seeks a waiver of one or more accessibility requirements in an application to which this Certification is attached.

2. I hereby certify that to the best of my knowledge and belief to the Florida Building Commission that the design documents for the (insert project described in paragraph 1 above) \_\_\_\_\_ are the same as the design documents previously submitted to the Commission and referenced in paragraph 3 below, except that the two projects are built or to be built on different parcels of land at different locations.

3. The licensed design professional of record (identify the licensed design professional of record), \_\_\_\_\_, prepared the design documents for the project known as \_\_\_\_\_, for which the majority of the Accessibility Advisory Council recommended approval and the Commission granted a waiver of one or more accessibility requirements in Final Order No. \_\_\_\_\_.

Printed Name: \_\_\_\_\_ Affix certification seal below:

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Form No.: 2001-02, Page 2 of 2**

## Certification of Applicant for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule

9B-7.003(3), Florida Administrative Code.

I, \_\_\_\_\_, am applying for placement on the Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code. I (check one of the following and complete blanks):

**9** am the owner of this Project (name of project) \_\_\_\_\_,  
and was the owner of the project known as \_\_\_\_\_,

**9** am the franchisee of this Project (name of project) \_\_\_\_\_,  
am under the same franchiser (name of franchiser) \_\_\_\_\_  
who was the franchiser of the project known as \_\_\_\_\_,

**9** am the licensee of this Project (name of project) \_\_\_\_\_,  
am under the same licensor (name of licensor) \_\_\_\_\_,  
who was the licensor of the project known as \_\_\_\_\_,

for which the majority of the Accessibility Advisory Council recommended approval, and the Florida Building Commission granted a waiver of one or more accessibility requirements in Final Order No. \_\_\_\_\_.

I hereby swear or affirm that the above information to the best of my knowledge is true and correct.

Dated this 28th day of October, 2010 \_\_\_\_\_

\_\_\_\_\_  
Signature

Dwight S. Wilkes  
Printed Name

Providing false information to the Florida Building Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.

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: NAPOLI RESTAURANT

Address: 6149 AIA S. (ST. JOHNS COUNTY)  
ST AUGUSTINE FL 32080

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 QITECLLC Name:  
DWIGHT S. WILKES

Applicant's 632 CASA FUERTA LN Address:  
ST AUGUSTINE FL 32080

Applicant's Telephone: 904 501 5528 FAX \_\_\_\_\_

Applicant's gitec llc @ gmail . com E-mail Address:  
g

Relationship CONSULTANT to Owner:

Owner's Name WILLIAM K. (KEN) YARBROUGH

Owner's Address: 11 SAN JOSE, PALM COAST, FL 32137

Owner's Telephone: 904 461 6337 FAX \_\_\_\_\_

Owner's E-mail Address: homes@castawaypublishing.com

Signature of Owner: William K. Y.

Contact Person: DWIGHT S. WILKES

Contact Person's Telephone: 904 501 5528 E-mail Address: gitec llc @ gmail . 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.)

Two(2) story/split  
level. Restaurant / OFFICE

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

\$59,500

**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.

ST JOHN'S COUNTY BLDG DEPT requiring that  
WAIVER FOR VERTICAL ACCESSIBILITY BE TAKEN TO  
ACCESSIBILITY COUNCIL.

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: 11-4.1.6 (2)(B)(LIL) FL ACCESSIBILITY CODE

Issue

2: FS 553.5041

Issue

3: FS 553.512 EXTREME HARDSHIP

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.

Owner has already spent \$26,750 OVER the required 20%.

\* See attached dated JUN 4, 2010 "COST OF CONSTRUCTION"

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.

\* See attached "SOUTHEAST ELEVATOR"

\* See att'd "CONTRACTOR'S ESTIMATE FOR ELEVATOR CONS."

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. See attached "SOUTHEAST ELEVATOR"

b. See attached "CONTRACTOR'S ESTIMATE FOR ELEVATOR CONS."

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.

TO CONSTRUCT THE ELEVATOR AS REQUIRED THE STRUCTURAL IMPROVEMENTS NEED TO SUPPORT AND RETRO FIT FOR THE SYSTEM ARE EXTENSIVE, HOWEVER, IT IS POSSIBLE, BUT EXTREMELY

Signature \_\_\_\_\_

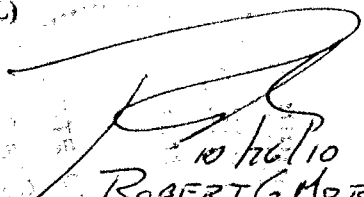
Printed Name

EXPENSIVE BASED ON CONTRACTOR

Phone Number \_\_\_\_\_

ESTIMATES RECEIVED

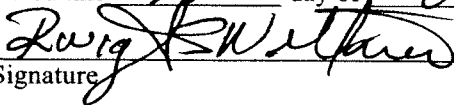
(SEAL)

  
10/26/10  
ROBERT G MORGAN  
#58118  
904-814 7633

**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 28<sup>th</sup> day of OCTOBER, 20 10

  
Signature

DWIGHT S. WILKES  
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. SECTION 11-4.1.6 (ii)
- b. SECTION 11-4.1.6(2)(B)(iii)
- 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 \$ 3300.-

Comments/Recommendation plans in development stage /  
Building dept has no objections.

Jurisdiction Sf. John County Building Division

Building Official or Designee [Signature]  
Signature  
H.T. WHITE  
Printed Name

BU - 1340  
Certification Number

904 - 827 - 6803  
Telephone/FAX

Address 4040 Lewis Speedway  
Sf. Augustine, Fl. 32085





**Blackstar Group, LLC**

1030 SR 206 East  
Augustine, FL 32086

## Report

June 4, 2010

To:

QiTec, LLC  
Mr. Dwight Wilkes  
632 Casa Fuerta Lane  
St. Augustine, Florida 32086

Re:

Napoli's Restaurant Improvements  
6149 A1A South  
ST. Augustine, Florida 32086

### Scope of Work:

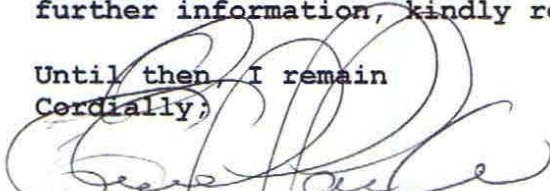
Per the request of the owner, we have provided certain improvements to the structure and interior. Most of the improvements relate to providing Handicap access to the facilities. In order to provide a handicap ramp and thus ADA access requirements to the 2<sup>nd</sup> tier level of the restaurant we removed the walls separating the dining area from the dining/bar area, removed the access door and step-up foyer.

Removing and relocating the complete bar set up allowed the placement of the interior handicap ramp. This necessitated new plumbing, electrical, coolers and drains, lighting, air-conditioning, ceiling and flooring changes. New steps were installed and the appropriate handrails. The total costs related to these changes amounts to \$38,645.00.

Attached please find the two bids for the installation of various elevator devices. The first is for a full elevator that requires a 4' deep pit to house the mechanicals. It will also require substantial alteration to the structure. The structural alteration costs at a minimum will range an additional \$43,000 to \$52,000. The total for a full elevator installation will be in the range of \$85,365.00 to \$94,000.00. If ADA requirements allow the use of a Hydraulic Lula the costs will range from \$71,000 to \$80,000.

The installation of either elevator system will remove seating capacity on all three levels. At a minimum we estimate the loss of 24 seats. Should you require any further information, kindly reply.

Until then, I remain  
Cordially,



Edward P. Paucek, Dir  
Blackstar Group, LLC  
cc M. Soule



**Blackstar Group, LLC**

1030 SR 206 East  
Augustine, FL 32086

## Report

June 4, 2010

To: QiTec, LLC  
Mr. Dwight Wilkes  
632 Casa Fuerta Lane  
St. Augustine, Florida 32086

Re: Napoli's Restaurant Improvements  
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### Scope of Work:

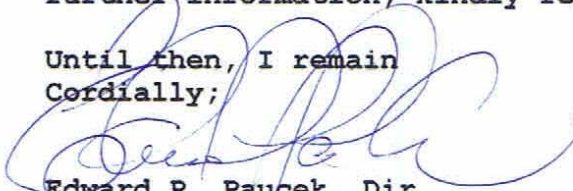
Per the request of the owner, we have provided certain improvements to the structure and interior. The total amount of improvements is \$59,475.00. Many of the improvements relate to providing Handicap access to the facilities. In order to provide a handicap ramp and thus ADA access requirements to the 2<sup>nd</sup> tier level of the restaurant we removed the walls separating the dining area from the dining/bar area, removed the access door and step-up foyer.

Removing and relocating the complete bar set up allowed the placement of the interior handicap ramp. This necessitated new plumbing, electrical, coolers and drains, lighting, air-conditioning, ceiling and flooring changes. New steps were installed and the appropriate handrails. The total costs related to these changes amounts to \$38,645.00.

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The installation of either elevator system will remove seating capacity on all three levels. At a minimum we estimate the loss of 24 seats. Should you require any further information, kindly reply.

Until then, I remain  
Cordially;



Edward P. Paucek, Dir  
Blackstar Group, LLC  
cc M. Soule



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1030 SR 206 East  
Augustine, FL 32086

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June 4, 2010

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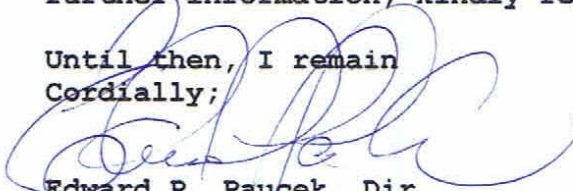
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Removing and relocating the complete bar set up allowed the placement of the interior handicap ramp. This necessitated new plumbing, electrical, coolers and drains, lighting, air-conditioning, ceiling and flooring changes. New steps were installed and the appropriate handrails. The total costs related to these changes amounts to \$38,645.00.

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The installation of either elevator system will remove seating capacity on all three levels. At a minimum we estimate the loss of 24 seats. Should you require any further information, kindly reply.

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Blackstar Group, LLC  
cc M. Soule



**Blackstar Group, LLC**

1030 SR 206 East  
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June 4, 2010

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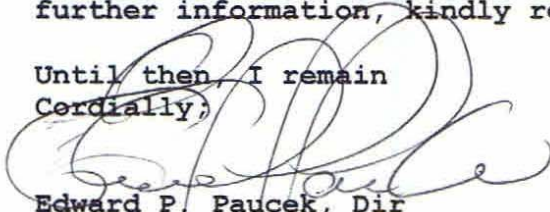
Per the request of the owner, we have provided certain improvements to the structure and interior. Most of the improvements relate to providing Handicap access to the facilities. In order to provide a handicap ramp and thus ADA access requirements to the 2<sup>nd</sup> tier level of the restaurant we removed the walls separating the dining area from the dining/bar area, removed the access door and step-up foyer.

Removing and relocating the complete bar set up allowed the placement of the interior handicap ramp. This necessitated new plumbing, electrical, coolers and drains, lighting, air-conditioning, ceiling and flooring changes. New steps were installed and the appropriate handrails. The total costs related to these changes amounts to \$38,645.00.

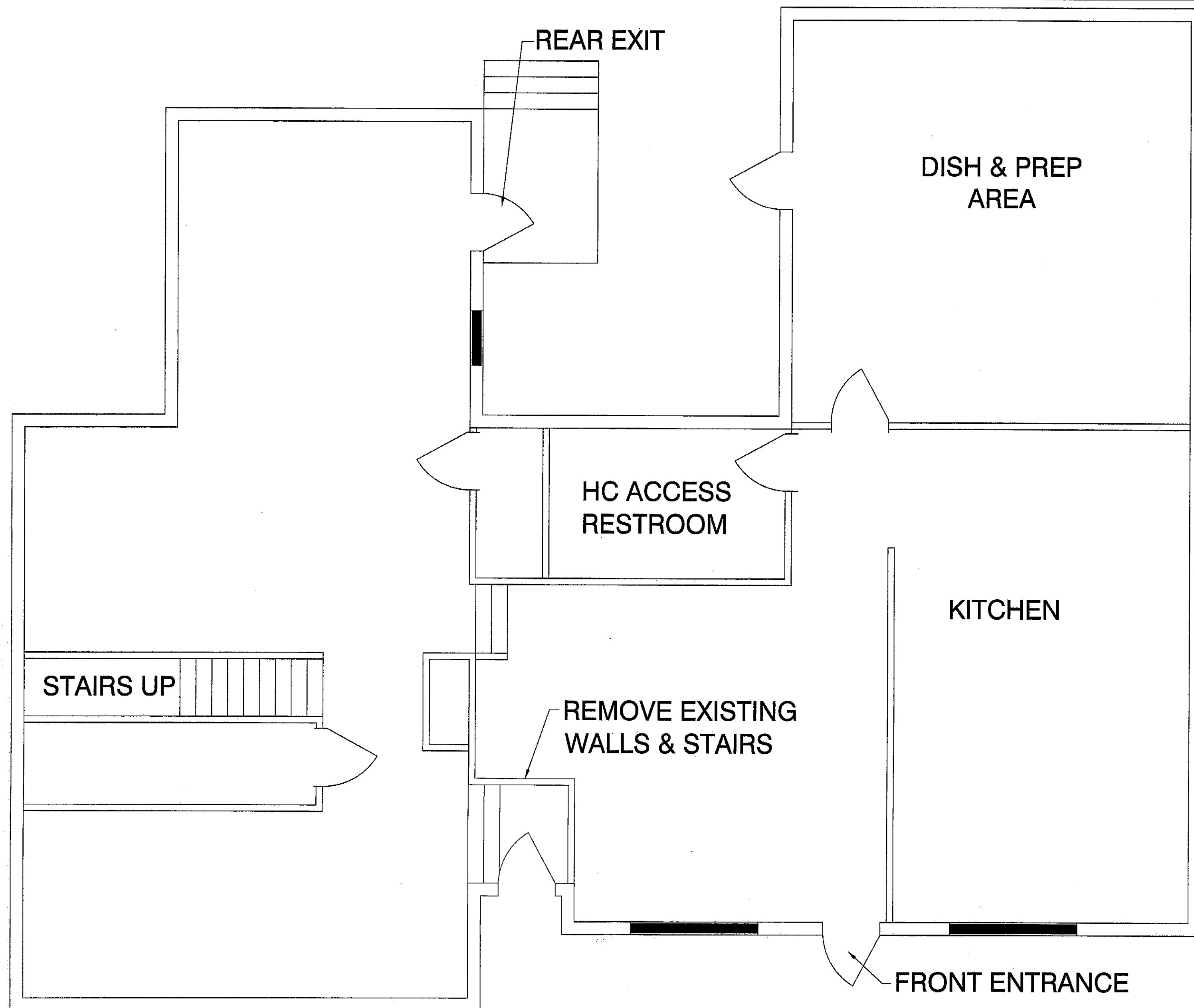
Attached please find the two bids for the installation of various elevator devices. The first is for a full elevator that requires a 4' deep pit to house the mechanicals. It will also require substantial alteration to the structure. The structural alteration costs at a minimum will range an additional \$43,000 to \$52,000. The total for a full elevator installation will be in the range of \$85,365.00 to \$94,000.00. If ADA requirements allow the use of a Hydraulic Lula the costs will range from \$71,000 to \$80,000.

The installation of either elevator system will remove seating capacity on all three levels. At a minimum we estimate the loss of 24 seats. Should you require any further information, kindly reply.

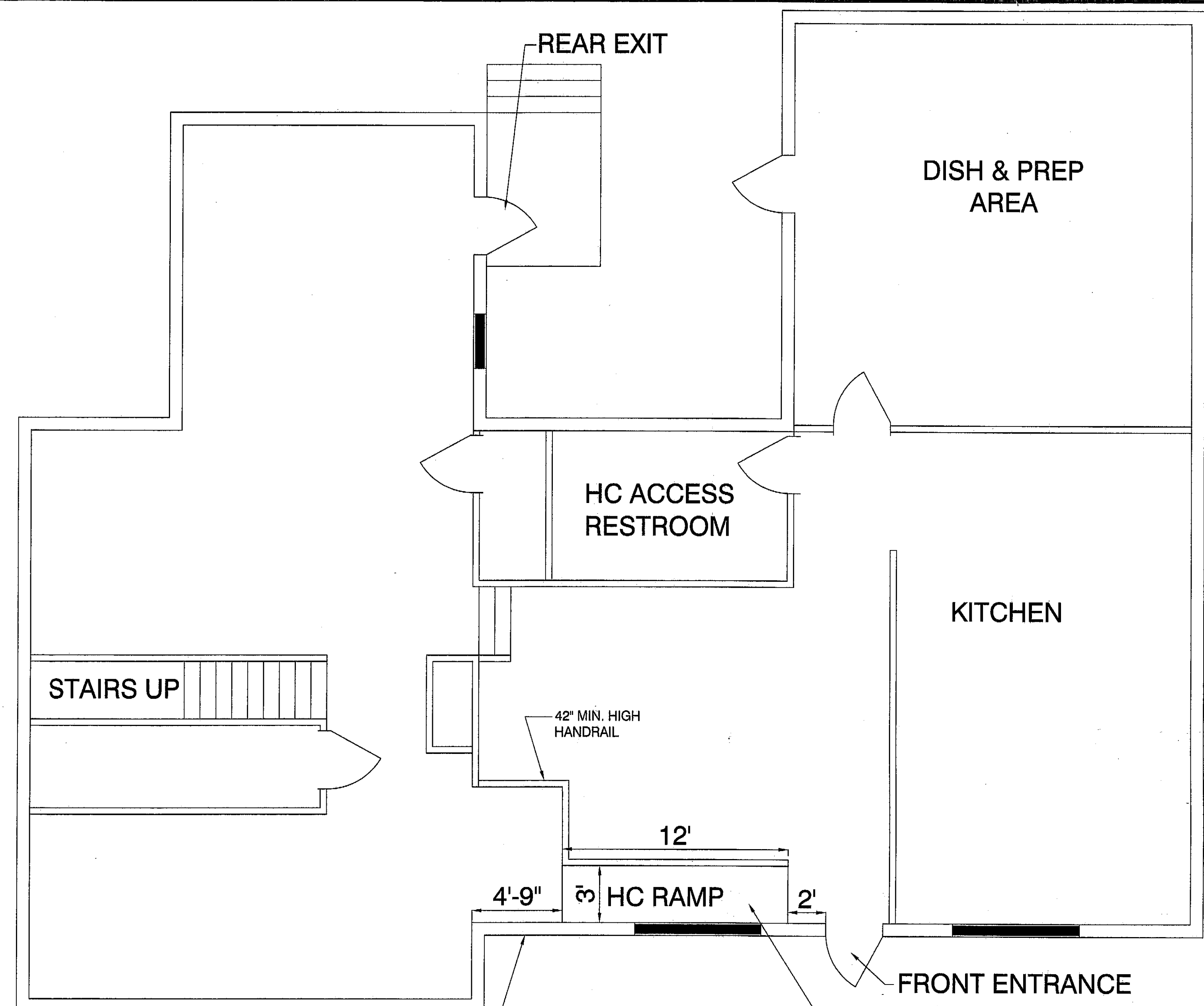
Until then, I remain  
Cordially,



Edward P. Paucek, Dir  
Blackstar Group, LLC  
cc M. Soule

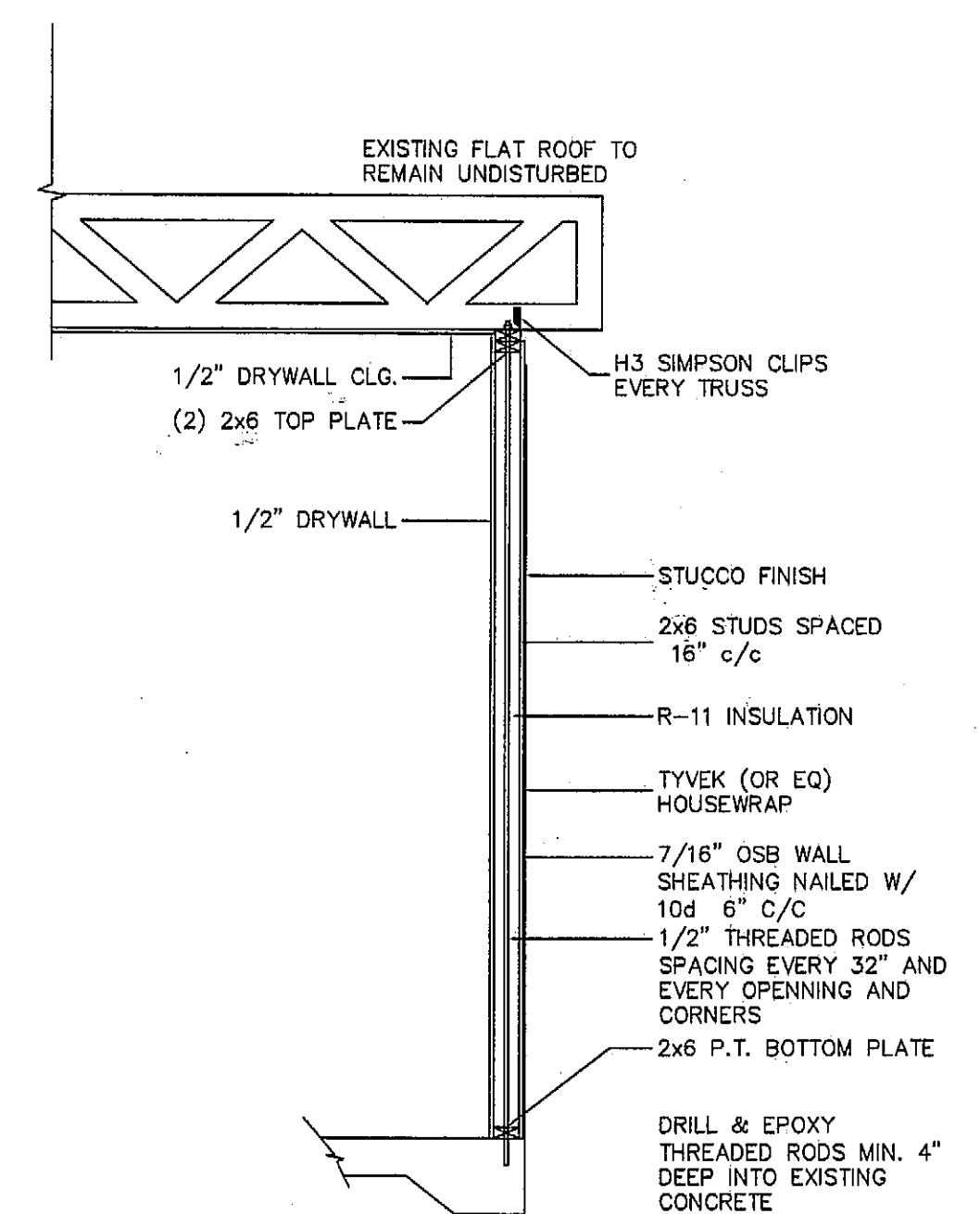


EXISTING FLOOR PLAN



PROPOSED HC RAMP PLAN

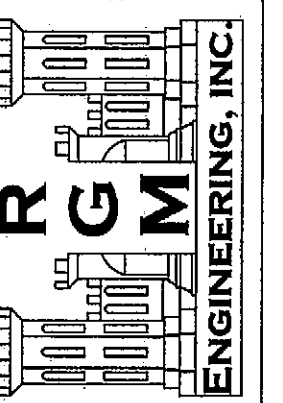
NOTE:  
THE EXISTING TRUSSES ARE BEARING ON AN EXISTING HEADER  
THE HEADER TO BE REPLACED WITH WALL AS SHOWN IN SECTION



WALL SECTION (TYP)

Revisions  
Date

1930 WILDWOOD DRIVE  
ST. AUGUSTINE, FLORIDA 32086  
904-925-0664  
C.A. #25903

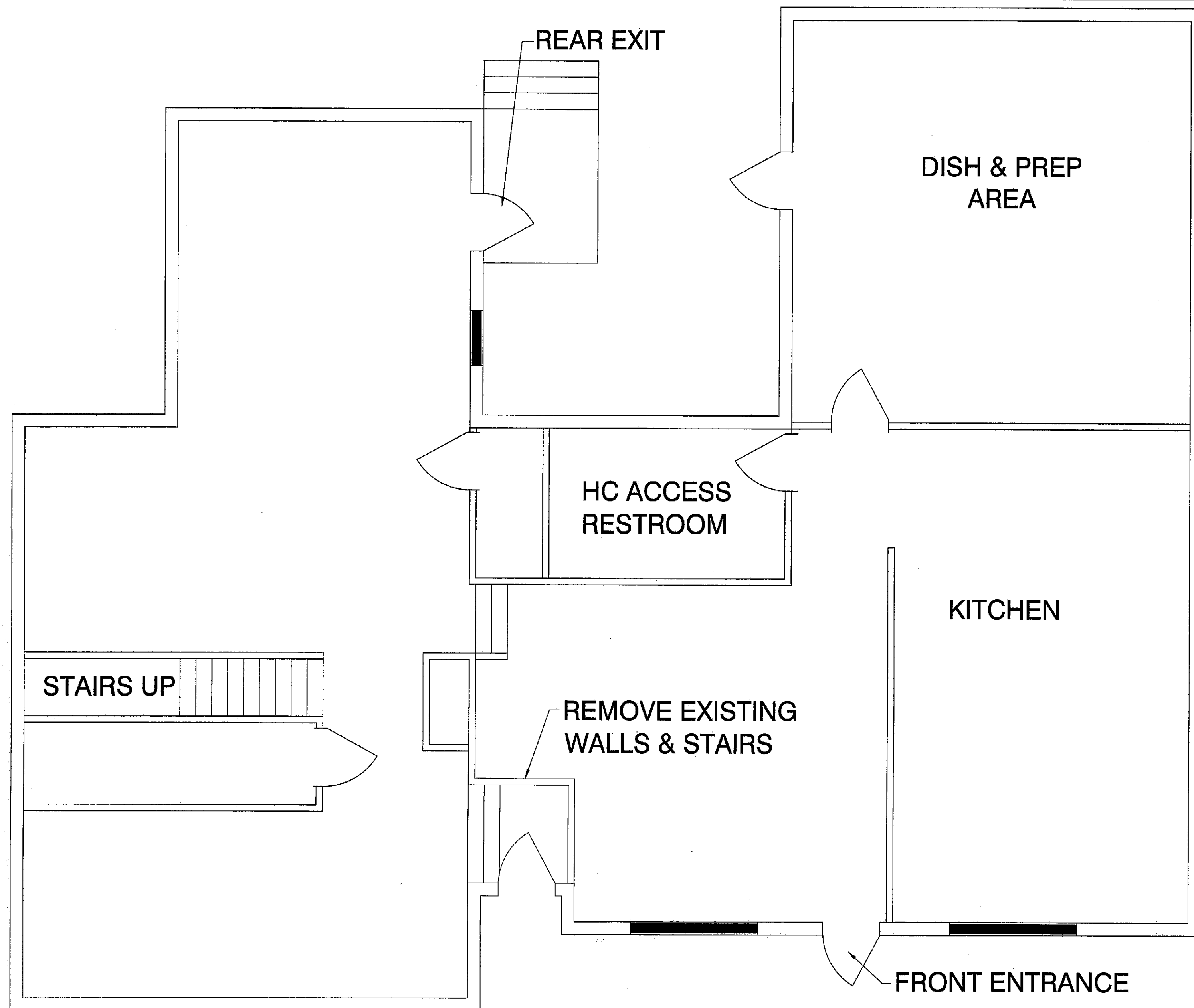


**NAPOLI'S PIZZA**

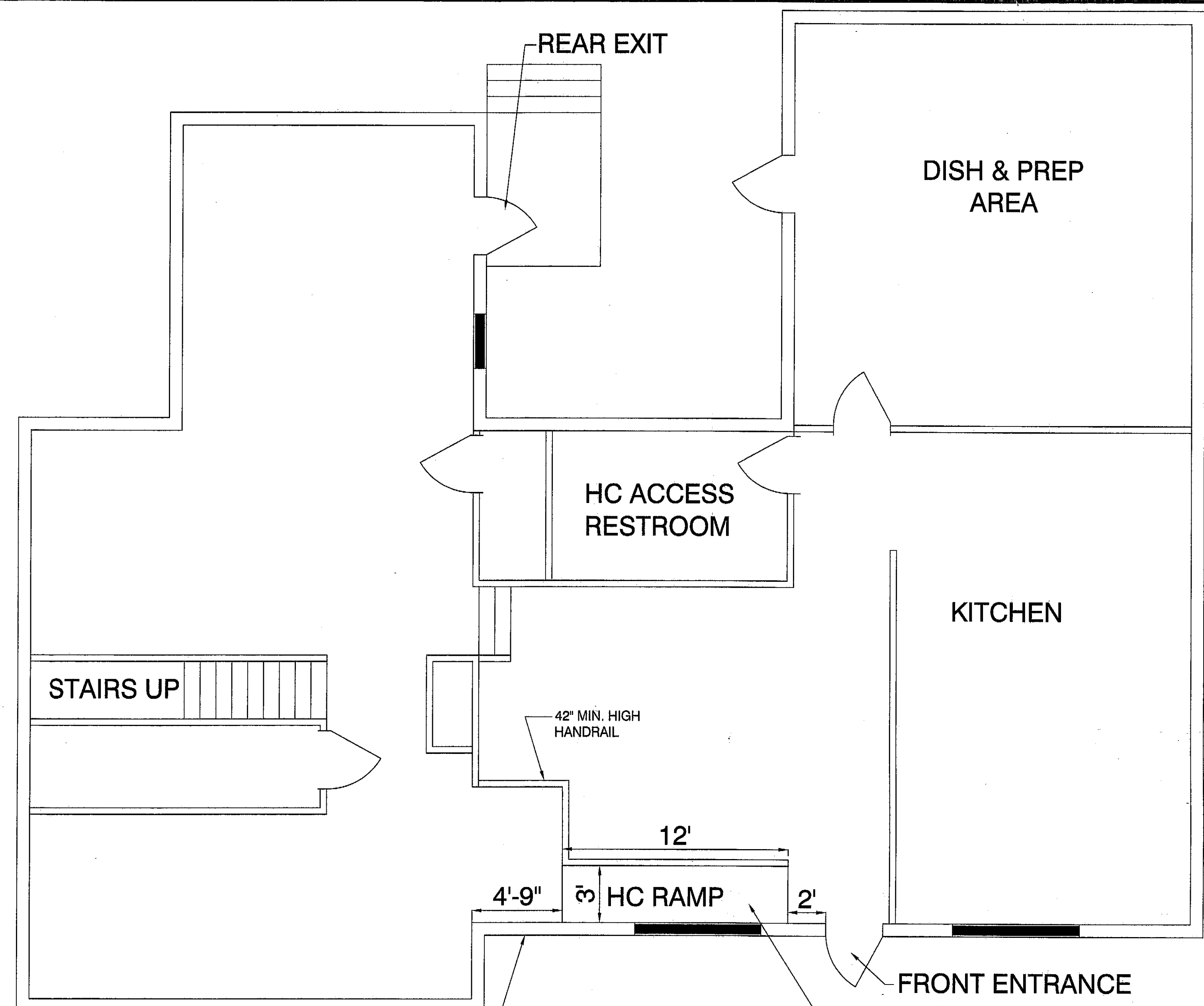
**HANDICAPPED RAMP PLAN**

ROBERT G. MORGAN JR., P.E.  
#58118

7-10-09

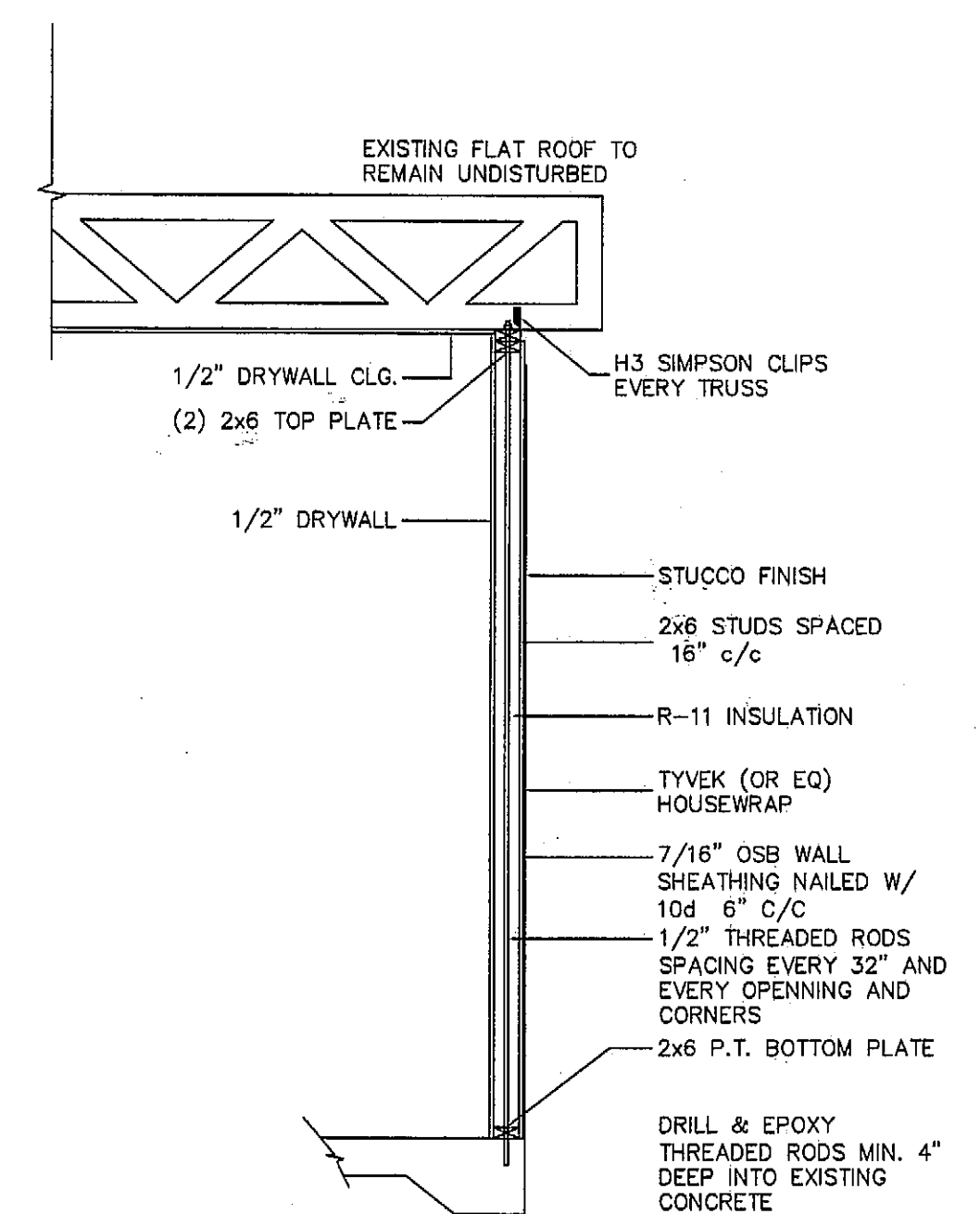


EXISTING FLOOR PLAN



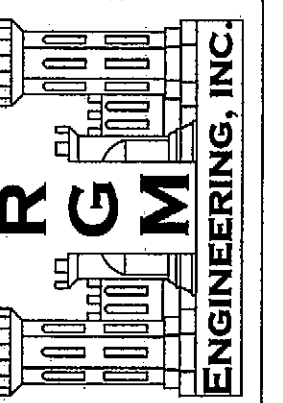
PROPOSED HC RAMP PLAN

NOTE:  
THE EXISTING TRUSSES ARE BEARING ON AN EXISTING HEADER  
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WALL SECTION (TYP)

Revisions  
Date  
1930 WILDWOOD DRIVE  
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904-925-0664  
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NAPOLI'S PIZZA

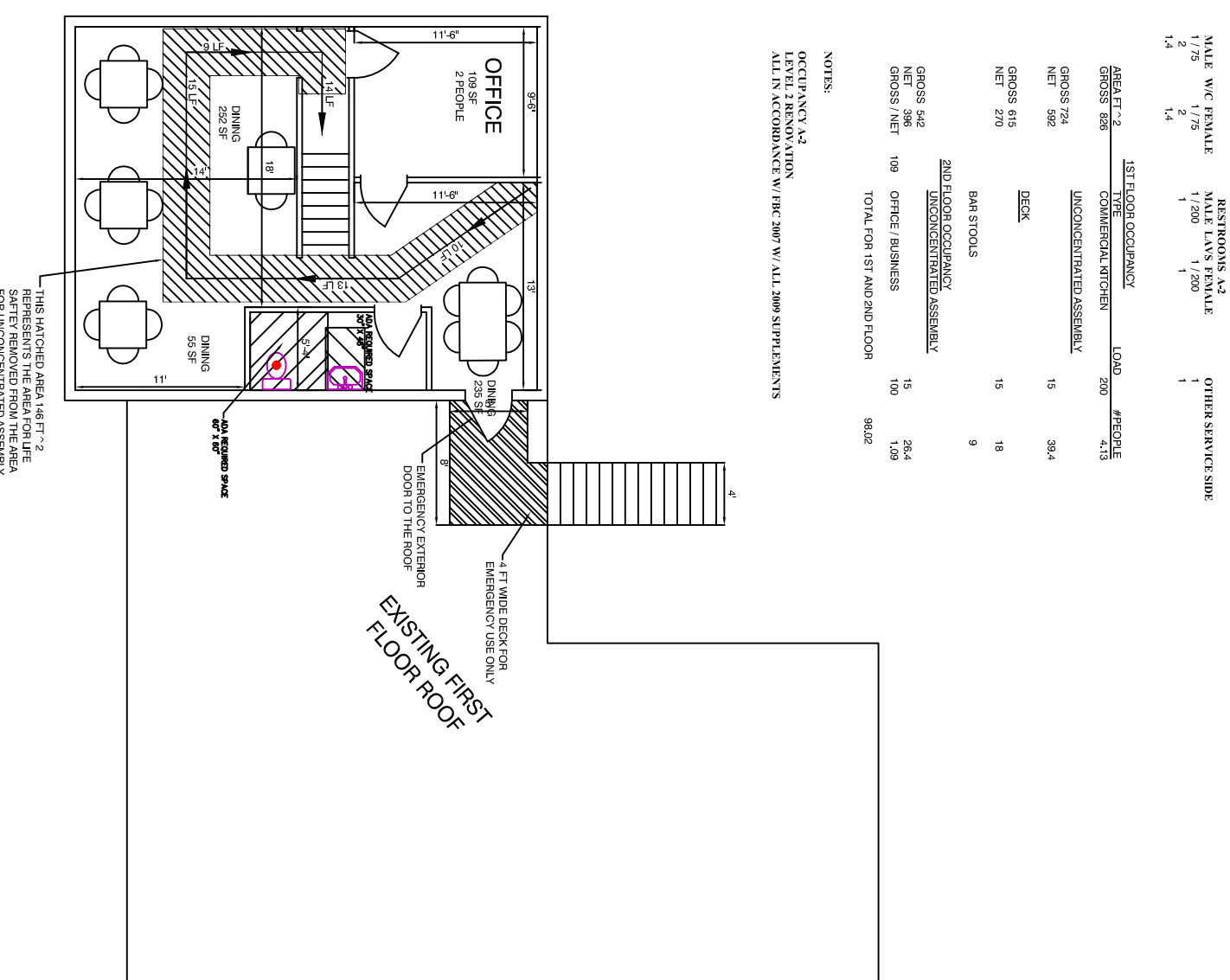
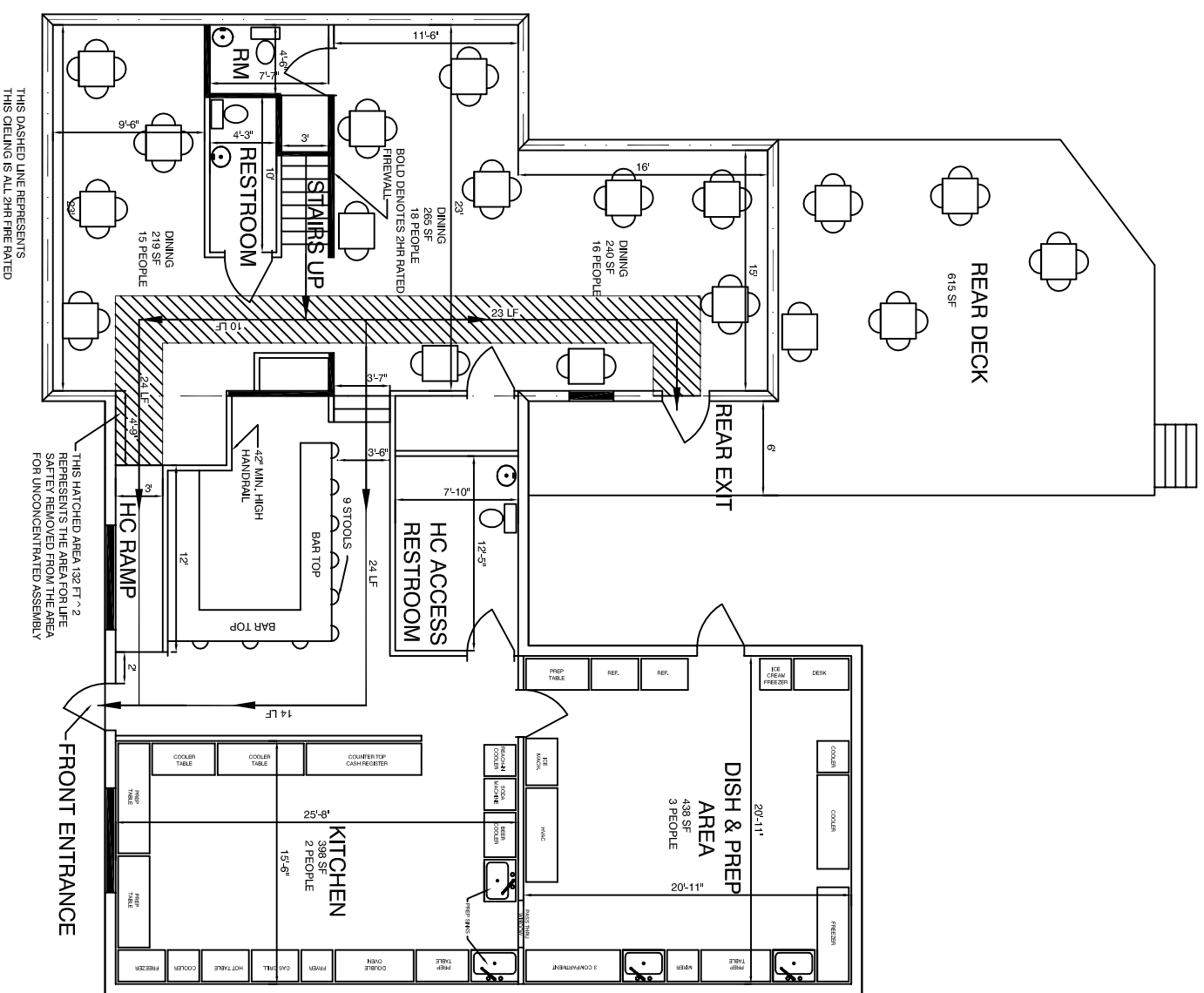
HANDICAPPED RAMP PLAN

ROBERT G. MORGAN JR., P.E.  
#58118

7-10-09

# EXISTING FIRST FLOOR PLAN

SCALE  $\frac{1}{4}" = 1'$



# EXISTING SECOND FLOOR PLAN

SCALE  $\frac{1}{4}" = 1'$

AREA FT <sup>2</sup>	TYPE	LOAD	#PEOPLE
826	COMMERCIAL KITCHEN	200	4.13
	UNCONCENTRATED ASSEMBLY		
724	NET	15	39.4
615	DECK		
270	NET	15	18
	BAR STOOLS		9

AREA FT <sup>2</sup>	TYPE	LOAD	#PEOPLE
542	NET	15	26.4
109	OFFICE / BUSINESS	100	1.09
	TOTAL FOR 1ST AND 2ND FLOOR		98.02

NOTES:  
 OCCUPANCY A-2  
 LEVEL 2 RENOVATION  
 ALL IN ACCORDANCE W/ IRC 2007 W/ ALL 2009 SUPPLEMENTS

Date Revisions

1930 WILDWOOD DRIVE  
 ST. AUGUSTINE, FLORIDA 32086  
 904-825-0664  
 C.A. #25903



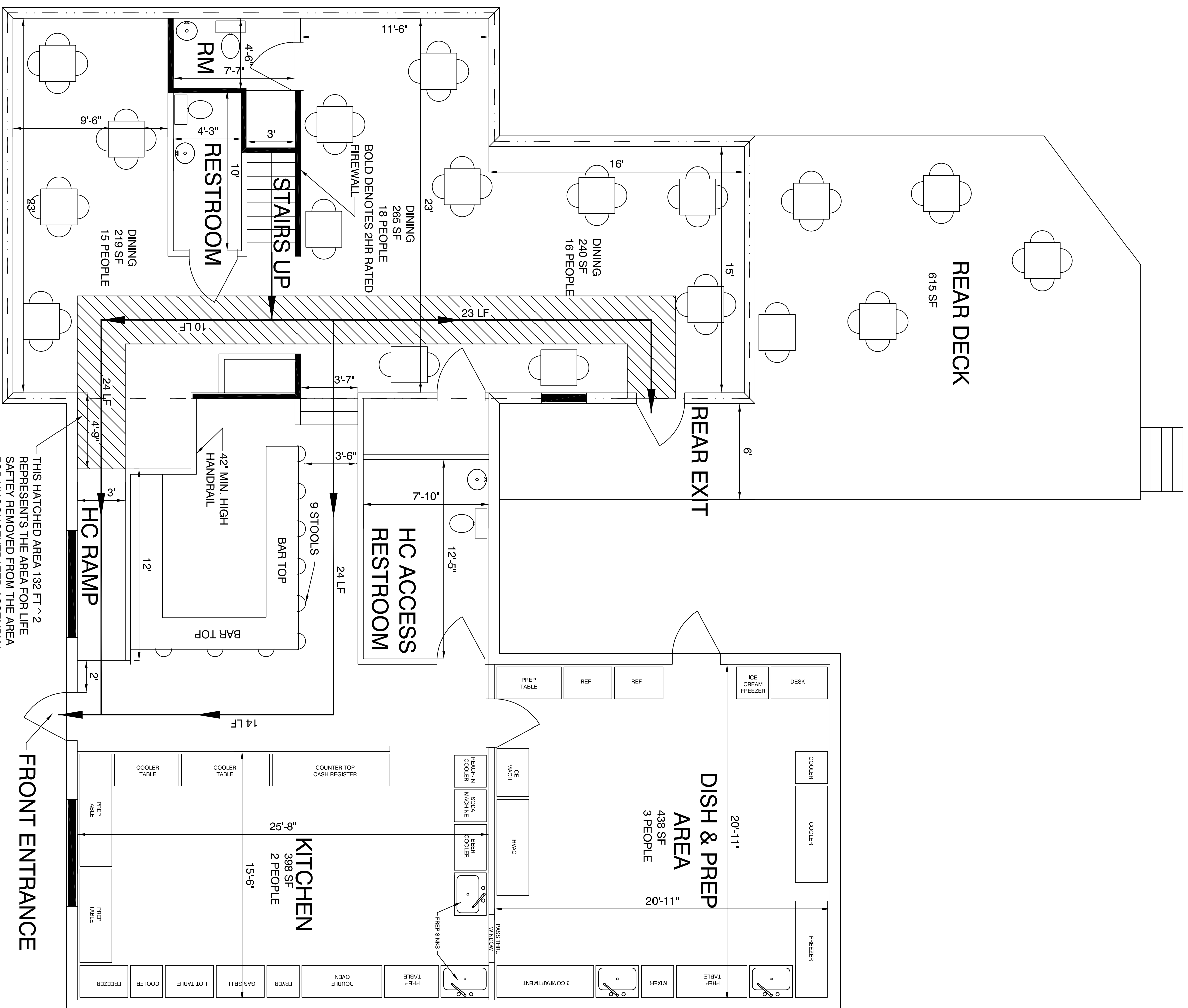
**NAPOLI'S PIZZA**

**OCCUPANCY LOAD SEATING**

ROBERT G. MORGAN JR., P.E.  
 #58118

9-15-10

1 OF 1



THIS DASHED LINE REPRESENTS  
THIS CEILING IS ALL 2HR FIRE RATED

THIS HATCHED AREA 132 FT<sup>2</sup> ~2  
REPRESENTS THE AREA FOR LIFE  
SAFETY REMOVED FROM THE AREA  
FOR UNCONCENTRATED ASSEMBLY

SCALE 1/4" = 1'

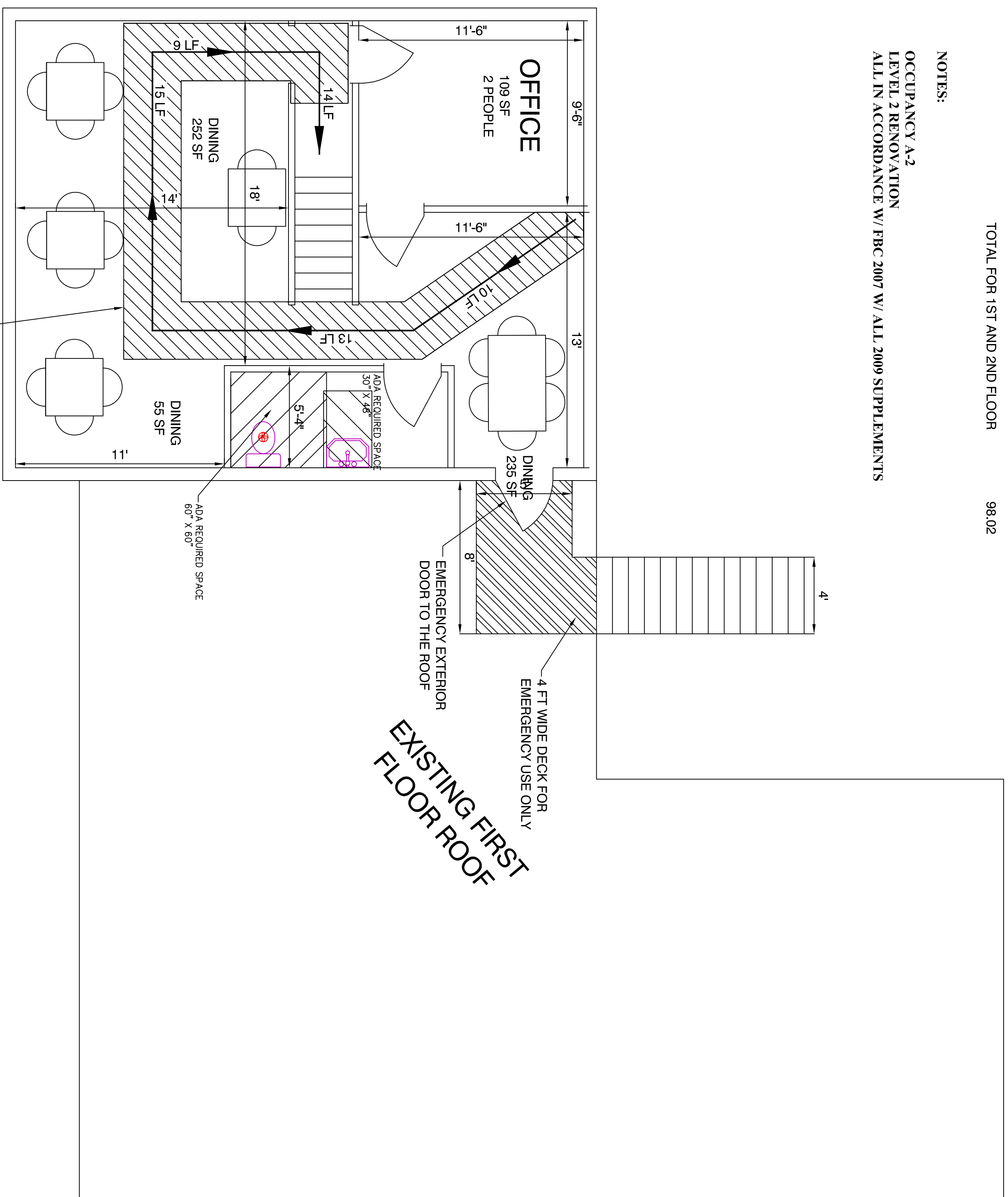
# EXISTING FIRST FLOOR PLAN

RESTROOMS A-2	MALE W/C	FEMALE	MALE LAVS	FEMALE	OTHER SERVICE SIDE
1	1	1	1	1	1
2	2	2	1	1	1
1.4	1.4	1.4			

AREA FT <sup>2</sup> ~2	TYPE	LOAD	#PEOPLE
GROSS 826	COMMERCIAL KITCHEN	200	4.13
GROSS 724	UNCONCENTRATED ASSEMBLY		
NET 592		15	39.4
GROSS 615	DECK		
NET 270		15	18
	BAR STOOLS		9
2ND FLOOR OCCUPANCY			
UNCONCENTRATED ASSEMBLY			
GROSS 542		15	26.4
NET 396		100	1.09
GROSS / NET	OFFICE / BUSINESS		
	TOTAL FOR 1ST AND 2ND FLOOR		98.02

**NOTES:**

OCCUPANCY A-2  
LEVEL 2 RENOVATION  
ALL IN ACCORDANCE W/ FBC 2007 W/ ALL 2009 SUPPLEMENTS

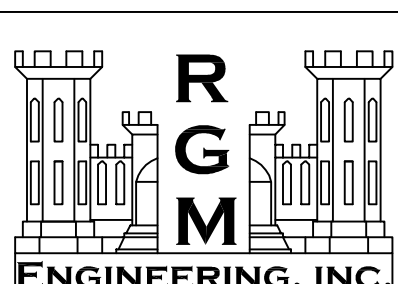


THIS HATCHED AREA 146 FT<sup>2</sup> ~2  
REPRESENTS THE AREA FOR LIFE  
SAFETY REMOVED FROM THE AREA  
FOR UNCONCENTRATED ASSEMBLY

SCALE 1/4" = 1'

# EXISTING SECOND FLOOR PLAN

Date Revisions



1930 WILDWOOD DRIVE  
ST. AUGUSTINE, FLORIDA 32086  
904-825-0664  
C.A. #25903

**NAPOLI'S PIZZA**

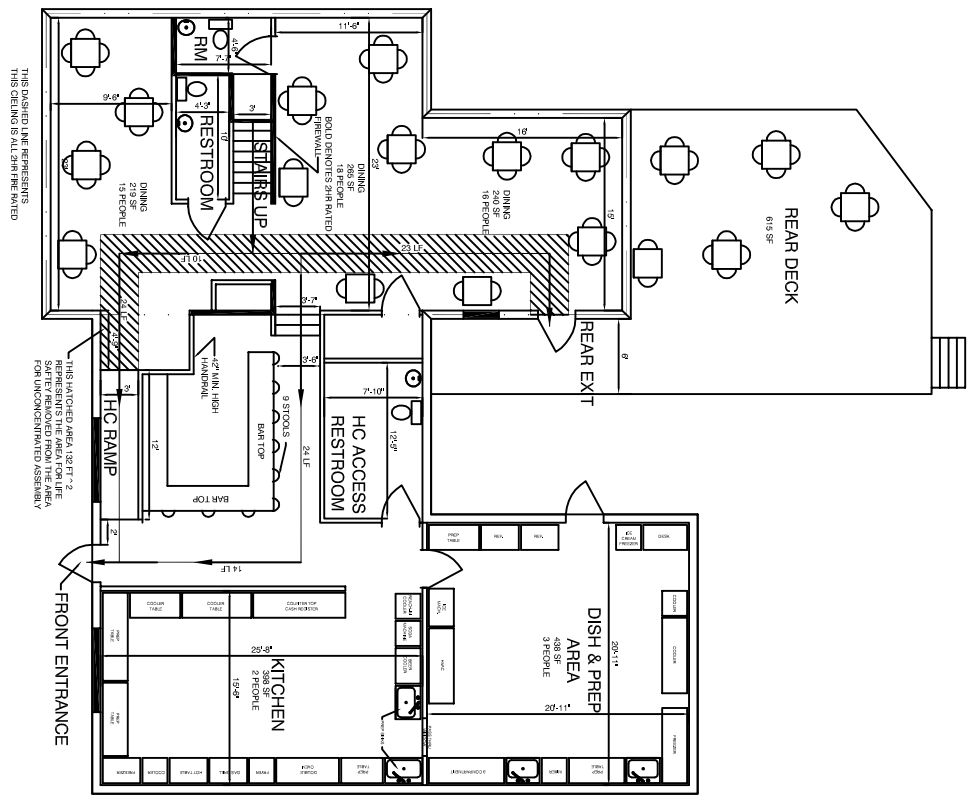
**OCCUPANCY  
LOAD  
SEATING**

ROBERT G. MORGEN JR., P.E.  
#58118

9-15-10

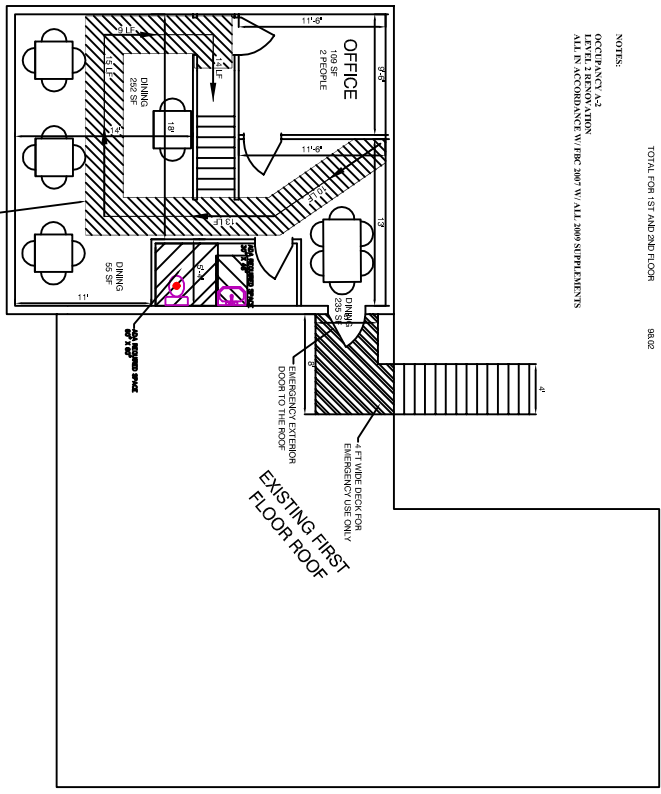
**1**  
OF 1





EXISTING FIRST FLOOR PLAN

SCALE 3/4" = 1'



EXISTING SECOND FLOOR PLAN

SCALE 3/4" = 1'

1ST FLOOR OCCUPANCY		RESTROOMS A-1		OTHER SERVICE SIDE	
MALE	W/FEMALE	MALE	LAVS	MALE	FEMALE
2	1	1	1	1	1
1.4	1.4	1.4	1.4	1	1

AREA/LT	COMMERCIAL	UNCONCENTRATED ASSEMBLY	DECK	BAR STOOLS	2ND FLOOR OCCUPANCY	LOAD	#PEOPLE
AREA/LT 2	COMMERCIAL	UNCONCENTRATED ASSEMBLY	DECK	BAR STOOLS	UNCONCENTRATED ASSEMBLY	150	4.15
GROSS 288						100	284
NET 224						100	109
GROSS 794							
NET 592							
GROSS 814							
NET 570							
TOTAL FOR 1ST AND 2ND FLOOR							8622

NOTES:  
 OCCUPANCY A-2  
 LEVEL 2 PERSON YARD  
 ALL IN CONFORMANCE WITH IBC 2007 W/ ALL 2009 SUPPLEMENTS

# **SOUTHEAST ELEVATOR, INC.**

905 WAGNER PLACE FT. PIERCE, FL. 34982

PHONE (772) 461-0030 FAX (772) 461-9008

WWW.SEELEVATOR.COM

May 28, 2010

Blackstar Group  
Ed Paucek  
904.794.7787

Project: Napoli Restaurant

Dear Mr. Paucek,

Thank you for your recent inquiry about our elevators. After reviewing the information you provided, we are pleased to quote a price of \$ 28,000.00 for a complete LULA elevator and installation manufactured by Elevator Concepts. This price is based on the specifications below:

TYPE-	HYDRAULIC LULA
CAPACITY-	1400LBS
SPEED-	30FPM
OVERHEAD-	12'0" MIN.
TRAVEL-	12'0"
PIT-	14"
SHAFT SIZE-	62"W X 80"D
LANDINGS-	TWO, IN-LINE, FRONT
DOORS-	36" X 84" TWO SPEED
DOOR FINISH-	STAINLESS
JAMBS-	STAINLESS
PLATFORM-	43 1/2" x 65"
CAB-	STANDARD LAMINATE WITH STAINLESS STRIKE AND TRANSON
LIGHTING-	STANDARD RECESSED
CAB CONTROLS-	STAINLESS
CONTROLLER-	AUTOMATIC OPERATION
POWER REQUIRED-	40AMP 220V, 15AMP 120V, TELEPHONE LINE

## ADDITIONAL FEATURES:

ADA PHONE, INSPECTION, EMERGENCY LIGHT, HOISTWAY ACCESS, ALARM, PIT PROP

WARRANTY: FULL ONE YEAR PARTS AND LABOR

The draw schedule will be as follows:

- 1) 40% Deposit for equipment and shop drawings
- 2) 15% After rough-in is installed
- 3) 25% After cab and pump unit
- 4) 10% After car wiring
- 5) 10% Final payment after completed inspection with the State of Florida

Southeast Elevator, Inc. will set up the state inspection with a third party inspector, but payment will be the responsibility of the contractor, approx. cost \$ 220.00. Final inspections will only be scheduled if all payments are current with draw schedule.

We would like to thank you for considering our bid and if you have any questions please feel free to call.

Sincerely,

Charles Scott McGee  
President, Southeast Elevator, Inc.

I AUTHORIZE SOUTHEAST ELEVATOR, INC. (HEREINAFTER S.E.,INC.) TO PERFORM WORK AS OUTLINED ON ATTACHED FOR THE SUM OF \$28,000.00. I HAVE READ THE TERMS AND AGREE TO PAY THE SUM ACCORDING TO THE SCHEDULE ABOVE AND FURTHER AGREE THAT IF THIS CONTRACT IS NOT PAID IN FULL ACCORDING TO THE TERMS HEREIN, THE PURCHASER SHALL BE RESPONSIBLE FOR ANY COLLECTION COSTS, ATTORNEY FEES, AND COURT COSTS CONNECTED THEREWITH. IN THE EVENT THE PURCHASER HEREBY NOTIFIES S.E.,INC. THAT IT WISHES TO CANCEL THIS AGREEMENT THROUGH NO FAULT OF S.E.,INC., THEN ANY DEPOSITS, ESCROWS, OR PAYMENTS MADE BY THE PURCHASER TO S.E.,INC. SHALL BE FORFEITED AS A RESULT OF LOST SAID WORK.

AUTHORIZED  
SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASERS ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

DEPOSIT RECEIVED \_\_\_\_\_

# **SOUTHEAST ELEVATOR, INC.**

905 WAGNER PLACE      FT. PIERCE, FL. 34982  
PHONE (772) 461-0030      FAX (772) 461-9008

May 28, 2010

Blackstar Group  
Ed Paucek  
904.794.7787

Project: Napoli Restaurant

Dear Mr. Paucek,

Thank you for your recent inquiry about our elevators. After reviewing the information you provided, we are pleased to quote a price of \$ 42,365.00 for the complete elevator and installation. This price is based on the specifications below:

CAPACITY-	2100# HOLELESS HYDRAULIC
SPEED-	100FPM
TRAVEL-	12'0"
DOORS-	36" x 7'0" SINGLE SLIDE
PLATFORM-	6'0" x 5'1"
LANDINGS-	TWO, TWO OPENINGS
CONTROLLER-	SIMPLEX SELECTIVE COLLECTIVE
MACHINE ROOM-	ADJACENT 1 <sup>ST</sup> FLOOR
SHAFT-	7'4"W x 5'9"D

## FEATURES:

FIRE SERVICE 1&2, BRAILLE IN CAR AND HALL, POSITION INDICATOR IN CAR, INFARED DOOR PROTECTION, CAR AND HALL ACKNOWLEDGMENT LIGHTS, DIRECTION LANTERNS WITH AUDIBLE SIGNALS, CAR STATION ADA HANDS FREE PHONE, STANDARD MICA CAB WITH STAINLESS FRONT RETURN AND STAINLESS TRIM, STAINLESS SUSPENDED CEILING WITH TWIN WALL LIGHT DIFFUSING PANELS, STAINLESS STEEL CAB DOOR, FRAMES AND HALL DOORS, PIT LADDER AND SILL ANGLES, 208VOLT 3PHASE MOTOR WITH SOLID STATE STARTING

## WARRANTY:

FULL ONE YEAR PARTS AND LABOR WITH THREE MONTHS GRATIS SERVICE

CONTRACTOR TO PROVIDE ½ HOUR CRANE TIME FOR HYDRAULIC CYLINDER INSTALL  
( IF NEEDED )

DRAW SCHEDULE

- 1) \$ 15,000.00 Deposit for shop drawings and equipment order
- 2) \$ 11,000.00 Rough-in, Rough electrical, door jambs, Pump unit and piping
- 3) \$ 11,000.00 For cab and cab wiring
- 4) \$ 5,365.00 Finish and final adjusting
- 5) Retainage balance after approved State Inspection

Southeast Elevator, Inc. will set up the state inspection with a third party inspector, but payment will be the responsibility of the contractor/owner, approx. cost \$ 220.00. Inspections will not be scheduled if payments are not current with draw schedule.

We would like to thank you for considering our bid and if you have any questions please feel free to call.

Sincerely,

Charles S. McGee  
President, Southeast Elevator, Inc.

I AUTHORIZE SOUTHEAST ELEVATOR, INC. (HEREINAFTER S.E.,INC.) TO PERFORM WORK AS OUTLINED HEREIN FOR THE SUM OF \$42,365.00. I HAVE READ THE TERMS AND AGREE TO PAY THE SUM ACCORDING TO THE SCHEDULE ABOVE AND FURTHER AGREE THAT IF THIS CONTRACT IS NOT PAID IN FULL ACCORDING TO THE TERMS HEREIN, THE PURCHASER SHALL BE RESPONSIBLE FOR ANY COLLECTION COSTS, ATTORNEY FEES, AND COURT COSTS CONNECTED THEREWITH. IN THE EVENT THE PURCHASER HEREBY NOTIFIES S.E.,INC. THAT IT WISHES TO CANCEL THIS AGREEMENT THROUGH NO FAULT OF S.E.,INC., THEN ANY DEPOSITS, ESCROWS, OR PAYMENTS MADE BY THE PURCHASER TO S.E.,INC. SHALL BE FORFEITED AS A RESULT OF LOST SAID WORK. PURCHASER AGREES THAT MATERIALS ACCEPTED AND INSTALLED IN THE DWELLING BECOME THE RESPONSIBILITY AND LIABILITY OF THE PURCHASER.

AUTHORIZED  
SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASERS  
ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

JOB SITE ADDRESS \_\_\_\_\_