

**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:** Sanctuary 7 Pilates

**Address:** 1700 S.W. 3<sup>rd</sup> Avenue, Miami, Florida

**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:** Robert S. Fine, Esq., AIA

**Applicant's Address:** Greenberg Traurig, PA, 333 Avenue of the Americas, Miami, FL 33131

**Applicant's Telephone:** 305-579-0826 **FAX:** 305-961-5826

**Applicant's E-mail Address:** finer@gtlaw.com

**Relationship to Owner:** Legal Counsel

**Owner's Name:** Nicole Perkovitch

**Owner's Address:** 1700 S.W. 3<sup>rd</sup> Avenue, Miami, FL

**Owner's Telephone:** 305-794-2825 **FAX** \_\_\_\_\_

**Owner's E-mail Address:** perkyperky17@aol.com

**Signature of Owner:**  is attorney in fact to Owner

**Contact Person:** Robert S. Fine, Esq., AIA

**Contact Person's Telephone:** 305-579-0826 **E-mail Address:** finer@gtlaw.com

**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.)

Fitness center including spinning classroom at approximately 5200sf.

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**5. Project Construction Cost (Provide cost for new construction, the addition or the alteration):** \_\_\_ Approximately \$ 125,000

**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.

Part of the project was completed and undergoing subsequent fire-related repairs. As part of the project, some new elements are being added such as accessible toilet facilities.

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

**Issue**

**1:** \_\_ § 553.509, Fla. Stat. (Vertical Accessibility); § 11-4.1.6(1)(k)(iii), Florida Building Code (2007). Request to waive vertical accessibility to all levels requirement in three-level spinning class room.

**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.

There is a three level spinning room with each level for spinning bikes. The lowest level, closest to the instructor/leader is wheelchair accessible.

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

If vertical accessibility is required to each level, then significant area for spinning bikes will be lost-- in addition to the cost of vertical transportation.

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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. \_\_\_ Hardship basis for this waiver request is based primarily on loss of use of space in a limited area, multi-level small spinning class room. Please see design professional statement.

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b. \_\_\_\_\_

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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



**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 28 day of October, 2011



\_\_\_\_\_  
Signature

Robert S. Fine, Esq., AIA, as counsel to owner.

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. \_\_\_\_\_
- 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** \_\_\_\_\_  
\_\_\_\_\_

Jurisdiction \_\_\_\_\_

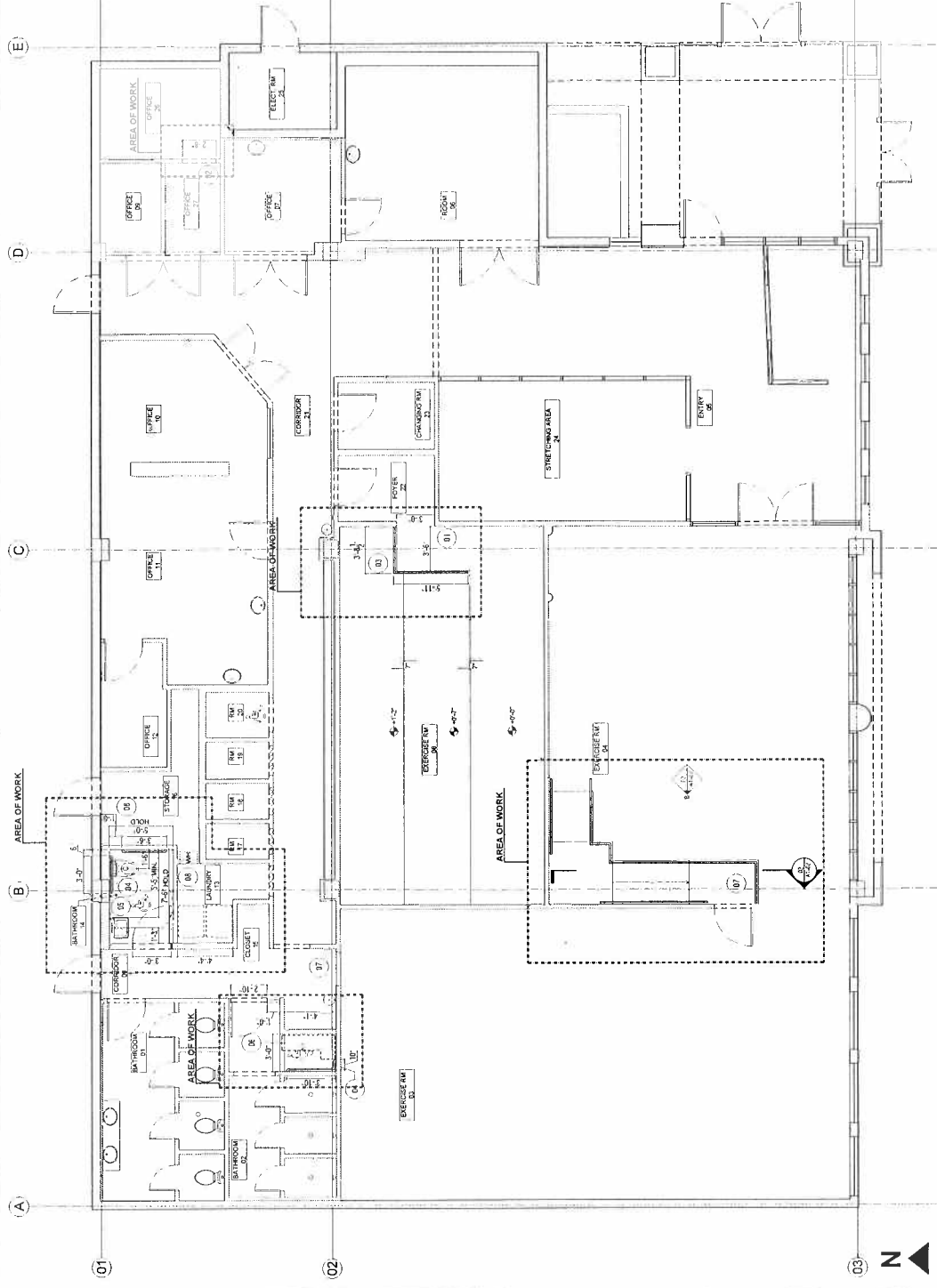
Building Official or Designee \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

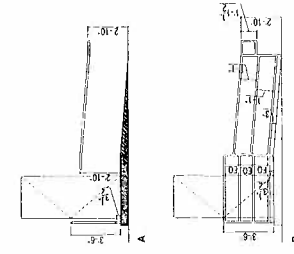
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Certification Number

\_\_\_\_\_  
Telephone/FAX

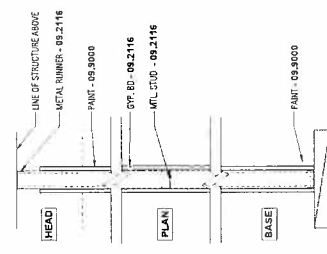
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**01 DETAIL @ RAMP**  
 SCALE: 1/2" = 1'-0"



**02 ELEV. @ RAMP**  
 SCALE: 1/4" = 1'-0"



**03 TYP. PARTITION**  
 SCALE: 1/2" = 1'-0"

- KEY NOTES**
- (01) PATCH AND REPAIR EXISTING PLYWOOD PLATFORMING
  - (02) PATCH AND REPAIR EXISTING PLYWOOD PLATFORMING
  - (03) PROVIDE NEW SOLID WOOD DOOR 3/4" TYP AND HOLLOW METAL FRAME
  - (04) REFER TO DETAILS FOR TYPICAL PARTITION TYPE
  - (05) PROVIDE 4" HIGH GUARDRAIL
  - (06) PROVIDE 4" HIGH GUARDRAIL
  - (07) MOUNT GYM BAG @ 30" HIGH A.F.F.
  - (08) MOUNT 100 LB. MANTORY 36" A.F.F. MOUNT BOTTOM EDGE OF MIRROR @ 5' A.F.F.
  - (09) HANGUP SEAT MOUNTED 9" A.F.F.

**04 CONSTRUCTION PLAN**  
 SCALE: 1/4" = 1'-0"