

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: Kappa Delta Sorority House

Address: 555 West Jefferson Street, Tallahassee, FL 32301

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: Jeri Hunter

Applicant's Address: 117 Meadow Wood Court, Tallahassee, FL

Applicant's Telephone: 850-402-8342 FAX: 850-894-2229

Applicant's E-mail Address: hunter.jeri@ccbq.com

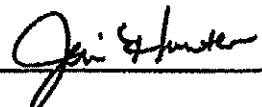
Relationship to Owner: House Corporation Treasurer

Owner's Name: Kappa Alpha Chapter Kappa Delta Sorority House Corporation

Owner's Address: 555 West Jefferson Street, Tallahassee, FL 32301

Owner's Telephone: 850-402-8342 FAX 850-894-2229

Owner's E-mail Address: hunter.jeri@ccbq.com

Signature of Owner: 

Contact Person: Jeri Hunter

Contact Person's Telephone: 850-402-8342 E-mail Address: hunter.jeri@ccbq.com