

**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS  
OF CHAPTER 553, PART II, 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:** Aqua Vista Holdings Inc.

**Address:** 7140 Abbott Avenue, Miami Beach, FL 33141

**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:** Aqua Vista Holdings, Inc. / Daniel and Keren Bajaroff

**Applicant's Address:** 225 Fairway Drive, Miami Beach, FL 33141 \_\_\_\_\_

**Applicant's Telephone:** 305-968-7454; **FAX:** none

**Applicant's E-mail Address:** kbajaroff@gmail.com

**Relationship to Owner:** self

**Owner's/Tenant's Name:** same as owner

**Owner's Address:** same as owner

**Owner's Telephone:** same as owner; **FAX** none

**Owner's E-mail Address:** same as owner

**Signature of Owner:** 

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**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.)

This is a 2 story building, built in 1963. It has 6922 Square Feet evenly divided between the two floors. Currently on the first floor, there is a medical clinic called "Clinicare" and on the second floor, there is a Martial Arts gym.

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

Actually there are no alterations proposed. We are seeking to close the freight elevator. The building was originally built by and for the use of a funeral home. The funeral home had coffins for sale and an embalming room on the second floor, and a chapel and viewing rooms on the first level. For this purpose, they had installed a long freight elevator to transport only the coffins and dead bodies upstairs for preparations. The freight elevator has never been used by the public. In addition, the freight elevator is located in the back area of the building, away from the area used by the public. This freight elevator for moving dead bodies and coffins is the only elevator that this building has ever had. This two-story building has never had an elevator for the public's use.

The freight elevator has never been in use since we purchased the building in 2004. In order to bring this freight elevator back to use, it has to meet new codes requiring the freight elevator to go through an extensive modernization at a cost between \$60,000 – \$80,000. The elevator modernization quotes do not include additional expenses we will need to have, which have to be separately permitted and paid for, such as providing phone line, install fire alarm system on each floor in front of the elevator door, provide climate control for the elevator, provide a new elevator machine room door with appropriate fire rating and additional electrical requirements which will also require breaking and enlarging the existing electrical room by approximately four feet. The estimated expense for these additional items is approximately \$20,000. After spending \$80,000 to \$100,000, we would end up with a long freight elevator in the back of this former funeral home, located away from the public, that no one has ever asked to use.

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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.

The City of Miami Beach Building Department has issued us a violation for not updating the elevator per code. We have requested to shut down the elevator since the cost of updating it is extremely high. We were referred to this Commission for a waiver in order to be able to shut down the elevator permanently.

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

**Issue**

1: \_\_\_\_\_

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**Issue**

2: \_\_\_\_\_

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**Issue**

3: \_\_\_\_\_

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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.

We purchased this building in 2004. For the first five years, the building was vacant, and we were not able to lease it out as it was old and needed many updates. We finally found a tenant for the first floor alone, and they updated the space and signed a long term lease. Their rent is \$2,900/month. The second floor was harder to rent because tenants seeking permits and occupational license were required to comply with the elevator issues, however, it was not financial feasible for anyone to do that. The City of Miami Beach agreed to allow the current tenant operate their business as long as we seek a waiver and shut down the elevator. The tenant upstairs pays a rent of \$3,800/month. The total annual income from the building is \$80,400. The annual expenses are \$30,600 for debt service, \$12,000 in Real estate taxes, and \$9,100 for insurance. We are also responsible for maintenance of the structure, roof, doors, and windows. Total annual expenses are \$51,700, and in addition we have had years of losses due to vacancy. In the past two years before being able to lease out the second floor, we had to install a new A/C unit for the second floor and update the electricity at a cost exceeding \$15,000. We are asking for the waiver in order to permanently close the freight elevator and to be able to maintain the property and payments.

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

If waiver is denied we will have to spend a minimum of \$80,000 plus a monthly maintenance contract for a freight elevator designed for transporting dead bodies and coffins that the public has never used, that no one from the public has ever asked to use and is located in the back of the building away from the area of the building used by the public.

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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. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_.

**10. Licensed Design Professional:** Where a licensed design 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 declare 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 \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature

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

I understand that if I falsify, misrepresent, or omit any material information on this document, the Commission may revoke any order and will notify the building official of the permitting jurisdiction.

KNOWINGLY MAKING A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY IS A MISDEAMEANOR OF THE SECOND DEGREE PURSUANT TO SECTION 837.06 F.S. AND SECTION 775.083, F.S.

**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

\_\_\_\_\_  
Certification Number

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

\_\_\_\_\_  
Email Address

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

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

Note: Fill out pages \_\_\_\_\_ only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda.

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: \_\_\_\_\_