

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
  - b. 24" x 36" minimum size drawings
  - c. Building/project sections (if necessary to assist in understanding the waiver request)
  - 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 1/2" 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. N/A 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:** Trinity Catholic High School

**Address:** 2600 SW 42<sup>nd</sup> Street  
Ocala, FL 34471

**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:** Trinity Catholic High School

**Applicant's Address:** 2600 SW 42<sup>nd</sup> Street, Ocala, FL 34471

**Applicant's Telephone:** (352) 622-9025 **FAX:** (352) 861-8164

**Applicant's E-mail Address:** daubin@tchs.us

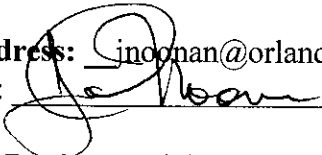
**Relationship to Owner:** Diocesan High School

**Owner's Name:** Bishop John Noonan

**Owner's Address:** 50 E. Robinson Street, Orlando, FL 32802-1800

**Owner's Telephone:** (407) 246-4815 **FAX** (407) 246-4940

**Owner's E-mail Address:** jnoonan@orlandodiocese.org

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

**Contact Person:** Brother Daniel Aubin, F.S.C.

**Contact Person's Telephone:** (352) 622-9025 **E-mail Address:** daubin@tchs.us

**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.)

The facility is an approximate 1,000SF Press Box (E-education) to be built behind the existing metal bleachers at Trinity Catholic High School in Ocala, FL. The new Press Box is intended to replace the existing 200SF Press Box which no longer can accommodate the functions necessary during sporting events. The new Press Box structure will be self supporting and access can be gained from the aisle stairs of the bleachers. The Press Box is intended to have four separate rooms. The rooms will not be open to the public and are designated for the Home Coaching Staff, Visiting Coaching Staff, Officiating Staff and Media. The Press Box will not be used for public spectating. ADA accessible areas for spectators are already provided in the bleachers.

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

Two local contractors provided projected construction cost to build this new press box. The estimated cost, which does not include an in-kind donation for the base support system, ranges from \$243,895.20 - \$248,701.00 with the conveying system of an elevator. The estimated cost without the conveying system of an elevator ranges from \$141,295.20 - \$143,951.00. The base support system for this press box facility will be provided to the school as an in-kind donation for this construction project. This estimated value will be forthcoming as it was not available at the time of application.

**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 Ocala Building Department requires a waiver relieving the requirements of Florida Statutes section 553.509. The building department officials have noted that the Press Box design

does not comply with the intent of the guidelines requiring accessibility. We and the design staff submit this request for relief as the Press Box will only be used by authorized personnel and will not be open to the public.

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 section 553.509; Vertical Accessibility

**Issue**

2: Florida Building Code – Building; 11-4.1.3 Accessible buildings: new construction, Item(5)

**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.

\_\_\_\_\_ Not Applicable \_\_\_\_\_  
\_\_\_\_\_

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

The project has limited funds at its disposal. Certain elements within the construction are being donated. These items are aiding in making the project viable. If the waiver is not approved, the cost of constructing the elevator will constitute an additional 70% to the construction cost of the project, which is not within the project budget.

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.

\_\_\_\_\_ Not Applicable \_\_\_\_\_

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.

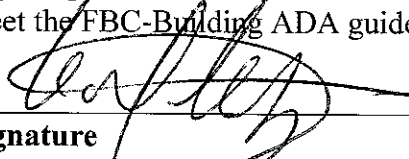
a. The first projected construction cost is from Stentiford Construction Services, Inc.. This cost evaluation including the conveying system of an elevator is \$243,895.20. This construction evaluation does not include the base support system of the press box. This area of construction is being provided to the school as an in-kind donation.

b. The second projected construction cost if from Triple Crown Homes. This cost evaluation including the conveying system of an elevator is \$248,701. This construction evaluation does not include the base support system of the press box. This area of construction is being provided to the school as an in-kind donation.

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.

The new Press Box is intended for private use only and will not be open to the public. Authorized users of the Press Box are limited to the coaching staff of the home and visiting teams, the officials and authorized members of the media. Any personnel within these groups requiring ADA accessible facilities have access to the remainder of the field and bleachers which meet the FBC-Building ADA guidelines.

 \_\_\_\_\_  
**Signature** **Printed Name** Gilberto Martinez – AR93572

**Phone number** (352) 629-3867

(SEAL)

  
02.23.11  
AR93572

**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 23<sup>rd</sup> day of December, 2011

Brother Daniel Aubin FSC  
Signature

Br. Daniel Aubin, F.S.C.  
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. We cannot waive vertical accessibility requirements of the 2007 Florida Building Code.

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

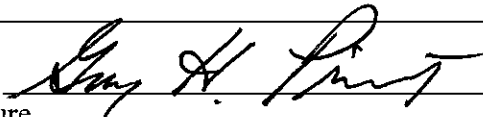
c. \_\_\_\_\_

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 City of Ocala

Building Official or Designee   
Signature

Guy H. Priest  
Printed Name

PX2979  
Certification Number

(352) 629-8264  
Telephone/FAX

Address: 201 S.E. 3rd Street, Ocala, Florida 34471



**Trinity HS Press Box**  
**REVISED PROJECT COST EVALUATION**

Div Description	Bid	Division
<b>1 General Conditions</b>		29,522.40
Supervision - weeks                      100%    8	12,960.00	
Project Manager - Weeks @                20%    8	2,592.00	
Day Labor - Weeks                            100%    8	4,800.00	
Toilet - units per months                    1        2	144.00	
Dumpster per load                            2	672.00	
Permit	1,320.00	
Builders Risk	540.00	
General Liability Insurance	840.00	
Prints & plans	600.00	
Rental Equipment	4,334.40	
Site testing, soil, concrete	240.00	
Final Clean up	240.00	
Safety Equipment	240.00	
<b>2 Site Work</b>		960.00
Building Pad 40' x 30'	780.00	
Pest Control	180.00	
<b>3 Concrete</b>		12,000.00
Footers & Slab	12,000.00	
<b>4 Masonry</b>		N/A
<b>5 Metals</b>		2,640.00
Railings	2,640.00	
<b>6 Wood &amp; Plastics</b>		33,228.00
Trusses	5,868.00	
Lumber Package	12,720.00	
Framing Labor	14,640.00	
<b>7 Thermal &amp; Moisture Barrier</b>		12,000.00
Roofing	8,400.00	
Icynene and blanket Insulation	3,600.00	
<b>8 Doors &amp; Windows</b>		3,120.00
Door	1,440.00	
Window	1,680.00	





**Trinity HS Press Box**  
**REVISED PROJECT COST EVALUATION**

<b>Div Description</b>	<b>Bid</b>	<b>Division</b>
<b>9 Finishes</b>		24,796.80
Painting	4,200.00	
Drywall	6,076.80	
Lettering	720.00	
VCT Flooring	3,600.00	
Stucco	10,200.00	
<b>10 Specialties</b>		N/A
<b>11 Equipment</b>		N/A
<b>12 Furnishings</b>		N/A
<b>13 Special construction</b>		N/A
<b>14 Conveying Systems</b>		102,600.00
Elevator & Shaft	102,600.00	
<b>15 Mechanical</b>		13,428.00
A/C Units	8,988.00	
Roof Drain	4,440.00	
<b>16 Electrical</b>		9,600.00
Electrical wiring	5,400.00	
Service to press box 200 ft	4,200.00	
Bid	243,895.20	243,895.20



# Triple Crown Homes

1740 E. Silver Springs Blvd. • Ocala, Florida 34470-6923 • (352) 671-4677 • Fax (352) 671-5350

## Job Proposal - Trinity Catholic Press Box - December 23, 2011

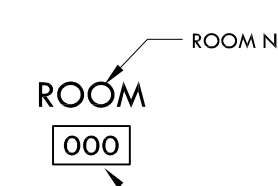
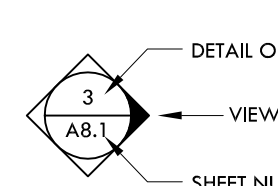
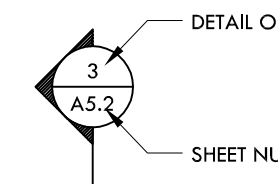
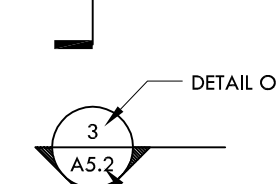
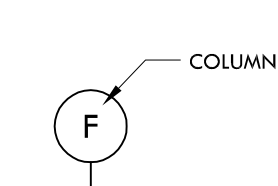
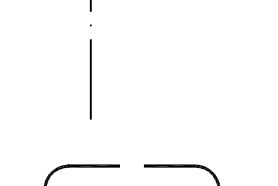
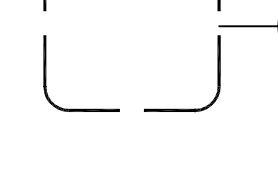
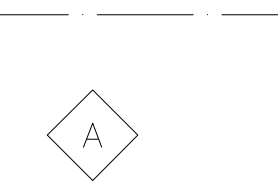
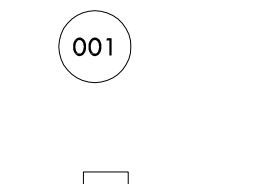

Cost Code	Description	
61010	Permit Fee	1,225
61020	Impact Fee	0
61040	Builders Risk	600
61060	Supervision	2,500
61070	General Supplies	400
61090	Copies	250
81040	Dumpsters and Toilets	1,275
81060	Equip Rental	4,617
81070	Permanent Meter	150
101010	Site Fill & Excavation	3,000
101030	Compaction Testing	450
101100	Silt Fence and Trenching	1,125
121010	Foundation Steel	1,800
121060	Structural Misc Steel	0 Donated
141030	Footer Pumping Labor	750
141040	Slab Material and Labor	6,525
141080	Tie Beam Labor	2,500
201030	Framing Labor, Materials and Trusses	18,800
201050	Termite Treat-BoraCare	300
241020	Specialty Roofing	10,500
261010	Windows	2,200
261030	Ext Door Material and Labor	1,275
281010	Electrical	7,200
281030	Lighting Fixtures	1,000
301020	HVAC	5,900
361030	Other Insulation	6,450
381010	Drywall Material and Labor	6,100
381030	Trim Interior Material and Labor	2,350
381070	Stairs/Railings	1,000
381090	Window Sills	350
421010	Soffit/Fascia	1,200
421040	Stucco	15,500
421060	Siding Material	2,000
421080	Paint 1st Draw	3,200
441010	Cabinets	1,400
461010	Flooring	2,400
501020	Cleaning Final	350
521030	Final Grade	850
521060	Sod	1,600
541080	roof hatch and ladder	2,500
801010	Warranty Cost	1,600
	Elevator	104,750
	<b>Subtotal</b>	<b>226,092</b>
	OH&P @ 10%	22,609
<b>Total Cost</b>		<b>248,701</b>

# NEW PRESS BOX ADDITION FOR: TRINITY CATHOLIC HIGH SCHOOL

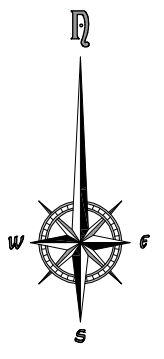
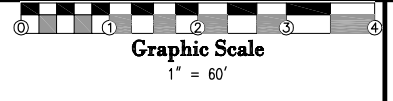
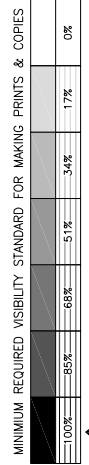
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OCALA, FL

**PARTIN MARTINEZ**  
ARCHITECTURE COMPANY  
2801 SE 1ST AVENUE, SUITE 301  
OCALA, FLORIDA 34471  
P 352.629.3867 F 352.629.3866  
FL LIC# AA26001291

GILBERTO MARTINEZ  
APR93572  
DRAWING IS NOT VALID UNLESS SIGNED,  
SEALED & DATED BY REGISTERED PROFESSIONAL

SYMBOLS	ABBREVIATIONS			DRAWING INDEX																					
<p><b>ROOM NAME</b></p>  <p>ROOM NAME ROOM NO.</p> <p><b>INTERIOR ELEVATION</b></p>  <p>DETAIL OR SECTION NUMBER VIEW DIRECTION SHEET NUMBER</p> <p><b>WALL SECTION</b></p>  <p>DETAIL OR SECTION NUMBER SHEET NUMBER</p> <p><b>BUILDING SECTION</b></p>  <p>DETAIL OR SECTION NUMBER SHEET NUMBER</p> <p><b>STRUCTURAL GRID</b></p>  <p>COLUMN GRID DESIGNATION GRID LINE</p> <p><b>DETAIL OR ENLARGED PLAN</b></p>  <p>DETAIL OR SECTION NUMBER SHEET NUMBER</p> <p><b>CENTER LINE</b></p>  <p><b>WINDOW TYPE TAG</b></p>  <p><b>DOOR NUMBER TAG</b></p>  <p><b>PARTITION TYPE TAG</b></p> 	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <p>ACOUS. ACOUSTIC</p> <p>AL.F.F. ABOVE FINISH FLOOR</p> <p>ALUM. ALUMINUM</p> <p>CLG. CEILING</p> <p>CJ CONTROL JOINT</p> <p>CMU CONCRETE MASONRY UNIT</p> <p>COL. COLUMN</p> <p>CONC. CONCRETE</p> <p>CONT. CONTINUOUS</p> <p>CPT CARPET</p> <p>CT CERAMIC TILE</p> <p>DBL. DOUBLE</p> <p>DIAM. DRINKING FOUNTAIN</p> <p>DF DIAMETER</p> <p>RL ROOF LEADER/DOWNSPOUT</p> <p>EJ EXPANSION JOINT</p> <p>EQ. EQUAL</p> <p>EW/C ELECTRIC WATER COOLER</p> <p>EJH EXHAUST</p> <p>EXIST. EXISTING</p> <p>EXT. EXTERIOR</p> <p>FE FIRE EXTINGUISHER</p> <p>FEC FIRE EXTINGUISHER CABINET</p> <p>FD FLOOR DRAIN</p> <p>FD FIRE DEPT. CONNECTION</p> <p>FHA FIRE HYDRANT ASSEMBLY</p> </td> <td style="vertical-align: top; width: 33%;"> <p>FLR. FLOOR</p> <p>GA GAUGE</p> <p>GALV. GALVANIZED</p> <p>GYP. BD. GYPSUM BOARD</p> <p>HB HOSE BIB</p> <p>HC HANDICAPPED</p> <p>H.M. HOLLOW METAL</p> <p>INSUL. INSULATION</p> <p>JST. JOIST</p> <p>MAX. MAXIMUM</p> <p>MIN. MINIMUM</p> <p>NIC NOT IN CONTRACT</p> <p>NTS. NOT TO SCALE</p> <p>RD ROOF DRAIN</p> <p>SIM. SIMILAR</p> <p>STL. STEEL</p> <p>STRUCT. THROUGH</p> <p>U.N.O. 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THE PRESS BOX WILL OFFER FOUR OFFICES FOR SPORTING USE INCLUDING HOME COACHING STAFF, VISITING COACHING STAFF, OFFICIALS AND MEDIA. THE PRESS BOX WILL ONLY BE OPEN TO AUTHORIZED PERSONNEL FOR THESE FUNCTIONS AND WILL NOT BE OPEN TO THE GENERAL PUBLIC.</p>	A000	COVER SHEET	<b>CIVIL</b>		C1	CAMPUS PLAN FOR TRINITY CATHOLIC HIGH SCHOOL	C1	HANDICAP ACCESS ROUTE FOR FOOTBALL STADIUM	<b>ARCHITECTURAL</b>		A101	FLOOR PLAN AND FOUNDATION PLAN - PRESS BOX	A201	ELEVATIONS AND SECTION - PRESS BOX				
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	<p><b>GENERAL NOTES</b></p> <ol style="list-style-type: none"> <li>DIMENSIONS ON FLOOR PLANS TYPICALLY ARE TO FACE OF MASONRY WALLS OR TO FACE OF STUD ON STUD WALLS. THE DIMENSIONS OF MASONRY AND STUD WALLS ARE NOMINAL.</li> <li>ALL DIMENSIONS MUST BE VERIFIED PRIOR TO MANUFACTURING ANY ITEM TO BE INCORPORATED INTO THE WORK. WHETHER OR NOT A SYMBOL SUCH AS " +/- " IS SHOWN ON THE DRAWINGS.</li> </ol>			<p><b>REVISIONS</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">NO.</th> <th style="width: 15%;">DATE</th> <th style="width: 80%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>ISSUE DATE 12.20.11</p> <p>JOB # 0926</p> <p>SHEET TITLE COVER SHEET &amp; DESIGN CRITERIA</p> <p>SHEET NO. A000</p>	NO.	DATE	DESCRIPTION																		
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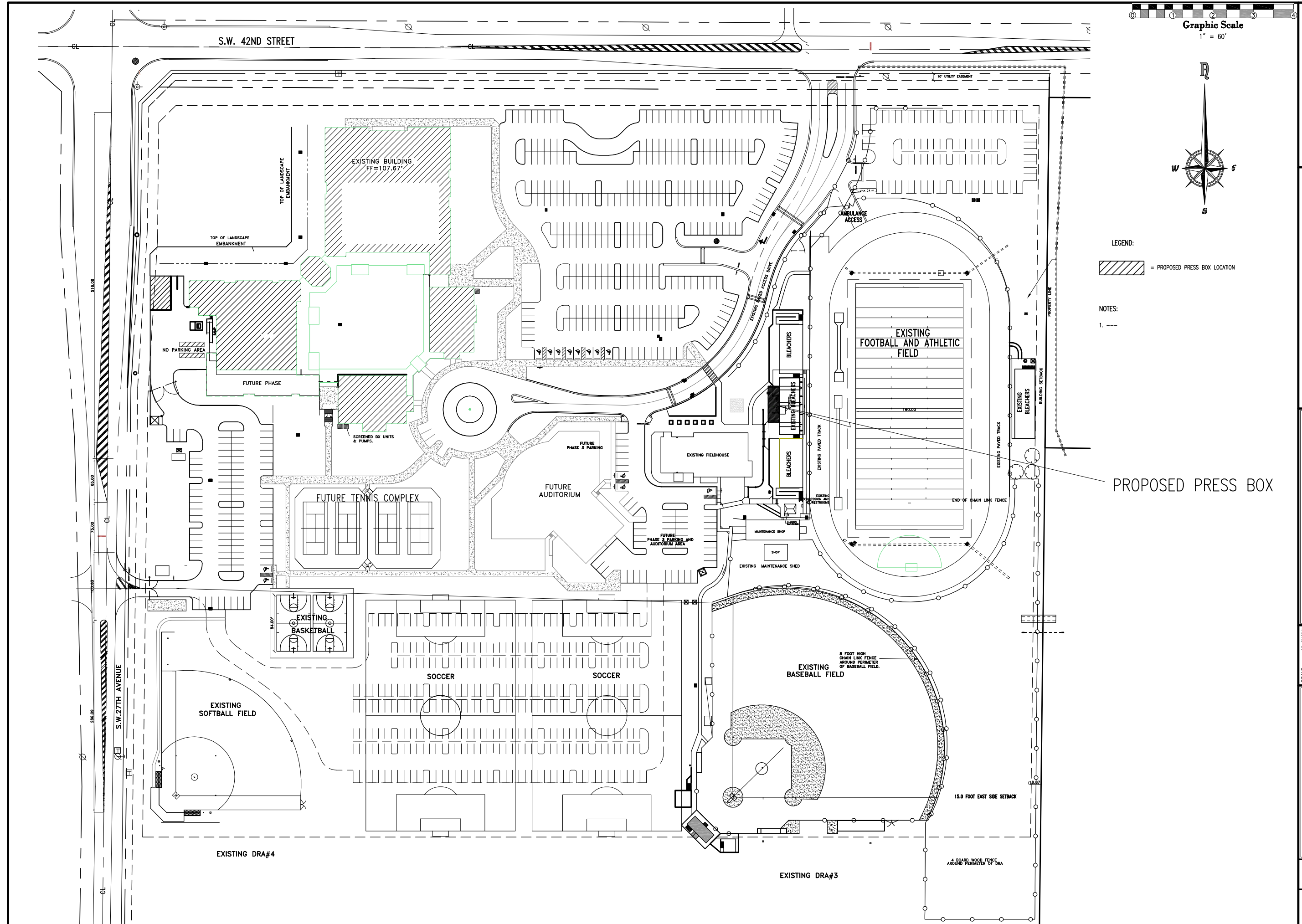
NEW PRESS BOX  
 ADDITION FOR:  
**TRINITY CATHOLIC  
 HIGH SCHOOL**  
 OCALA, FL



LEGEND:  
 = PROPOSED PRESS BOX LOCATION

NOTES:  
 1. ---

PROPOSED PRESS BOX



**CAMPUS PLAN FOR TRINITY CATHOLIC HIGH SCHOOL**

**TRINITY CATHOLIC HIGH SCHOOL**  
**MARION COUNTY, FLORIDA**

SCALE:	AS SHOWN
DATE:	11/16/2011
CHECKED:	CP
DRAWN:	CP
FIELD BOOK:	9/6
PAGE:	9/6
DATUM:	N/A
FILE NO.:	136.12.01
JOB NO.:	136.12
SHEET:	01 OF 01

**Pigeon - Roberts & Associates, LLC**  
 608 S.E. 17th Street  
 Suite A  
 Ocala, Florida 34471  
 CIVIL ENGINEERS - PLANNERS (352) 861-7788 voice  
 SURVEYORS & MAPPERS (352) 861-7700 fax

**CERTIFICATES OF AUTHORIZATION**  
 ENGINEERING NO. 28821 • SURVEYING & MAPPING LB NO. 7481

File No.  
**136.12.01**

Job No.  
**136.12**

**01 of 01**

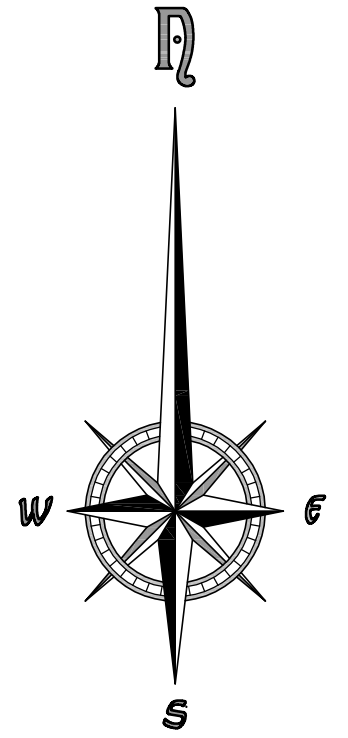
CHUCK A. PIGEON  
 PROFESSIONAL ENGINEER #37338  
 STATE OF FLORIDA

DATE

MINIMUM REQUIRED VISIBILITY STANDARD FOR MAKING PRINTS & COPIES

100%	85%	65%	51%	34%	17%	0%
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Graphic Scale  
1" = 20'

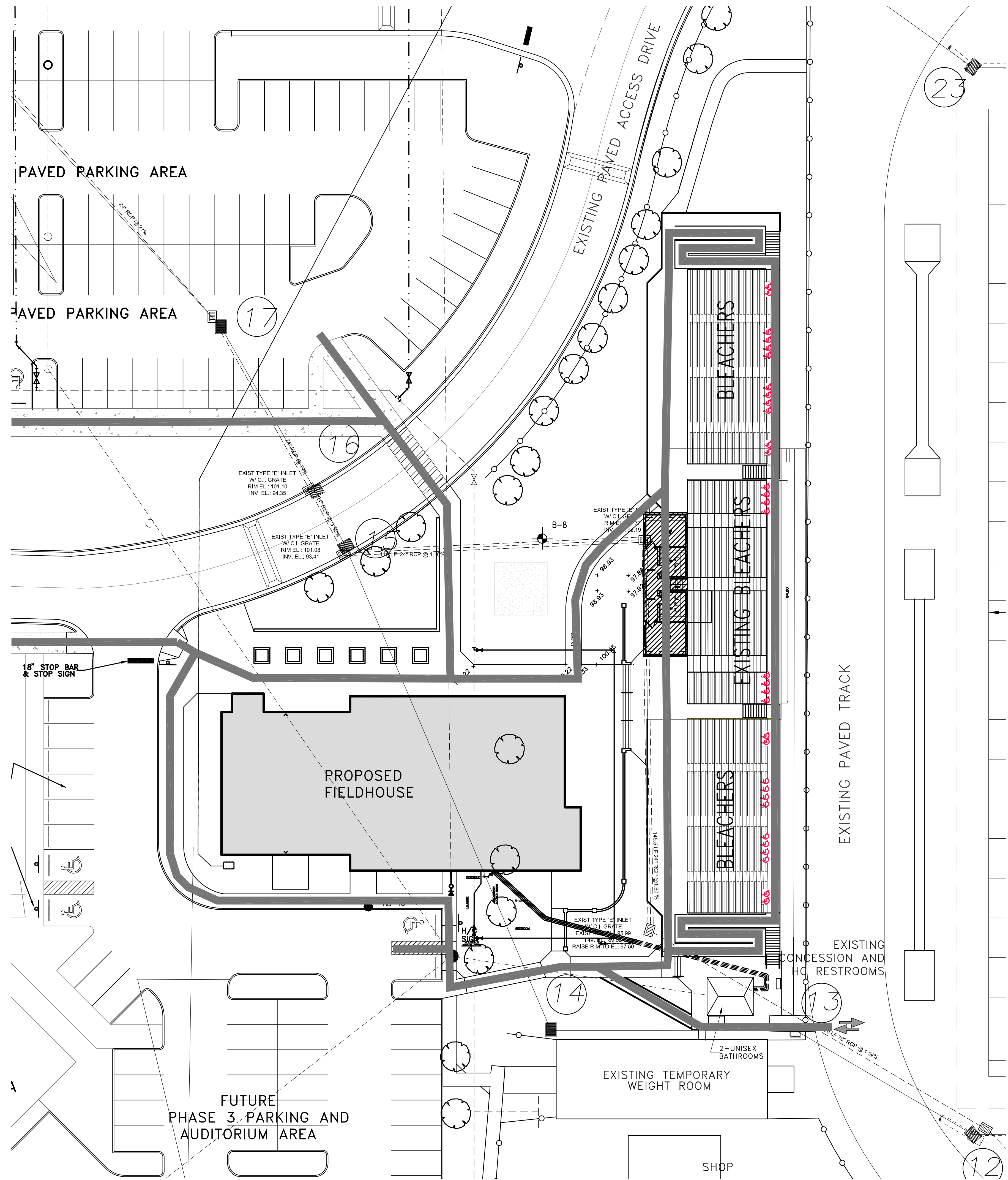


LEGEND:

- = PROPOSED PRESS BOX LOCATION
- = HANDICAP ACCESSIBLE ROUTE
- = HANDICAP ACCESSIBLE BLEACHER SEATING

NOTES:

1. ENTER NOTES HERE



**HANDICAP ACCESSIBLE ROUTE FOR FOOTBALL STADIUM**

**TRINITY CATHOLIC HIGH SCHOOL  
MARION COUNTY, FLORIDA**

SCALE:	1" = 20'
DATE:	11/16/2011
CHECKED:	DD
DRAWN:	DD
FIELD BOOK:	n/a
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Pigeon - Roberts & Associates, LLC  
925 S.E. 7th Street  
Suite A  
Ocala, Florida 34471  
Voice: 352-867-7700  
Fax: 352-867-7708

CERTIFICATES OF AUTHORIZATION:  
ENGINEERING NO. 26937 • SURVEYING & MAPPING LP NO. 7481

File No.  
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Job No.  
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01 of 01

CHUCK A. PIGEON  
PROFESSIONAL ENGINEER #37338  
STATE OF FLORIDA

DATE: \_\_\_\_\_

NEW PRESS BOX  
 ADDITION FOR:  
**TRINITY CATHOLIC  
 HIGH SCHOOL**  
 OCALA, FL

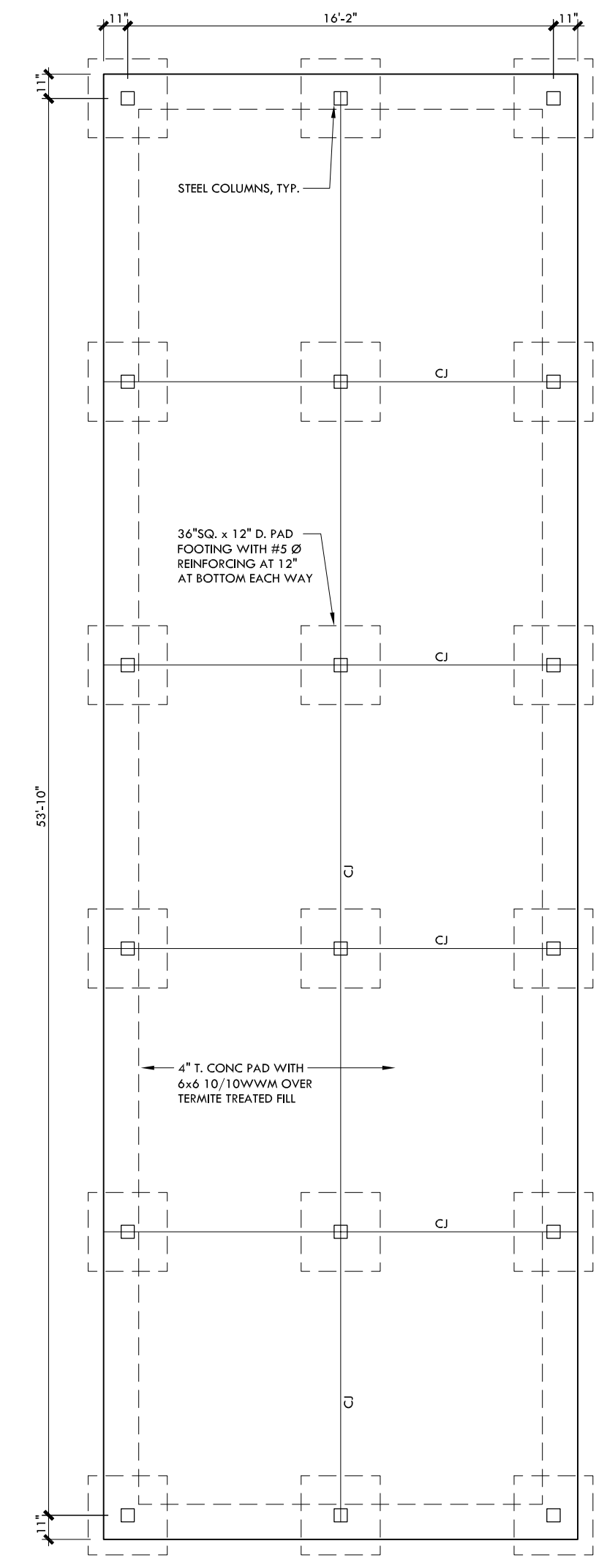
REVISIONS	

ISSUE DATE  
**05.15.11**

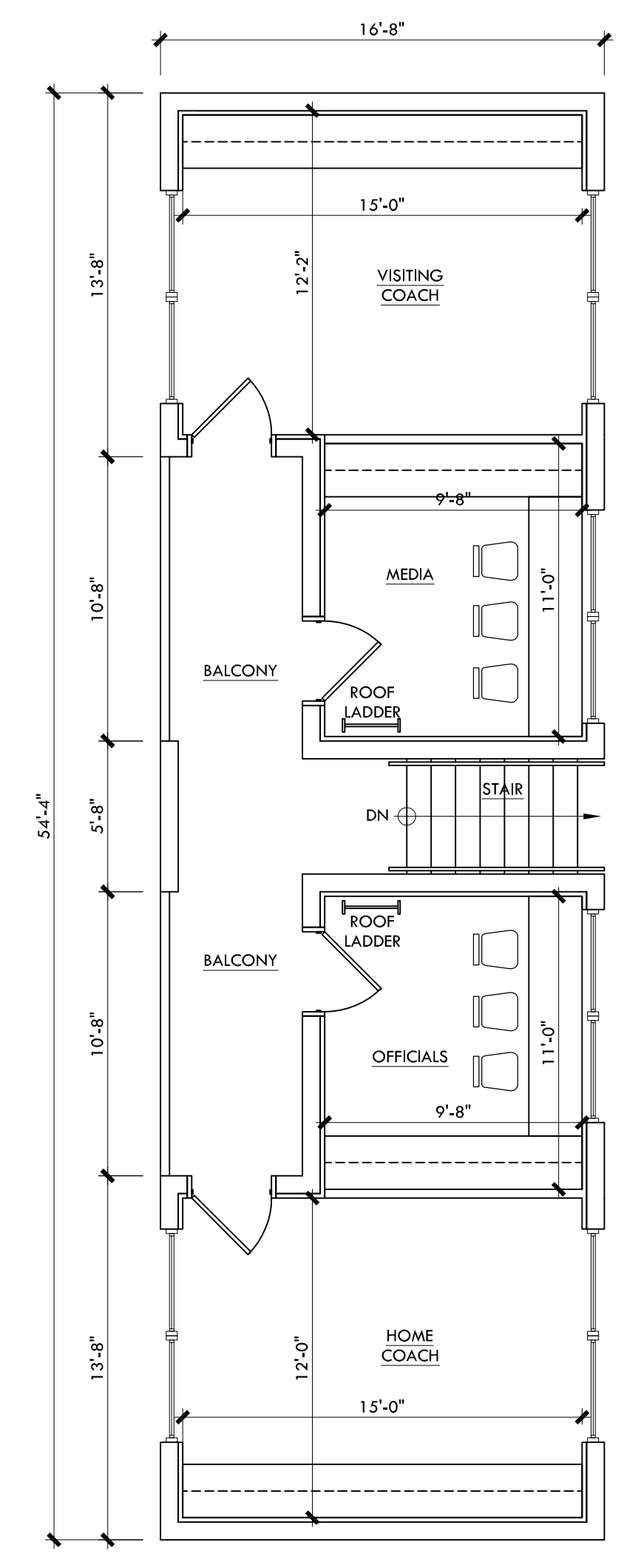
JOB #  
**0926**

SHEET TITLE  
 PRESS BOX PLAN  
 PRESS BOX ELEVATIONS

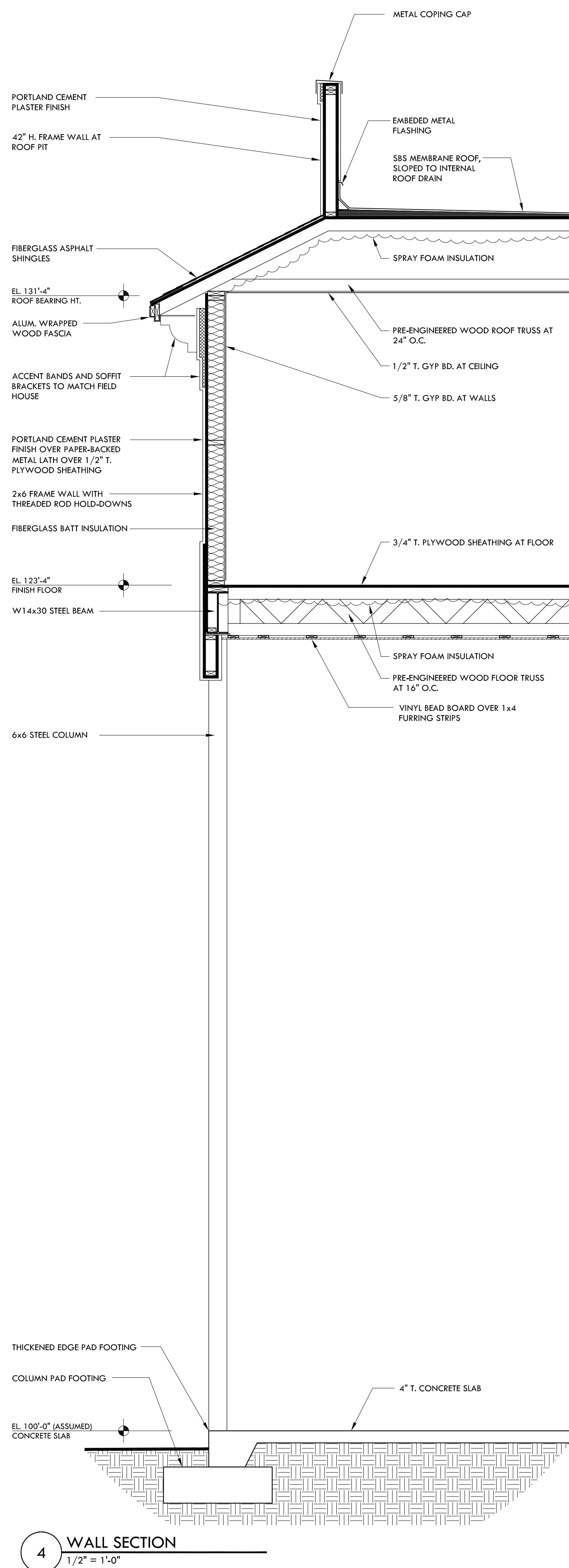
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**A101**



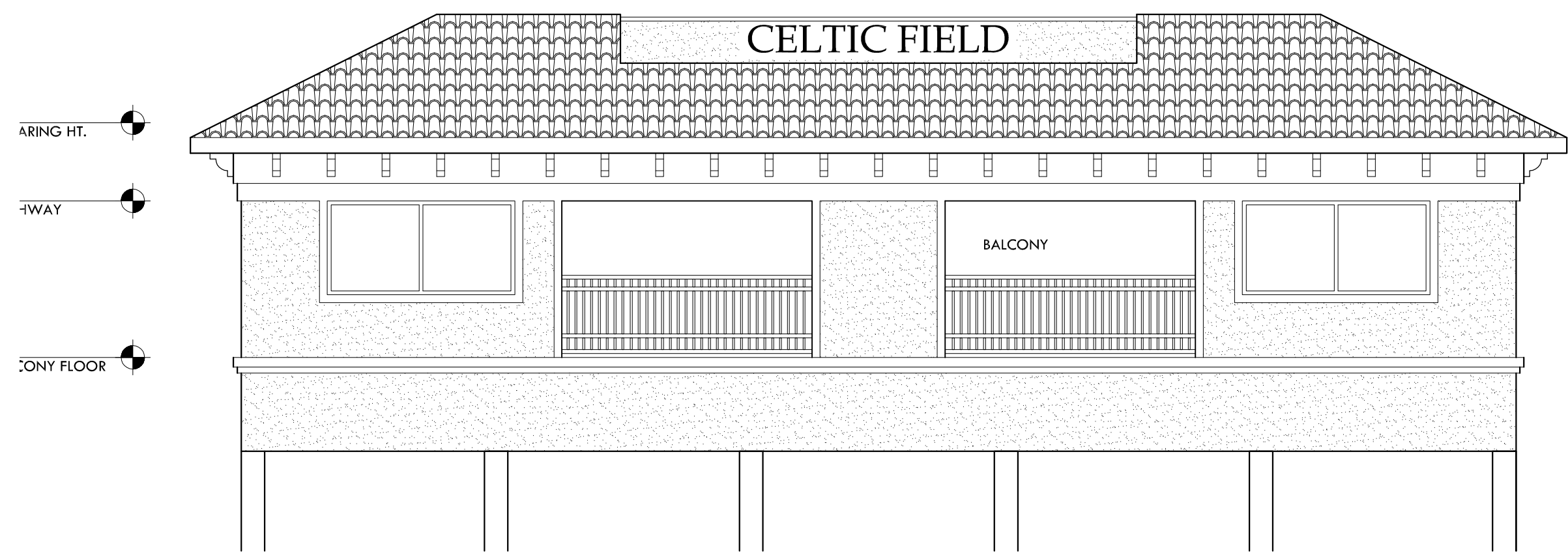
**2** FOUNDATION PLAN  
 3/16" = 1'-0"



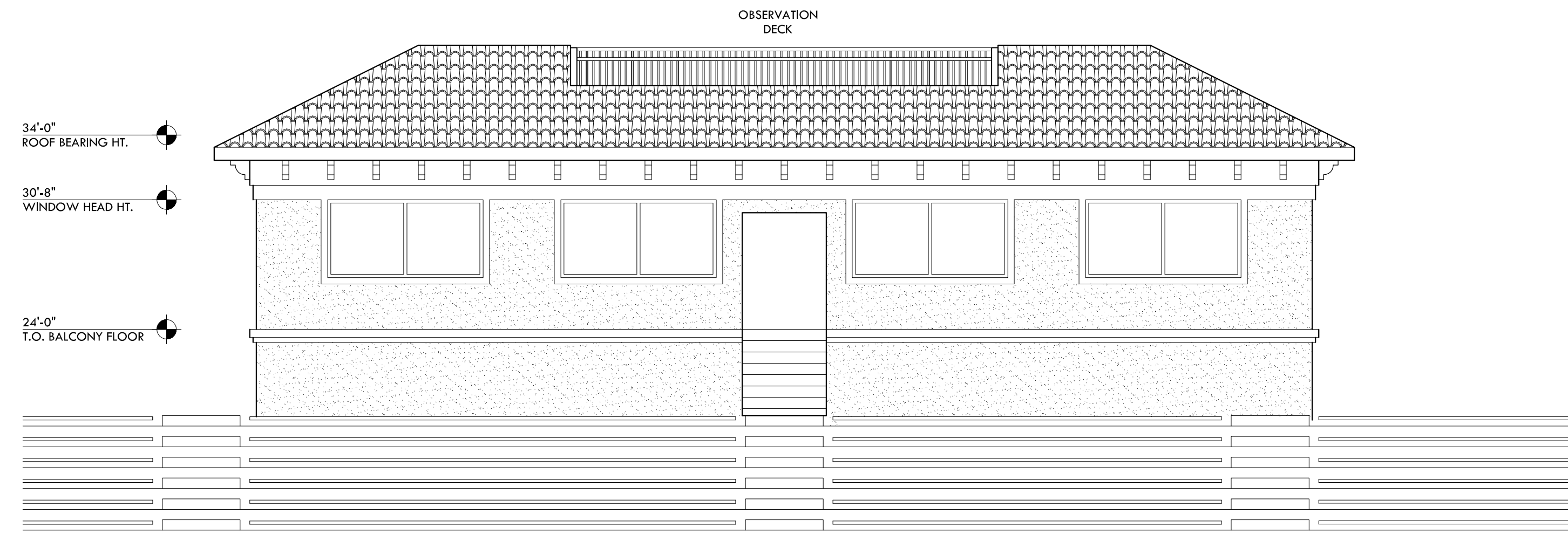
**1** PRESS-BOX PLAN  
 3/16" = 1'-0"



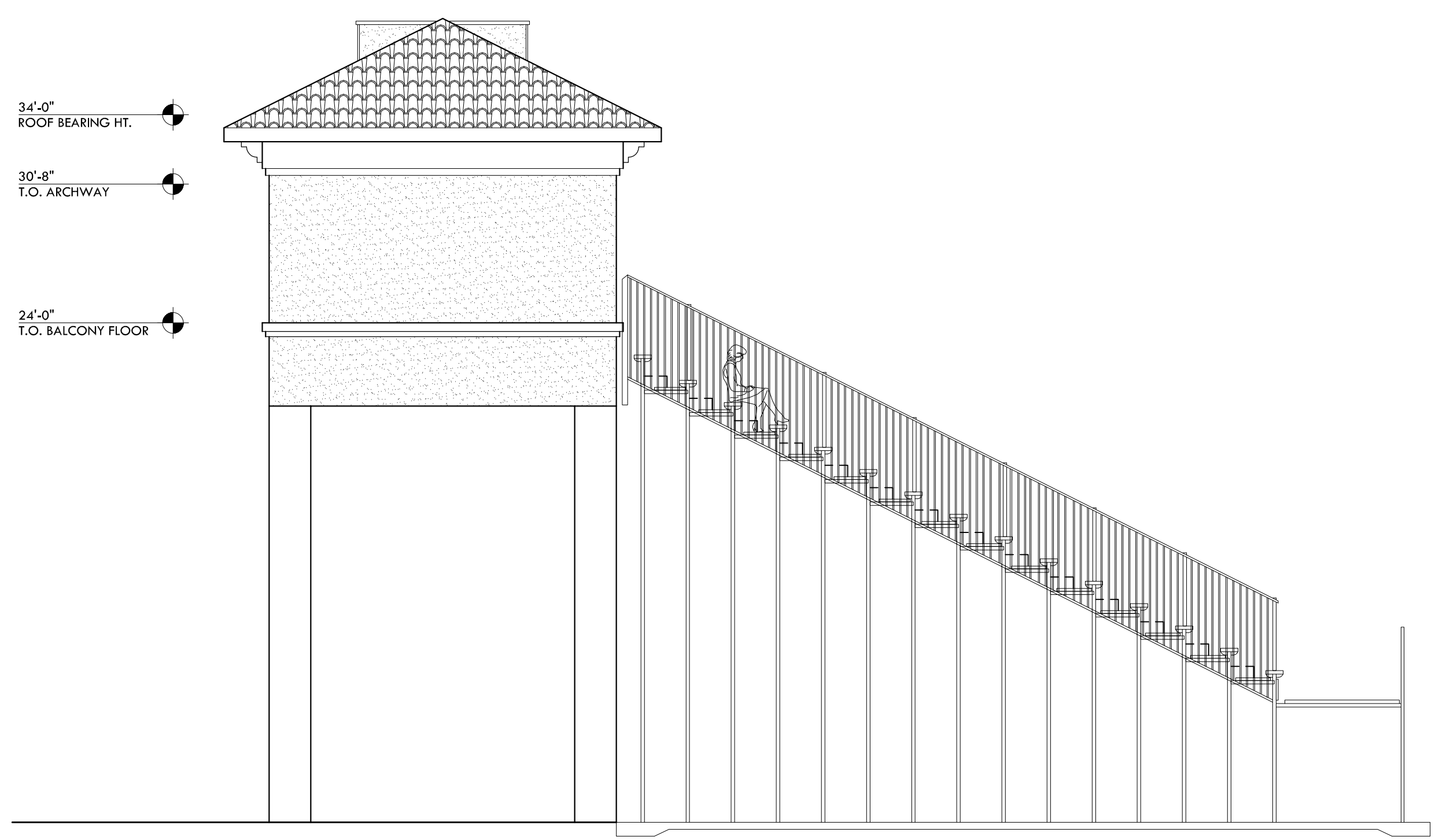
**4 WALL SECTION**  
1/2" = 1'-0"



**3 PRESS-BOX PARKING LOT ELEVATION**  
3/16" = 1'-0"



**2 PRESS-BOX FIELD ELEVATION**  
3/16" = 1'-0"



**1 PRESS-BOX SIDE ELEVATION**  
3/16" = 1'-0"

**PARTIN MARTINEZ**  
ARCHITECTURE COMPANY  
2801 SE 1ST AVENUE, SUITE 301  
OCALA, FLORIDA 34471  
P 352.629.3867 F 352.629.3866  
FL LIC# AA26001291

GILBERTO MARTINEZ  
AR93572  
DRAWING IS NOT VALID UNLESS SIGNED,  
SEALED & DATED BY REGISTERED PROFESSIONAL

NEW PRESS BOX  
ADDITION FOR:  
**TRINITY CATHOLIC  
HIGH SCHOOL**  
OCALA, FL

REVISIONS	

ISSUE DATE  
**05.15.11**

JOB #  
**0926**

SHEET TITLE

PRESS BOX ELEVATIONS  
WALL SECTION

SHEET NO.  
**A201**