

**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:

- ☞ 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.
- ☞ 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.
- ☞ 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.
- ☞ 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.   X   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 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.   X   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.   X   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:** Christian Liaigre

**Address:** 137 Northeast 40<sup>th</sup> Street  
Miami, Florida 33137

**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:** Stephen Brasgalla, Architect P.A.

**Applicant's Address:** 6991 West Broward Boulevard -Suite 100  
Plantation, Florida 33317

**Applicant's Telephone:** 954-614-3801 **FAX:** 954-208-0600

**Applicant's E-mail Address:** architect@design23.net

**Relationship to Owner:** Architect

**Owner's Name:** James Goldsmith, Gator Investments

**Owner's Address:** 1595 Northeast 163<sup>rd</sup> Street  
North Miami Beach, Florida 33162

**Owner's Telephone:** 305-949-9049 **FAX:** 305-948-6478

**Owner's E-mail Address:** jag@gatorinvestments.com

**Signature of Owner Agent:**



**Contact Person:** Stephen Brasgalla

**Contact Person's Telephone:** 954-614-3801

**E-mail Address:** architect@design23.net

**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 an existing two-story building. Each floor is 2,479 square feet for a total building square footage of 4,958 square feet. The building will be mercantile occupancy, occupied by one tenant, Christian Liaigre, a design and art gallery.

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

Please see attached cost estimates from two licensed General Contractors.

**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.

This project is a single Tenant who conducts business on the ground floor of the building, fully accessible to the Public. There are no essential functions or unique functions which occur on the second floor that are not also provided on the ground floor. The upper areas are primarily private use areas of duplicated function. The Public is met and serviced at the ground level. In the view of the Tenant, the size and scope of the project do not warrant the expense and the floor area dedicated to this type of vertical accessibility (meaning the construction of a new lift enclosure). This is an existing building which functions identically to the manner in which it has been used for many years. Simply put, it is not programmatic for the Tenant, nor is it budgetary and represents a burden on the Tenant which is perceived as unnecessary and onerous.

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 Statutes 553.509 Vertical Accessibility.***

(As I'm certain you are fully versed of course, the Federal ADA Accessibility Law Section 36.404(a) states that the requirement of Vertical Accessibility may be waived when the altered building is less than three stories and under 3,000 s.f. per floor.

Along similar lines, the Florida Building Code Advisory Section 206.2.3 (Exceptions) indicates that the FBC Code requirements may be appropriately waived down to the ADA standards, as described in the above item. Therefore this request is in alignment with both Federal ADA law and the FBC 2010.)

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.

In this case, the Tenant made agreements to lease the building and made plans and budgets to occupy the space and open for business in the manner to which they are accustomed. The possible requirement for a vertical accessibility lift was not anticipated. The Tenant's pro forma (meaning their functional intentions of using the space) depend on a certain amount of usable floor area. The subtraction of this functional space presents a financial liability as well as a space consideration which borders on making the space unsatisfactory in terms of its layout and flow.

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

Again, in the context of an unexpected requirement for a possible vertical accessibility lift, the substantial cost of the installation (which at the risk of being repetitive is not a programmatic element required by the Tenant) make the project financially unfeasible and exceeds the budget that has been established. The cost overrun could render the project untenable.

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.

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.

Please see attached cost estimates from two licensed General Contractors.

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.

I am the Architect of Record for this project. The permit has been issued and the job is under way. I have inspected the project on many occasions. I have personally prepared this waiver request and have authorized its contents. I am in agreement with the justification statements put forth in items 6. and 7. of this waiver application. I thank you for your kind consideration and ask respectfully that you approve our request for exemption, in accordance and compliance with applicable code, law and the intent and spirit of the relevant accessibility codes.

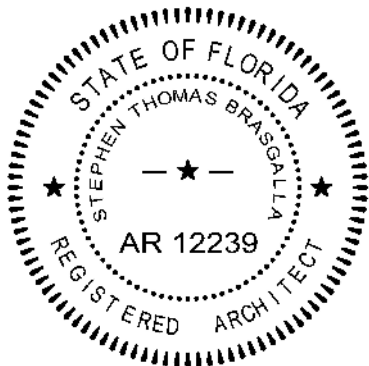


\_\_\_\_\_  
**Signature**

Stephen Brasgalla, Architect P.A.  
**Printed Name**

**Phone number:** 954-614-3801

**(SEAL)**



**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 18th day of December, 2012



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Signature

Stephen Brasgalla

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.

# Access Lifts And Elevators Inc.

Access Lifts and Elevators Inc.

Phone: 954 826-5438 Fax: 954-894-7707

8362 Pines Blvd #380

Pembroke Pines, Florida 33024



## PROPOSAL

**SUBMITTED TO:** Carolyn Stewart  
*stephenbrascgalla architect, p.a.*  
6991 West Broward Boulevard, Suite 100  
Plantation, Florida 33317  
Tel. 954.655.6175 Fax. 954.208.0600  
Email: [carolyn@design23.net](mailto:carolyn@design23.net)

**PREPARED BY:** Jim Jeschonek  
Access Lifts and Elevators  
Mobile: 561-602-7506  
Email: [jim.jeschonek@gmail.com](mailto:jim.jeschonek@gmail.com)

**DATE:** 12/7/12

**PROJECT:** Christian Liaigre  
137-139 NE 40<sup>th</sup> Street  
Miami, Florida 33137

**FOR:** VLC-SL-168 Vertical Platform Lift

**SCOPE:** This proposal is intended to cover the complete furnishing of one (1) VLC-SL-168 Vertical Platform Lift manufactured by Symmetry Elevator Solutions., and installed by Access Lifts And Elevators Inc. All work shall be performed in a workmanlike manner and shall include all work and material in accordance with the following as specified herein:

**PACKAGE TYPE:** VPC-SL-168

**DRIVE:** Roped Hydraulic

**MODEL NAME:** VPC-SL-168

**PIT:** 3" Pit to avoid Ramping

**CONFIGURATION:** 90 degree

**COLOR:** Ivory

**TOTAL TRAVEL:** 156"<sup>""</sup> To be field verified.

Maximum travel 171".

**RATED LOAD:** 750 lbs.

**GATES: Lower:** Fire door/ with auto opener

Upper: Fire Door / with auto opener



**CALL SEND CONTROLS:** Keyed constant pressure controls at both landings & platform  
**OPTIONS INCLUDED:** ADA Platform emergency Lighting, ADA Phone and lowering device,

**POWER:** To be supplied by others:

- 115 VAC, 60 Hz, 20 amp lockable, fusible disconnect  
(Location to be determined by Access Lifts And Elevators Inc.).

**HOISTWAY:** Provided by others

**DOORS:** Installation of fire doors and frames by others

**PHONE LINE:** Provided by others

**HOISTWAY LIGHTING:** Supplied by other must be minimum 5 candlelight

**WARRANTY:** Manufactures warranty 4 year limited parts warranty on the basic unit, including all electrical and drive components.. **We provide a ( 90) day labor warranty that runs from the date of completion of the work. Any work required will be completed during normal working hours and days. No overtime work is included. One (1) hour of round trip travel from our location is included in the warranty for each warranty trip needed in the first 90 days. All additional travel time will be billed at the normal billing rate. Warranties provided by us an the manufacture do not cover any parts or labor required as a result of misuse or vandalism or any other work performed by anyone other than Access Lifts and Elevators personnel. Access lifts will not under this warranty reimburse purchaser or the owner for the cost of work done by others.**

**This warranty is in lieu of any other liability for defects. Access Lifts and Elevators makes no warranty of merchantability and no warranties which extend beyond the description in this agreement, nor are there any other warranties, express or implied, by operation of law or otherwise.**

**ACCEPTANCE OF INSTALLATION:** Delivery and installation of the VPC-SL-168 is by Access Lifts and Elevators Inc. All other work, including but not limited to pit requirement, structural support, landing preparation, and power supply to the unit is not the responsibility of Access lifts And Elevators. (Building permit or approval from local building authority is by owner.)

**PRICE:** We propose to furnish and install the equipment for Christian Liaigre Miami Florida for the net sum of  
**\$ \$28,217.00( TWENTY EIGHT THOUSAND TWO HUNDRED AND SEVENTEEN DOLLARS AND ZERO CENTS)**  
Includes tax, Permit and Inspection. .

**TERMS:**

Deposit required at point of sale (to issue engineered construction drawings) ....	\$ 8,465.00
First Progress Payment due upon release of unit to production .....	\$ 16,930.00
Final balance due upon completion of installation and inspection.....	\$ <u>2,822.00</u>
<b>Total:</b>	<b>\$ 28,217.00</b>

**ACCEPTANCE OF PROPOSAL:** The contract price, terms, specifications and conditions are satisfactory and are hereby accepted. Access Lifts And Elevators Inc. is authorized to proceed with provision of the equipment specified. I understand this order is subject to cancellation charges under the following schedule: 25% if cancelled prior to engineering work, 50% after engineering is complete, 70% if in production, and 100% if production is completed. All orders are subject to credit approval. We reserve the right to discontinue our work at any time until payments have been made as agreed and we have assurance satisfactory to us that the subsequent payments will be made as they become due. A monthly service charge of 1 ½ % will be due on all amounts not paid within 30 days. You also agree to pay, in addition to any defaulted amount plus service charges, all attorneys' fees, collection costs, or court costs in connection therewith.

This proposal is submitted for acceptance within **Thirty (30)** days from the date submitted by us.

This proposal, when signed and accepted by the Purchaser and approved by an officer of Access Lifts And Elevators Inc. shall constitute exclusively and entirely the contract between parties, and all prior representations or agreements, whether written or verbal, not incorporated herein, are superseded. No changes in or additions to this agreement will be recognized unless made in writing and properly executed by both parties.

DATE: \_\_\_\_\_ 20\_\_

Respectfully Submitted,  
Access Lifts and Elevators Inc.

BY: \_\_\_\_\_  
Purchaser – Signature – Title

BY: Jim Jeschonek  
Sales Executive

# GATOR

INVESTMENTS

December 18, 2012

**Department of Community Affairs**  
**Florida Building Commission**  
2555 Shumard Oak Boulevard  
Tallahassee, Florida 32399-2100

**RE: AGENT AUTHORIZATION LETTER**  
**CHRISTIAN LIAIGRE**  
**137 Northeast 40<sup>th</sup> Street**  
**MIAMI, FLORIDA 33137**

Dear State Officials:

I am the owner of the above property. Stephen Brasgalla, Architect shall be my agent in the matter of our application for the Vertical Accessibility Lift Waiver. He will submit the package and manage the process. He is entitled to sign documents related to this submission.

Thank you for your kind attention to this matter. If you have questions or comments, please contact Joseph Champagnie at the telephone numbers listed below.

Sincerely,



James Goldsmith  
President  
GATOR ACQUISITIONS, INC.

Tel: 305.949.9049  
Fax: 305.948.6478  
Cell: 786.385.2030  
1595 N.E. 163 Street  
N. Miami Beach, FL 33162  
[www.gatorinvestments.com](http://www.gatorinvestments.com)

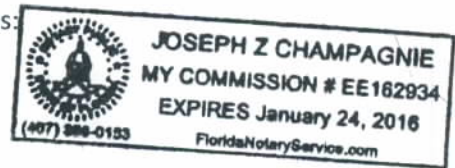
STATE OF FLORIDA            )  
                                          )    SS:  
COUNTY OF MIAMI-DADE    )

On this 18 day of DECEMBER, 2012, before me, the undersigned Notary Public in and for said County and State, personally appeared James Goldsmith as President of Gator Acquisitions, Inc who executed the foregoing instrument on behalf of said corporation for the purposes therein expressed. He is personally known to me or has produced \_\_\_\_\_ as identification. In witness whereof, I have hereunto set my hand and official seal the day and year last written above.

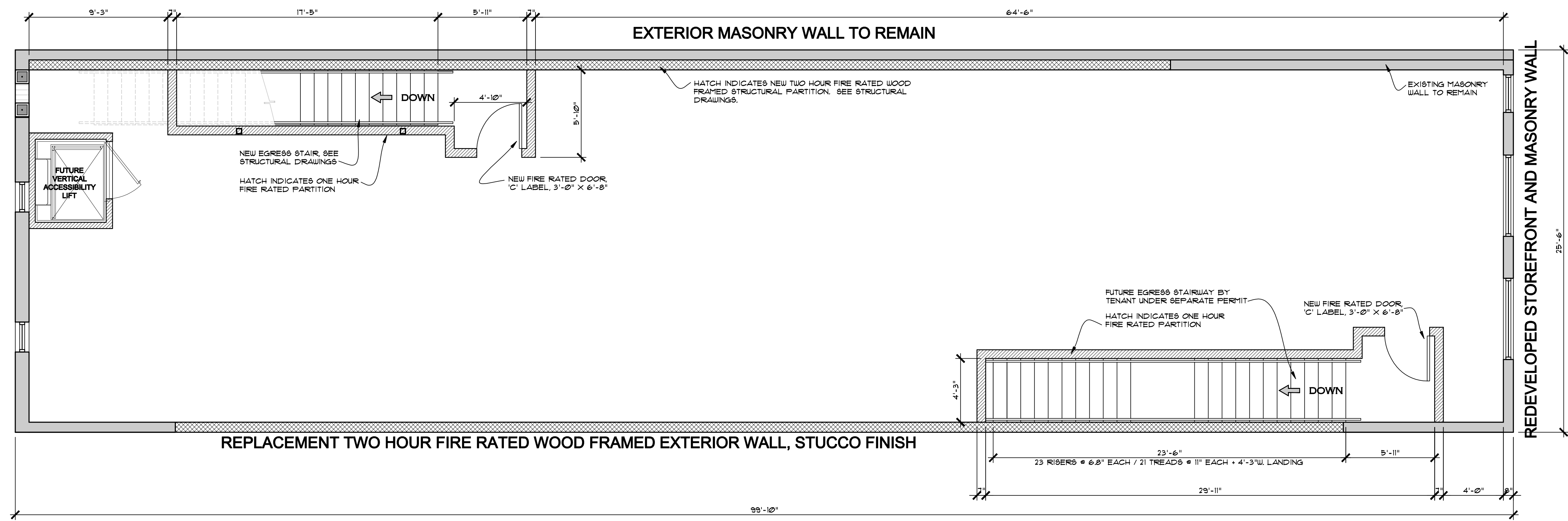
Notary Public

Print Name: JOSEPH Z. CHAMPAGNIE  
SEAL NOTARY PUBLIC Joseph Z Champagne

My Commission Expires:



EXISTING MASONRY WALL, WINDOWS AND DOOR TO REMAIN



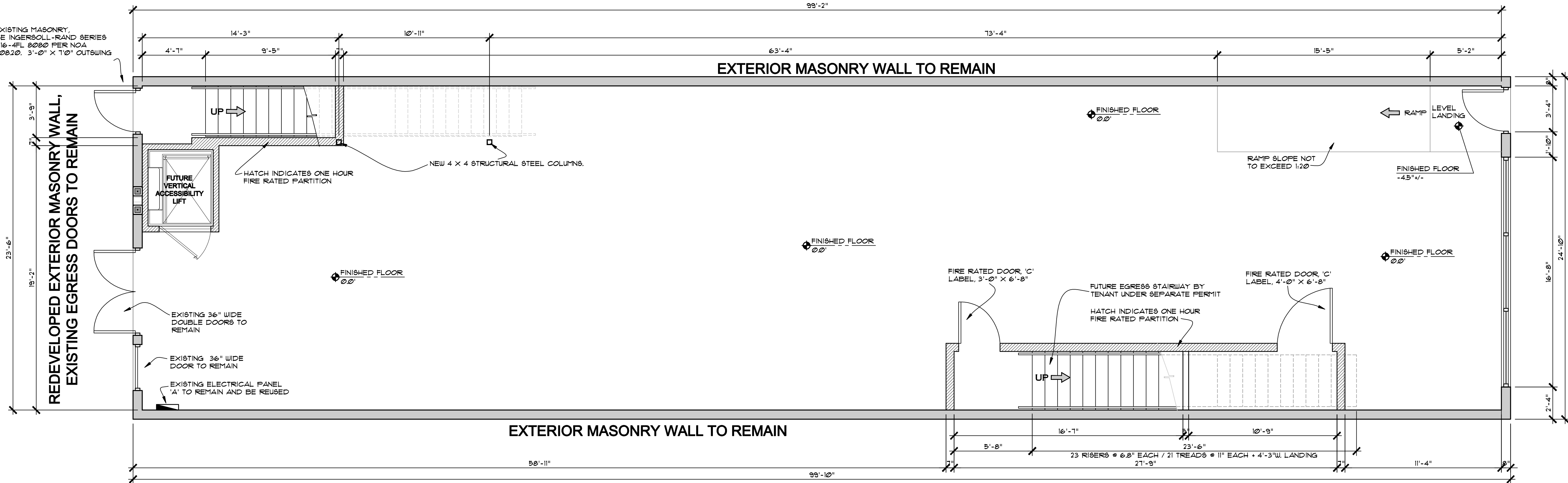
**SECOND FLOOR PLAN**

SCALE: 1/4" = 1'-0"

2  
A-1

NEW DOOR IN EXISTING MASONRY. DOOR SHALL BE INGERSOLL-RAND SERIES STEELCRAFT H-16-4FL 8020 PER NOA NUMBER 00-090020, 3'-0" X 7'-0" OUTSWING DOOR

REDEVELOPED EXTERIOR MASONRY WALL, EXISTING EGRESS DOORS TO REMAIN



**FIRST FLOOR PLAN**

SCALE: 1/4" = 1'-0"

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A-1



Revisions:

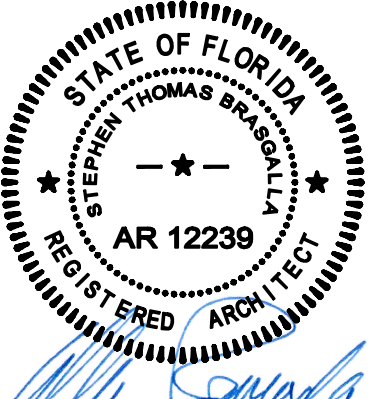
- 1
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Project Number  
**110102**

**CHRISTIAN LIAIGRE**  
LANDLORD IMPROVEMENTS  
137 - 139 NORTHEAST 40TH STREET  
MIAMI, FLORIDA 33137

Project Name  
**CHRISTIAN LIAIGRE**

**STEPHEN BRASGALLA, ARCHITECT**  
STATE OF FLORIDA  
REGISTRATION NO. AR12239  
6901 WEST BROWARD BOULEVARD  
SUITE 100  
PLANTATION, FLORIDA 33317  
TELEPHONE 954.614.3801  
TELEFAX 954.208.0800  
ARCHITECT @ DESIGN23.NET



Drawn By: <b>CMS</b>	Checked By: <b>STB</b>
Scale: <b>SHOWN</b>	Date: <b>12-17-12</b>

Project Number  
**110102**

Sheet:  
**A - 1**

Revisions:

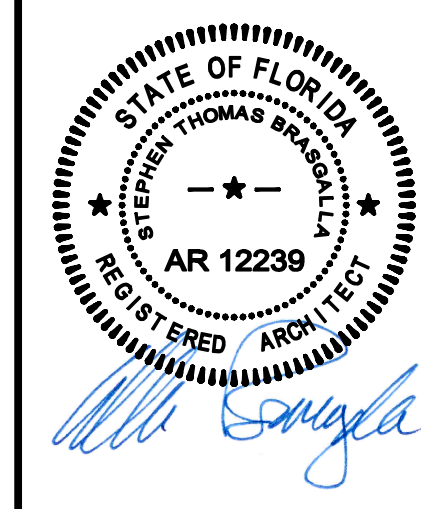
- 1
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Project Number  
110102

**CHRISTIAN LIAIGRE**  
 LANDLORD IMPROVEMENTS  
 137 - 139 NORTHEAST 40TH STREET  
 MIAMI, FLORIDA 33137

Project Name  
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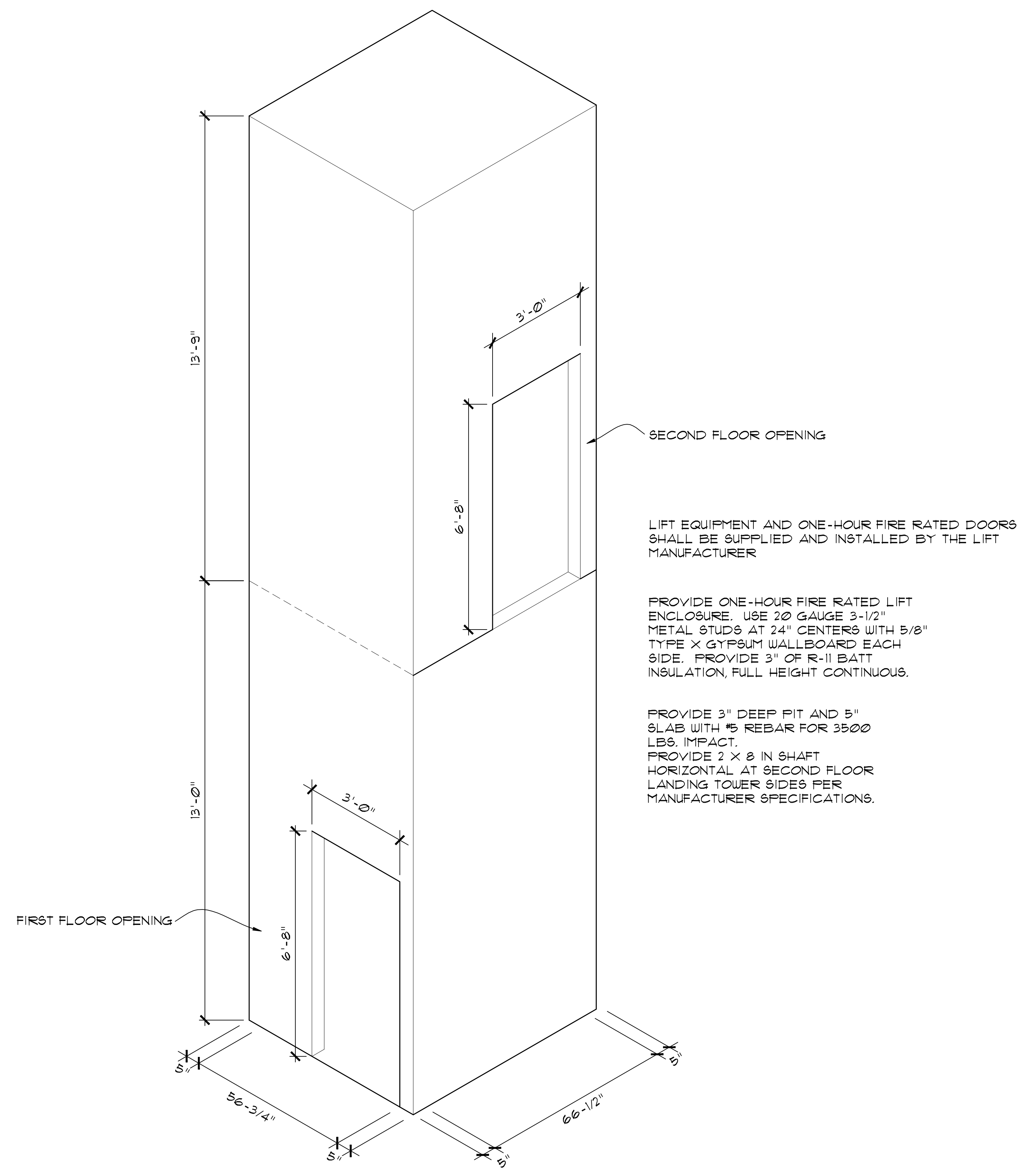
**STEPHEN BRASGALLA,**  
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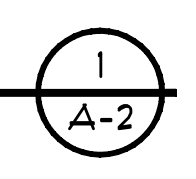
Sheet:  
**A - 2**



**LIFT SHAFT ENCLOSURE ISOMETRIC**

SCALE: 1/2" = 1'-0"

SHAFTWAY DESIGN - 90° EXIT,  
LOWER LANDING PIT MOUNTED APPLICATION.



# LANDLORD IMPROVEMENTS

CHRISTIAN LIAIGRE

137 - 139 NORTHEAST 40TH STREET

MIAMI, FLORIDA 33137



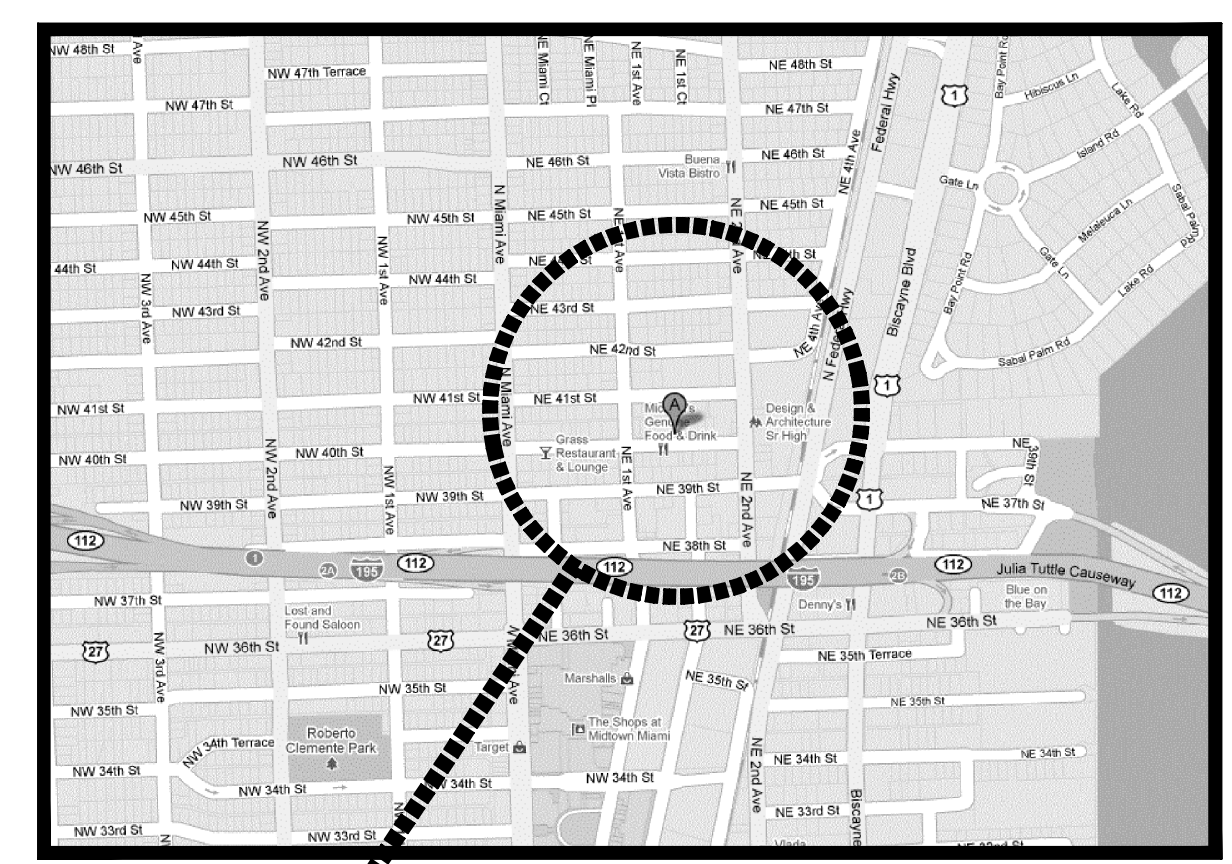
**SITE PLAN**  
SCALE: NOT TO SCALE

2  
T-1

INDEX OF DRAWINGS	
T-1	TITLE SHEET AND SITE PLAN
A-1	FIRST AND SECOND FLOOR PLAN
A-2	LIFT ENCLOSURE ISOMETRIC

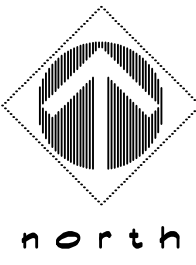
**GOVERNING CODE:**  
FLORIDA BUILDING CODE 2001 EDITION WITH 2009 SUPPLEMENTS  
2001 FLORIDA FIRE PREVENTION CODE

BUILDING DATA SUMMARY	
BUILDING HEIGHT : EXISTING (TWO STORY)	
CONSTRUCTION TYPE: TYPE V, A (PROTECTED)	
THE EXISTING CEILING IS NOT FIRE RATED THE NEW CEILING IS BY TENANT UNDER SEPARATE PERMIT	
THE BUILDING IS NOT FIRE SPRINKLERED	
AREA OF EXISTING BUILDING (GROSS S.F.)	
FIRST FLOOR	2,479 SQ. FT.
SECOND FLOOR	2,479 SQ. FT.
TOTAL AREA:	4,958 SQ. FT.



**LOCATION OF EXISTING PROPERTY**

**LOCATION MAP**  
SCALE: NOT TO SCALE



1  
T-1

Revisions:

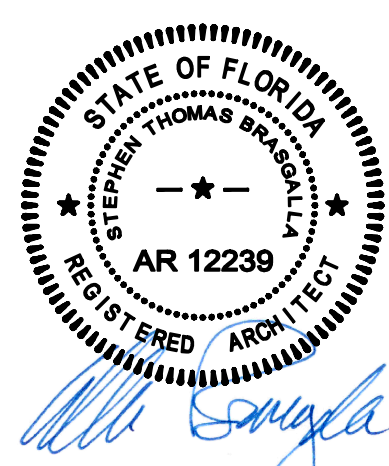
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Project Number  
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**CHRISTIAN LIAIGRE**  
**LANDLORD IMPROVEMENTS**  
 137 - 139 NORTHEAST 40TH STREET  
 MIAMI, FLORIDA 33137

Project Name  
**CHRISTIAN LIAIGRE**

**STEPHEN BRASGALLA,**  
**ARCHITECT**  
STATE OF FLORIDA  
REGISTRATION NO. AR12239  
6991 WEST BROWARD BOULEVARD  
SUITE 100  
PLANTATION, FLORIDA 33317  
TELEPHONE 954.614.3801  
TELEFAX 954.208.0800  
ARCHITECT @ DESIGN23.NET



Drawn By: CMS	Checked By: STB
Scale: SHOWN	Date: 12-17-12

Project Number  
110102

Sheet:  
T-1

**Air Handlers of the Palm Beaches, Inc**  
**d/b/a FBI Construction**  
**CGC 1576159**  
 3285 Lake Worth Rd Suite L  
 Palm Springs Fl 33461

# Estimate

Date	Estimate #
12/14/12	3454

Name / Address
<b>Christian Liaigre</b> 137 NE 40th Street Miami, Florida 33137 Permit # 12000757

Project

Description	Qty	Rate	Total
Lift Mechanism - Supplied and Installed by Specialty Contractor			28,217.00
Construction of Shaft Enclosure (includes framing and fire rated enclosure with concrete form per plans)			19,500.00
Electrical Wiring - Supplied by Electrician			2,900.00
General Conditions and Overhead/Profit			7,592.55
<b>Total</b>			58,209.55





December 17, 2012

**Permit No. 12000757**

*Christian Liaigre*  
137 Northeast 40 Street  
Miami, Florida 33137

Construction Quote:

Furnish and install a vertical accessibility lift within an existing two story building.

Lift Mechanism:

Furnished and installed by Specialty Contractor: \$ 28,217.00

Shaft Enclosure:

Light gauge metal studs, fire-rated construction  
and concrete work:  
Materials & Labor \$ 22,000.00

Electrical work \$ 3,300.00

Overhead & Profit \$ 6,422.00

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Total adjustment to contract: \$ 59,939.00

**stephenbrasgalla architect, p.a.**

## **DOCUMENT TRANSMITTAL**

Date: **December 18, 2012**

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

**Attn: Mary-Kathryn Smith**  
Tel. 850-410-2598

Re: **Christian Liaigre**  
137-139 Northeast 40<sup>th</sup> street  
Miami, Florida 33137

Dear Ms. Smith,

I am representing James Goldsmith of Gator Investments, Owner of the property at 137-139 Northeast 40<sup>th</sup> Street, Miami, Florida. I am submitting the application package for the Vertical Accessibility Lift Waiver. The following is included in this submittal:

- One (1) set of 24" x 36" plans; sheets T-1, A-1 and A-2
- One hard copy of the Waiver Application
- Two (2) Estimates for the lift, installation of the lift and construction of the lift enclosure
- The Estimate for the lift from the lift manufacturer
- An Agent Authorization Letter executed by the Owner
- One (1) CD containing all of the above in PDF format

Thank you so much for your kind assistance. Please contact me if you have questions or comments.

Best regards,



Steve Brasgalla