

**Department of Business and Professional Regulation  
FLORIDA BUILDING COMMISSION  
1940 North Monroe Street  
Tallahassee, Florida 32399-0772  
Form FBC 2012-01  
Request for Waiver  
NOTICE TO WAIVER APPLICANTS**

Please make certain you comply with the following:

- The person submitting the waiver request application as the Applicant **MUST** complete all fields in 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 and the Florida Accessibility Council, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree. Two estimates substantiating a claim for disproportionate cost must be included.
- Petitioners are strongly advised to participate in the Council's conference call, webinar or onsite meeting for application review. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your participation in 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 Office of Codes and Standards at (850) 487-1824.

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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 if pertinent to the application
  - b. Building/project sections (if necessary to assist in understanding the waiver request)
  - c. Enlarged floor plan(s) of the area in question
  - d. Enlarged floor plan(s) of the area in question
2. \_\_\_\_\_ When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.
3. \_\_\_\_\_ If you feel photographs and/or renderings are necessary for your presentation, provide legible color copies of the photographs and/or renderings with the application and plans in pdf format.

**General Information:**

a. **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. where 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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FBC 2012-01 Request for Waiver Rule 61G20-4.001 Effective 6/31/2013

**Waiver# 109-R9**

**Applicant Information:**

2. Name of Applicant. If other than the owner, please indicate relationship of applicant to owner in space provided:

First Name:

Last Name:

Street:

City:

State:  ▼

Zip code:

Phone:

Fax:

Email:

Relationship to owner:

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### 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:

Street:

City:

Zip Code:

State:

Jurisdiction:

#### Local Building Department Contact Information

Contact Name:

Street:

City:

Zip Code:

State:

Email:

Phone:

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## Waiver# 109-R9

### Owner Information:

3. Please enter the owner information below. If the owner and the applicant are not the same person, please upload a written authorization by owner in space provided:

Please check if applicant is also the owner.

Owner First Name:

Owner Last Name:

Street:

City:

State:  ▼

Zip code:

Phone:

Fax:

Email:

Written Authorization:

[109 9 OWNER\\_AUZ\\_Waiver-CostAnalyses.pdf](#) ✖ ▲

[109 9 OWNER\\_AUZ\\_Waiver-HistoricLetter.pdf](#) ✖ ▼

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4. 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)

5. **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.)

- Restaurant
- Office
- Retail
- Recreation
- Hotel/Motel
- Other

# of Floors:

Square Feet:

Description:

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**Construction Cost:**

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

Summary:

Summary

Construction Cost upload:

Browse... Upload File

109\_9\_CONSTR\_COST\_851714\_248278\_1681052.pdf

109\_9\_CONSTR\_COST\_Administrator\_Review.pdf

7. Has there been any construction activity on this building during the past three years?

Yes  No

Cost of Construction: 96500

Comments:

comments

Building Official Recommendation upload:

Browse... Upload File

109\_9\_BUILD\_OFF\_RECMD\_AAAAWaiver-Plans.pdf

109\_9\_BUILD OFF\_RECMD\_AAAAWaiver-Plans.pdf

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**Construction Status:**

8. **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.

complete

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

**Issue 1:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Florida-specific hotel/motel rooms | <input type="checkbox"/> Minimum height in parking structures | <input type="checkbox"/> Accessible parking |
| <input checked="" type="checkbox"/> Door opening pressure   | <input type="checkbox"/> Vertical accessibility               | <input type="checkbox"/> Toilet rooms       |
| <input type="checkbox"/> Private                            | <input type="checkbox"/> Other                                |   |

Description:

description

^  
v

**Issue 2:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Florida-specific hotel/motel rooms | <input type="checkbox"/> Minimum height in parking structures | <input type="checkbox"/> Accessible parking |
| <input type="checkbox"/> Door opening pressure              | <input type="checkbox"/> Vertical accessibility               | <input type="checkbox"/> Toilet rooms       |
| <input type="checkbox"/> Private                            | <input type="checkbox"/> Other                                |   |

Description:

^  
v

**Issue 3:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Florida-specific hotel/motel rooms | <input type="checkbox"/> Minimum height in parking structures | <input type="checkbox"/> Accessible parking |
| <input type="checkbox"/> Door opening pressure              | <input type="checkbox"/> Vertical accessibility               | <input type="checkbox"/> Toilet rooms       |
| <input type="checkbox"/> Private                            | <input type="checkbox"/> Other                                |   |

Description:

^  
v

**Grounds for waiver.**

10. **Grounds for Waiver:** 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.

NOTE:\*\*Please select atleast one checkbox below.

The hardship is caused by a condition or set of conditions affecting the owner which does not affect owners in general.

Description:

description

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

Description:

Cost Estimates For Compliance:

Browse... Upload File

[109 9 COST EST COMPLI app compliance method.2pdf.pdf](#)

[109 9 COST EST COMPLI Waiver-Application.pdf](#)

Historic Building on which compliance with the requirements for accessibility is not feasible while maintaining historically significant features.

Please provide documentation of the designation of the building as historically significant.

Browse... Upload File

[109 9 HIST SIGNIF ADPi AccessibilityWaiver \(01-02-14\).pdf](#)

[109 9 HIST SIGNIF Waiver-HistoricLetter.pdf](#)

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**Licensed Design Professional Comments.**

11. **Licensed Design Professional:** Where a licensed design professional has designed the project, his or her comments including his or her signature and professional seal **MUST** be uploaded.

These is no design professional is engaged on the project

Professional Comments

Browse... Upload File

- 109 9 PROF COMMT app compliance method.2pdf
- 109 9 PROF COMMT Waiver-CoverLetter.pdf

Comments:

my comment

Design Professional First Name:

desgin professional fir

Design Professional Last Name:

las name

Street Address:

steet

City:

qcit

State:

Florida

Zip:

32303

Email Address:

w@com.net

Phone:

3213213211

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Licensed Design Professional



**Additional Documentation**

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12. **Upload Additional Documentation:** Please upload any documentation such as plans, photographs and anything that will assist the Council and the Commission to determine the appropriate resolution of your request.

Documents:

109 9 ADDITION DOC AAAAWaiver-Plans.pdf	<input type="button" value="x"/>
109 9 ADDITION DOC Waiver-ElevatorCostAnalysis.pdf	<input type="button" value="x"/>

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Effective 6/31/2013

I understand that if I falsify, misrepresent, or omit any material information on this document, the Florida Building Commission may rescind 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.

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Warning: Do not use the Back or Refresh button in your browser or you will be charged more than once.

Payment Type\*       Credit Card     Electronic Check

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Payment

Warning: Do not use the Back or Refresh button in your browser or you will be charged more than once.

Payment Type\*  Credit Card  Electronic Check

(Plus Convenience Fee)

Amount \$225.00

Payment Method\* (Select one) v

Card Number\*

Expiration\* (mm/yyyy)

Name on Card\*

Billing Address\* 2555 Shumard Oak Blvd

City\* Tallahassee

State or Province\* Florida v

Zip or Postal Code\* 32399

Country\* United States v

Phone\* 8509221870

Email Address\* wmarshall@isf.com

Account Owner\*  Corporate/Business  Personal

Payee:	Florida Department of Business and Professional Regulation
Payment Amount:	\$225.00
Convenience Fee:	\$0.00
Payment Total:	\$0.00

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Warning: Do not use the Back or Refresh button in your browser or you will be charged more than once.

Payment Type\*  Credit Card  Electronic Check

Amount \$225.00

Account Type\*

Bank Routing Number\*

Account Number\*

Confirm Account Number\*

Bank Name\*

Account Owner\*  Corporate/Business  Personal

		0597
Date _____		
PAY TO THE ORDER OF _____		\$ <input type="text"/>
_____ Dollars		
For _____		
: 082099999 :	459485457	0597
Bank Routing Number	Account Number	

Payee:	Florida Department of Business and Professional Regulation
Payment Amount:	\$225.00
Convenience Fee:	\$0.00
Payment Total:	\$225.00

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