

FBC 2012-01 Waiver# 109-R9 Request for Waiver

Rule 61G20-4.001 Effective 6/31/2013

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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Application Information Applicant Information Owner Information Project and Facility Type Construction Status Grounds for waiver. Licensed Design Professional Additional Documentation **Certification Of Applicant**

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This application is available in alternate formats upon request.

LIST OF REQUIRED INFORMATION

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) d. Enlarged floor plan(s) of the area in question
- When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.
- 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.

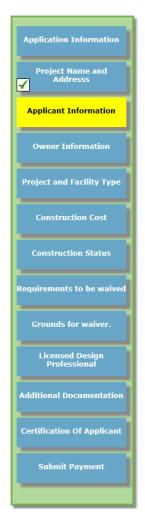
General Information:

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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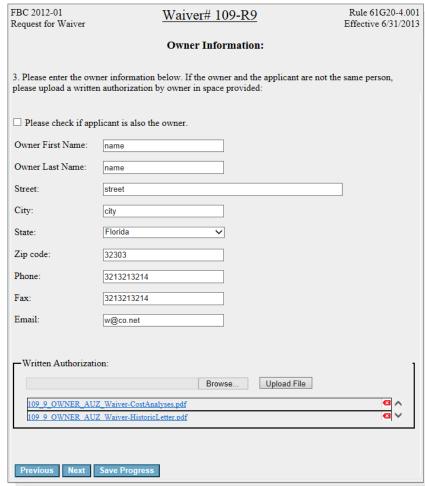


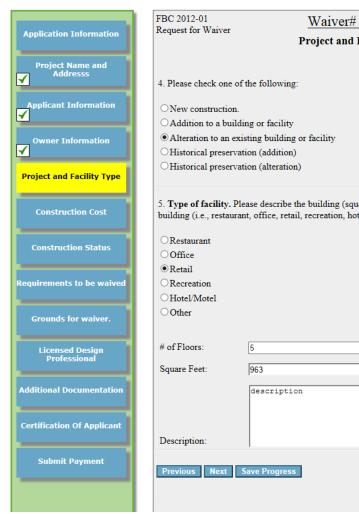
FBC 2012-01 Request for Waiver	Waiver# 109-R9 Applicant Information:	Rule 61G20-4.001 Effective 6/31/2013
2. Name of Applicant. provided:	If other than the owner, please indicate relationship of applicant	to owner in space
First Name:	name	
Last Name:	name	
Street:	street	
City:	city	
State:	Florida	
Zip code:	32303	
Phone:	3213213214	
Fax:	3213213214	
Email:	w@co.net	
Relationship to owner	:: sef	
Previous Next	Save Progress	

Application Information
Project Name and Addresss
Applicant Information
Owner Information
Project and Facility Type
Construction Cost
Construction Status
Requirements to be waived
Grounds for waiver.
Licensed Design Professional
Additional Documentation
Certification Of Applicant
Submit Payment

FBC 2012-01 Rule 61G20-4.001 Waiver# 109-R9 Request for Waiver Effective 6/31/2013 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 1. Name and address of project for which the waiver is requested: Name: Project Name Street: Project Street City: city Zip Code: 32303 Florida ~ State: Jurisdiction: County of Washington ~ Local Building Department Contact Information Contact Name: contact name street Street: City: city Zip Code: 32303 State: Florida Email: w@maco.net Phone: 3213213211

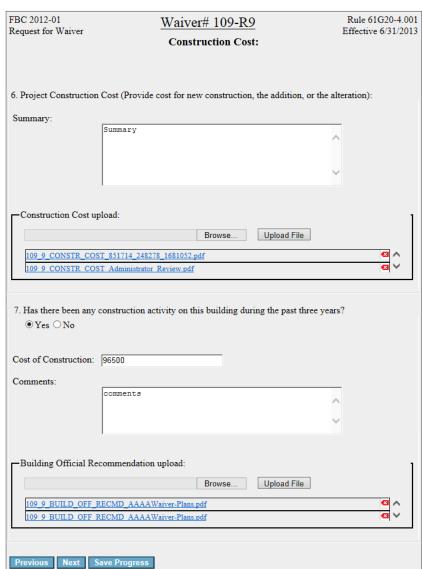






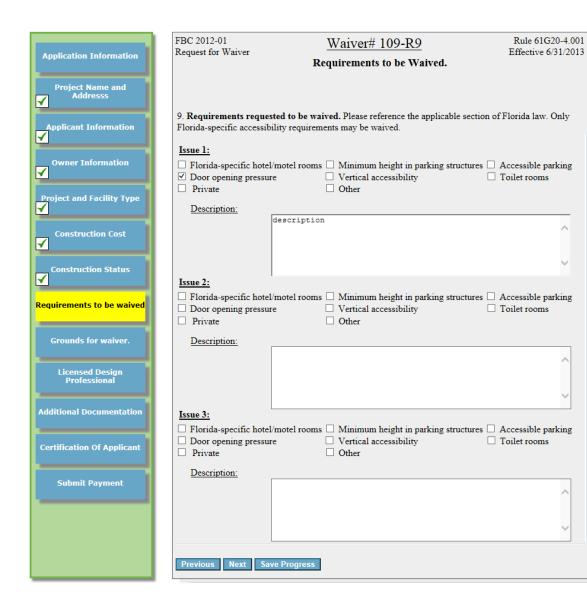
FBC 2012-01 Request for Waiver	Waiver# 109-R9	Rule 61G20-4.001 Effective 6/31/2013
Request for warver	Project and Facility Type:	Effective 0/31/2013
4. Please check one	of the following:	
ONew construction	1.	
O Addition to a bui	lding or facility	
Alteration to an e	existing building or facility	
OHistorical preserv	vation (addition)	
O Historical preserv	vation (alteration)	
5. Type of facility.	Please describe the building (square footage, number of flo	ors). Define the use of the
building (i.e., restau	rant, office, retail, recreation, hotel/motel, etc.)	
ORestaurant		
Office		
● Retail		
Recreation		
OHotel/Motel		
Other		
# of Floors:	5	
Square Feet:	963	
	description	
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Description:		~
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Previous Next	Save Progress	

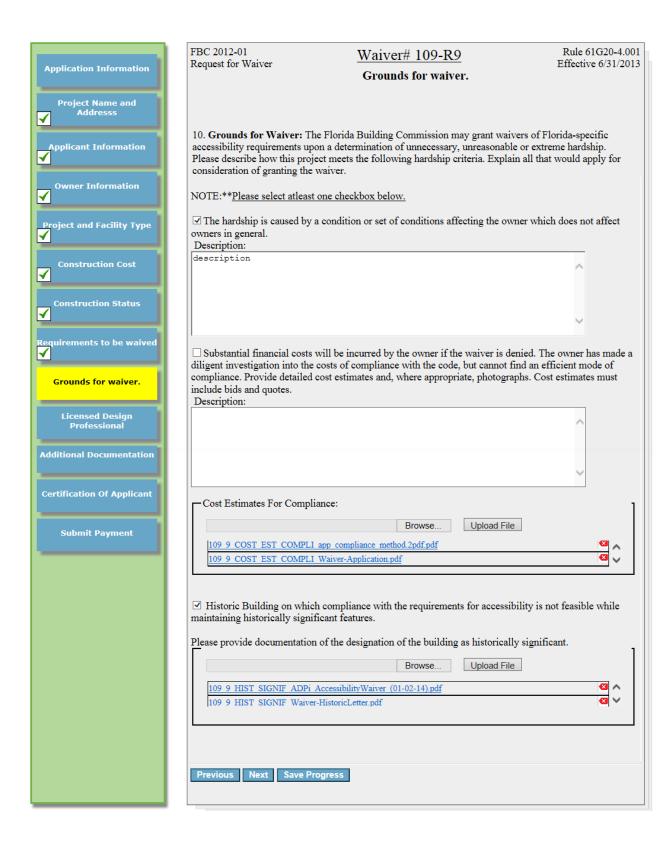


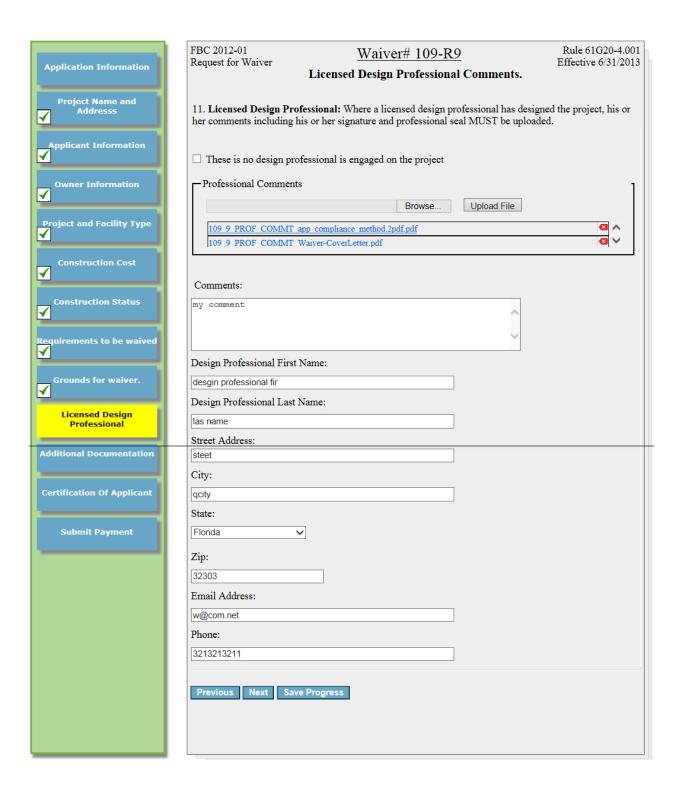




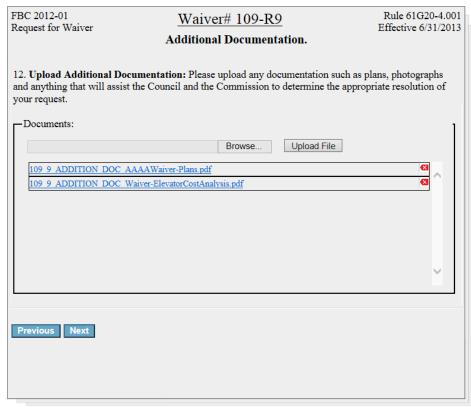
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Construction Status:				
8. Project Status: Please check this application. Describe status.	the phase of construction that best describes	s your project at the time of		
O Under Design				
 Under Construction 				
O In Plan Review				
○ Completed				
*Briefly explain why the reques	t has now been referred to the Commission.			
complete	NAME OF THE PERSONS O			
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FBC 2012-01
Request for Waiver

Certification Of Applicant.

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.

Previous Submit



FBC 2012-01 Request for Waiver		Waiver# 109-R9 Payment	Rule 61G20-4.001 Effective 6/31/2013
Warning: Do not use th	e Back or Refres	sh button in your browser o	r you will be charged more than once.
Payment Type*	O Credit Card	O Electronic Check	



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110400101	Payment	211001110 010 11 2010
Warning: Do not use the E	Back or Refresh button in your browser or you will b	e charged more than once.
Payment Type*	Credit Card	
(Plus Convenience Fee) Amount	\$225.00	
Payment Method*	(Select one)	
Card Number*		
Expiration* (mm/yyyy)		
Name on Card*		
Billing Address*	2555 Shumard Oak Blvd	
City*	Tallahassee	
State or Province*	Florida	
Zip or Postal Code*	32399	
Country*	United States	
Phone*	8509221870	
Email Address*	wmarshall@isf.com	
Account Owner*	O Corporate/Business O Personal	
Payee:	Florida Department of Busines	
Payment Amount: Convenience Fee:		\$225.00 \$0.00
Payment Total:		\$0.00
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