

**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:** Make Your Mark in Life Learning Center

**Address:** 1931 19<sup>th</sup> Place, Vero Beach, FL 32960

**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:** Lynda and Bruce Allen

**Applicant's Address:** 2075 27<sup>th</sup> Avenue, Vero Beach, FL 32960

**Applicant's Telephone:** 772-532-1363

**Applicant's E-mail Address:** gglynda@hotmail.com

**Relationship to Owner:** self

**Owner's/Tenant's Name:** Lynda and Bruce Allen/Make Your Mark in Life, LLC

**Owner's Address:** 2075 27<sup>th</sup> Avenue, Vero Beach, FL 32960

**Owner's Telephone:** 772-532-1363

**Owner's E-mail Address:** gglynda@hotmail.com

**Signature of Owner:**  