

This application is available in alternate formats upon request.

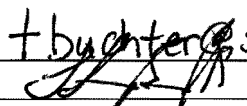
**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS  
OF CHAPTER 553, PART V, FLORIDA STATUTES**

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: Selby Gardens Children's Rainforest Garden  
Address: 811 South Palm Ave.  
Sarasota, FL 34236

**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: Ryan W. Sollars  
Applicant's Address: 2401 N. River Rd., Venice, FL 34292  
Applicant's Telephone: 941-485-1272 FAX: 941-488-6236  
Applicant's E-mail Address: rsollars@hazeltinenurseries.com  
Relationship to Owner: Project Coordinator - Hazeltine Nurseries, Inc.  
Owner's Name: Thomas Buchter - Selby Gardens C.E.D.  
Owner's Address: 811 South Palm Ave, Sarasota, FL 34236  
Owner's Telephone: 941-366-5731 x226 FAX n/a  
Owner's E-mail Address: t.buchter@selby.org  
Signature of Owner:   
Contact Person: Ryan W. Sollars  
Contact Person's Telephone: 941-485-1272 E-mail Address: rsollars@  
hazeltine nurseries.  
com

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Form No. 2001-01

**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 proposed facility is a children's garden.  
A majority of the space is accessible with the exception  
of the treehouse and Canopy Walk.

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

Total project cost = \$1,750,000.00

**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 local building official has required we file  
for an accessibility waiver due to the garden not  
100% ADA accessible.

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

Issue

1: Accessibility to Tree House feature

Request waiver for Section 11-4.1.2 and Sections 11-4.3.2  
sub section (2)

Issue

2: Accessibility to Canopy Walk feature

Request waiver for section 11-4.1.2 and Section  
11-4.3.2  
sub section (2).

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.

The entire Children's Garden will be accessible with the exception  
of 2 features. This is a garden space and elevators are not  
within our budget.

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

See attached cost estimate to provide elevators to  
the 2 features.

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.

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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. see attached cost estimate from Tandem Construction.  
which includes 2 quotes from different  
b. elevator contractors.

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.

n/a \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature** **Printed Name**

**Phone number** \_\_\_\_\_

**(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 26<sup>th</sup> day of April, 20 11

*Ryan William Sollars*  
Signature

Ryan W. Sollars  
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. \_\_\_\_\_
- 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 -0-

Comments/Recommendation The waiver should be approved due to cost of elevators to one fixture.

Jurisdiction City of Sarasota

Building Official or Designee  
Signature Lawrence P. Murphy

Printed Name Lawrence P. Murphy

Certification Number BU1520

Telephone/FAX 941-365-2000 / 941-454-4178

Address: 1565 First Street  
Sarasota FL 34236