

**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:** Claremont Hotel

**Address:** 1700 Collins Avenue, Miami Beach, FL 33139

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**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:** Robert S. Fine, Esq., AIA

**Applicant's Address:** Greenberg Traurig, PA, 333 Avenue of the Americas, Miami, FL 33131

**Applicant's Telephone:** 305-579-0826 **FAX:** 305-961-5826

**Applicant's E-mail Address:** FineR@gtlaw.com

**Relationship to Owner:** Legal Counsel

**Owner's Name:** Claremont Partners, LLC

**Owner's Address:** 6428 Bannington Road, Suite B, Charlotte, NC 28226

**Owner's Telephone:** c/o Applicant **FAX:** \_\_\_\_\_

**Owner's E-mail Address:** c/o Applicant

**Signature of Owner:** Nishith Patel

**Contact Person:** Applicant or Michele McLeod, Owner's Representative

**Contact Person's Telephone:** 954-336-4364 **E-mail Address:** mmcleod513@gmail.com

This application is available in alternate formats upon request.

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.)

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\_Historic 3-story (plus basement) hotel.

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

Not applicable as basis for waiver request is technical infeasibility.

**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.

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

**Issue**

1: Section 553.509, Florida Statutes, Vertical Accessibility from the historic lobby to the raised first guest room floor.

**Issue**

2: \_\_\_\_\_  
\_\_\_\_\_

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 only available means of providing vertical accessibility from the main lobby to the elevated first guest room floor is an inclined wheelchair lift. However the implicated stair is only 4'-9" wide. Since the AHJ (Fire Marshal) in this jurisdiction determines the encroachment of a wheelchair lift into a means of egress by how much clear width remains when the lift is in its open configuration, the required means of egress is impermissibly encroached. Therefore, providing vertical accessibility to the raised first floor is technically infeasible.

\_\_\_\_\_

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

If this waiver request is denied, then the first guest room floor will not be able to attain a certificate of occupancy eliminating a significant portion of the guest rooms from use.

\_\_\_\_\_

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.

Not applicable as the basis for this waiver request is technical infeasibility, not cost hardship.

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. Not applicable as the basis for this waiver request is technical infeasibility, not cost hardship.

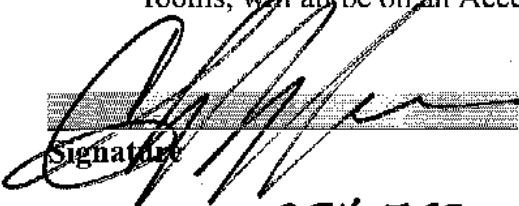
b. \_\_\_\_\_

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.

The only available means of providing vertical accessibility from the main lobby to the elevated first guest room floor is an inclined wheelchair lift. However the implicated stair is only 4'-9" wide. Since the AHJ (Fire Marshal) in this jurisdiction determines the encroachment of a wheelchair lift into a means of egress by how much clear width remains when the lift is in its open configuration, the required means of egress is impermissibly encroached. Therefore, providing vertical accessibility to the raised first floor is technically infeasible.

It should be noted that the required number of accessible guest rooms are being provided in the two higher floors that are served by the elevator. The historic lobby level will be on an accessible route from the public sidewalk. Therefore, even if the waiver is granted, the Claremont's amenities, and accessible guest rooms, will all be on an Accessible Route.

  
Signature  
Chris P. Zimmermann  
Printed Name  
Phone number 954-792-8525




**CERTIFICATION OF APPLICANT:**

**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 22 day of February, 2013

  
\_\_\_\_\_  
Signature

Robert S. Fine, Esq., AIA  
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 \_\_\_\_\_

**Comments/Recommendation** \_\_\_\_\_

\_\_\_\_\_

Jurisdiction \_\_\_\_\_

Building Official or Designee \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Certification Number

\_\_\_\_\_

Telephone/FAX

Address: \_\_\_\_\_

\_\_\_\_\_







NO.	REVISION	DATE
1	PRELIMINARY	03.01.12
2	REVISED	03.15.12
3	REVISED	03.15.12
4	REVISED	03.15.12
5	REVISED	03.15.12
6	REVISED	03.15.12
7	REVISED	03.15.12
8	REVISED	03.15.12
9	REVISED	03.15.12
10	REVISED	03.15.12

CONSULTANT:

HAMPTON INN CLAREMONT HOTEL  
 SOUTH BEACH  
 1700 COLLINS AVENUE  
 MIAMI BEACH, FLORIDA

CPZ ARCHITECTS, INC.  
 4000 BISCAYNE BLVD., SUITE 200  
 MIAMI BEACH, FLORIDA 33131  
 TEL: 305.441.1111  
 FAX: 305.441.1112



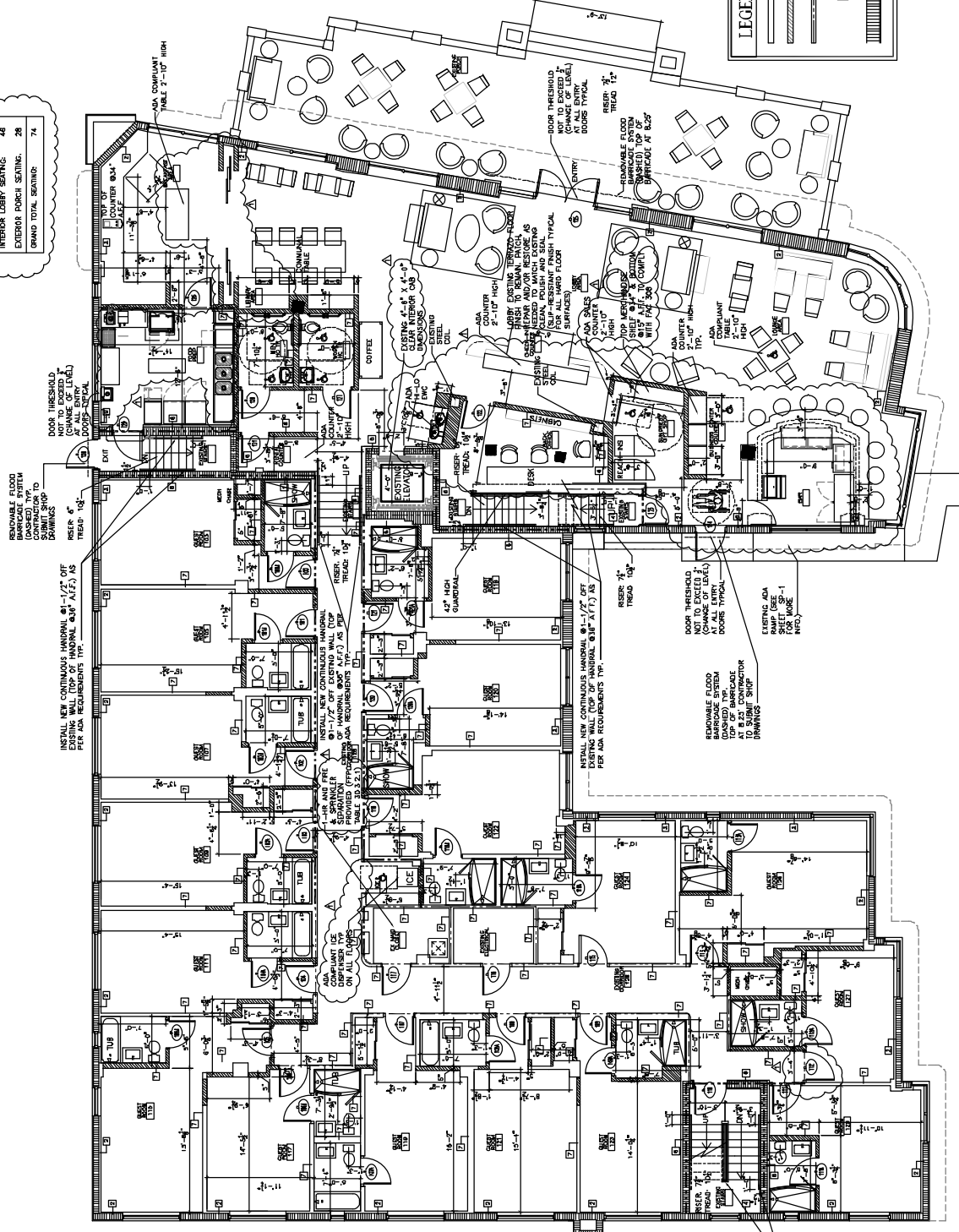
DRAWING TITLE  
 FIRST FLOOR PLAN

DRAWN	CPZ
CHECKED	CPZ
DATE	8.13.12
SCALE	AS NOTED
PROJECT NO.	1240
SHEET	

A-12

SEATING SCHEDULE

INTERIOR LOBBY SEATING:	46
EXTERIOR PORCH SEATING:	28
<b>GRAND TOTAL SEATING:</b>	<b>74</b>



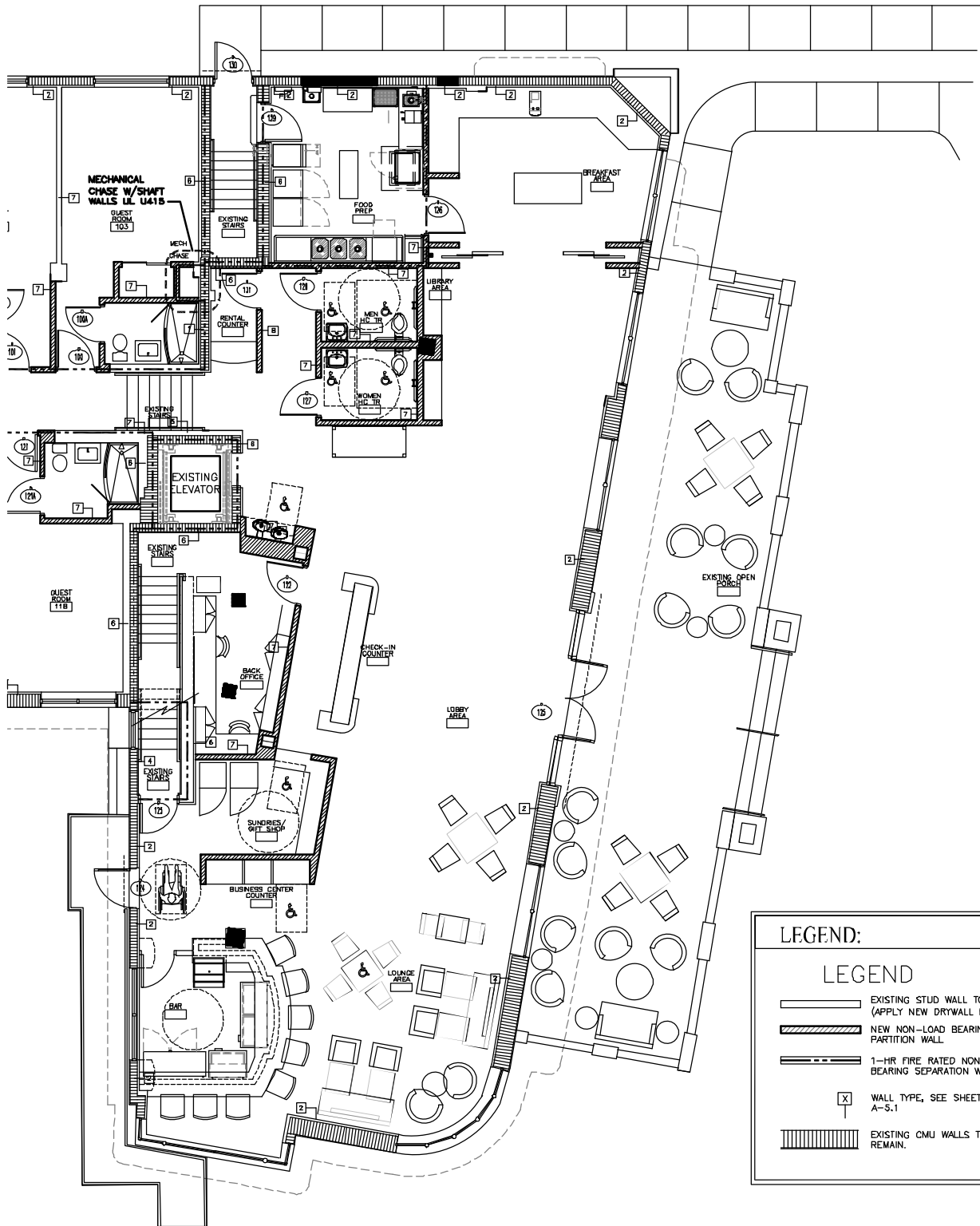
LEGEND:

	EXISTING STEEL WALL TO REMAIN (APPLY NEW DRYWALL FINISH)
	NEW NON-LOAD BEARING PARTITION WALL
	4-HR FIRE RATED NON-LOAD BEARING SEPARATION WALL
	WALL TYPE, SEE SHEET A-51
	EXISTING CMU WALLS TO REMAIN

DATE


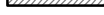



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FIRST FLOOR PLAN



**LEGEND:**

**LEGEND**

-  EXISTING STUD WALL TO REMAIN (APPLY NEW DRYWALL FINISH)
-  NEW NON-LOAD BEARING PARTITION WALL
-  1-HR FIRE RATED NON-LOAD BEARING SEPARATION WALL
-  WALL TYPE, SEE SHEET A-5.1
-  EXISTING CMU WALLS TO REMAIN.

CHRIS P. ZIMMERMAN, A.I.A.  
 REGISTERED ARCHITECT NO. 30995  
 S.F.A. & OF FLORIDA

