

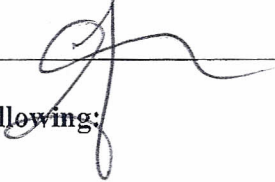
**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS  
OF CHAPTER 553, PART II, FLORIDA STATUTES**

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: FRED SCHWEITZ Too Your Health K  
Address: 995 S. Hwy 27/441

**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: FRED SCHWEITZ  
Applicant's Address: 400 S.W 45 ST Ocala FL 34474  
Applicant's Telephone: 352 237 6149 FAX: 352 237 2339  
Applicant's E-mail Address: FRED @ TYHS. CFCOXMAIL.COM  
Relationship to Owner: Owner  
Owner's/Tenant's Name: Too Your Health Spa  
Owner's Address: 400 S.W 45 ST Ocala FL 34474  
Owner's Telephone: 352 237 6149 FAX 352 237 2339  
Owner's E-mail Address: FRED @ TYHS, CFCOXMAIL.COM  
Signature of Owner: 

**3. Please check one of the following:**

New construction.  
FBC 2012-01  
Request for Waiver

Rule 61G20-4.001  
effective 4/25/2013

1: Florida Accessibility Code Chapter 4  
Vertical Accessibility to 2nd floor

Issue

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.

All equipment that is on 2nd floor is Also available  
on the 1st floor, all carded on 1st Floor

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

Elevator Not budgeted as this is 5th CIBB Under  
same design, Financing approval Before Elevator

[ ] 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.

- 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.)

2 Story 15,600 sq ft Building  
 2nd Story footage is 2350 sq ft  
 Health Club Usage

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

\$750,000

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.

N/A

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

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. \_\_\_\_\_

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

c. \_\_\_\_\_

\_\_\_\_\_

10. Licensed Design Professional: Where a licensed design 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.

ALL SERVICES PROVIDED ON THE 2<sup>ND</sup> FLOOR ARE AVAILABLE  
ON THE 1<sup>ST</sup> FLOOR TO HAND-ICAPPED INDIVIDUALS. THIS IS  
THE 5<sup>TH</sup> SUCH PROJECT BY THIS OWNER (ALL WITHOUT ELEVATORS)  
Signature Julius A. Collins, P.E. Printed Name JULIUS A. COLLINS, P.E.  
FLA. REG. NO. 7084  
Phone number (352) 288-1309 P.O. Box 332  
OCCLAWAHA, FL 32183

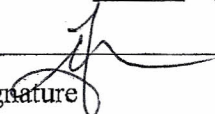
(SEAL)



**CERTIFICATION OF APPLICANT:**

I hereby declare 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 21 day of NOV, 20

  
\_\_\_\_\_  
Signature

FREDERICK SCHMITZ

Printed Name

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

Too Your Health Spa  
2841 SW 20<sup>th</sup> Street  
Ocala, FL 34474


Florida Building Commission  
Attn: Mary Kathryn Smith  
1940 North Monroe Street  
Tallahassee, FL 32399

11-21-13

Dear Ms. Smith

I, Fred Schweitz am requesting a waiver to the Florida Accessibility Code Chapter 4 Vertical Accessibility to 2<sup>nd</sup> floor. Too Your Health Spa has been in business for 35 years and has 4 locations with the 5<sup>th</sup> location to start construction immediately. All our locations have 2<sup>nd</sup> floors without the need for elevators nor the use of them. We address the accessibility of 2<sup>nd</sup> floor by duplicating all equipment on the 1<sup>st</sup> floor. All cardio is on the 1<sup>st</sup> floor. We submitted applications for financing prior to the purchase of land to establish the availability to complete the project. We have been approved for construction but it did not include money for an elevator which at this time we have had quotes for \$50,000.-- I am submitting floor plan and equipment layout for 1<sup>st</sup> and 2<sup>nd</sup> floor. I am also submitting description of equipment and explaining its duplication on both floors. I hope this will address our responsibility in a correct fashion regarding accessibility.

Sincerely,



Fred Schweitz

**TYHS**

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**From:** "Bill Morisco" <bmorisco@gymsource.com>  
**Date:** Monday, November 18, 2013 4:12 PM  
**To:** <fred@tyhs.cfcxmail.com>  
**Subject:** 2nd floor access

The following is a brief explanation on the equipment as it relates to accessibility per floor at the proposed Too Your Health facility:

The second floor equipment may consist of the proposed equipment below:

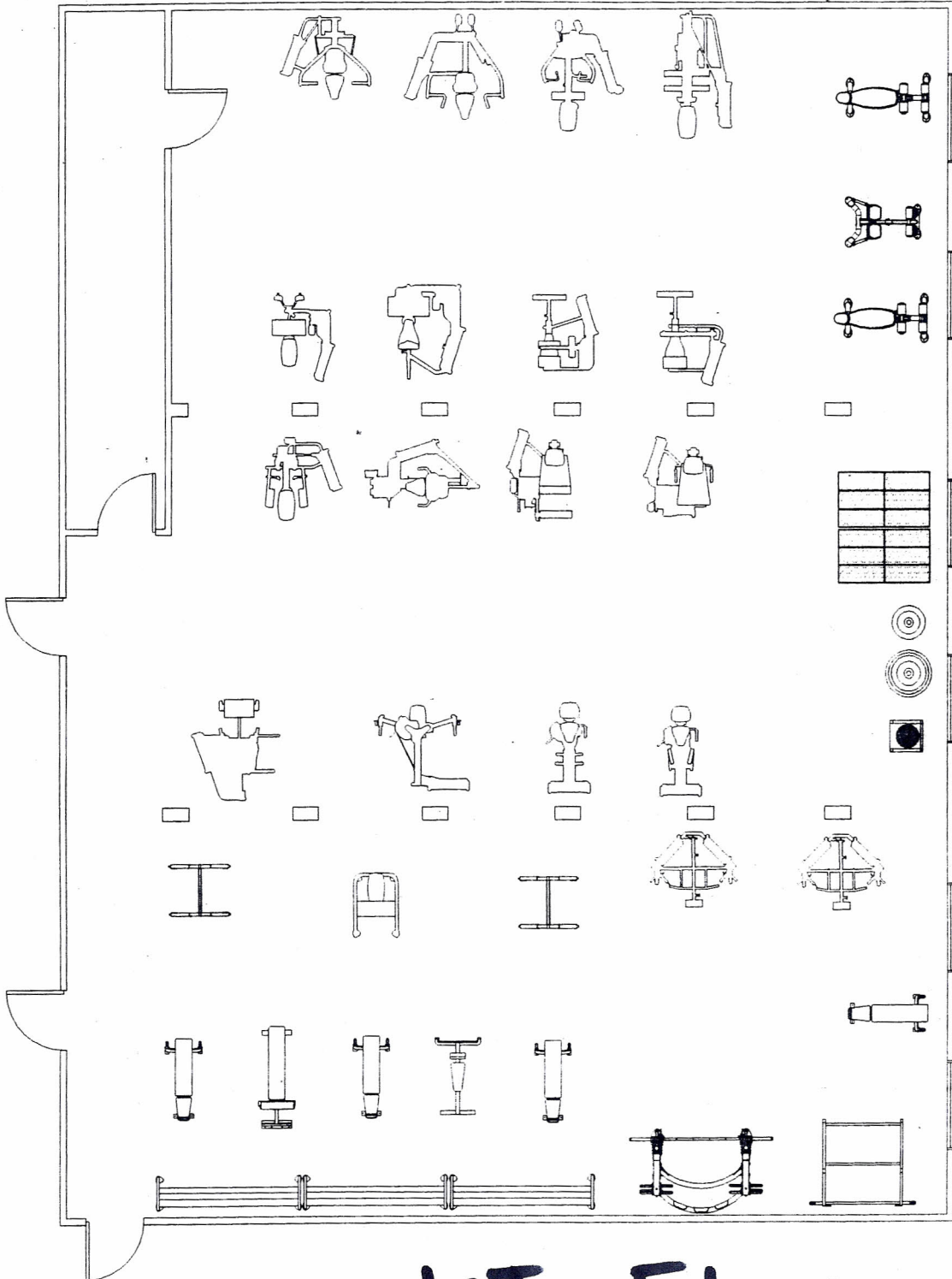
- Hoist or Hammer Plate Load
- Free weight Olympic Benches: Flat, Incline and Decline
- Modular Jungle including Cable Cross, Lat Pull down, Row, Triceps and pull up bar
- Smith Machine
- Power Rack

On the first floor, the equipment proposed will offer similar movements but may differ in terms of function, i.e.

- Hoist/Hammer require weight plates be loaded to the machine to perform the exercise – these same machines in pin-select form can be found on the first floor. Movements are similar, only the weight selection differs.
- Olympic Benches upstairs are basic benching movements – which can be recreated on the proposed power rack and fully adjustable bench downstairs (albeit additional set up is necessary)
- Jungle is a modular system combing multiple exercises in one large connected machine – these movements can all be found on the first floor in the pin-select circuit and adjustable pulley systems (compact cable cross over).
- The last two items, Smith Machine and Power rack are duplicated on both floors in the proposed equipment list.

While there may be some subtle differences among the first and second floor equipment, the proposed first floor machines should provide a comparable workout to those that can access both floors. In essence, there should be enough similarities in the equipment on both levels to appease all patrons who otherwise could not access the 2<sup>nd</sup> floor.

Bill



1st Floor

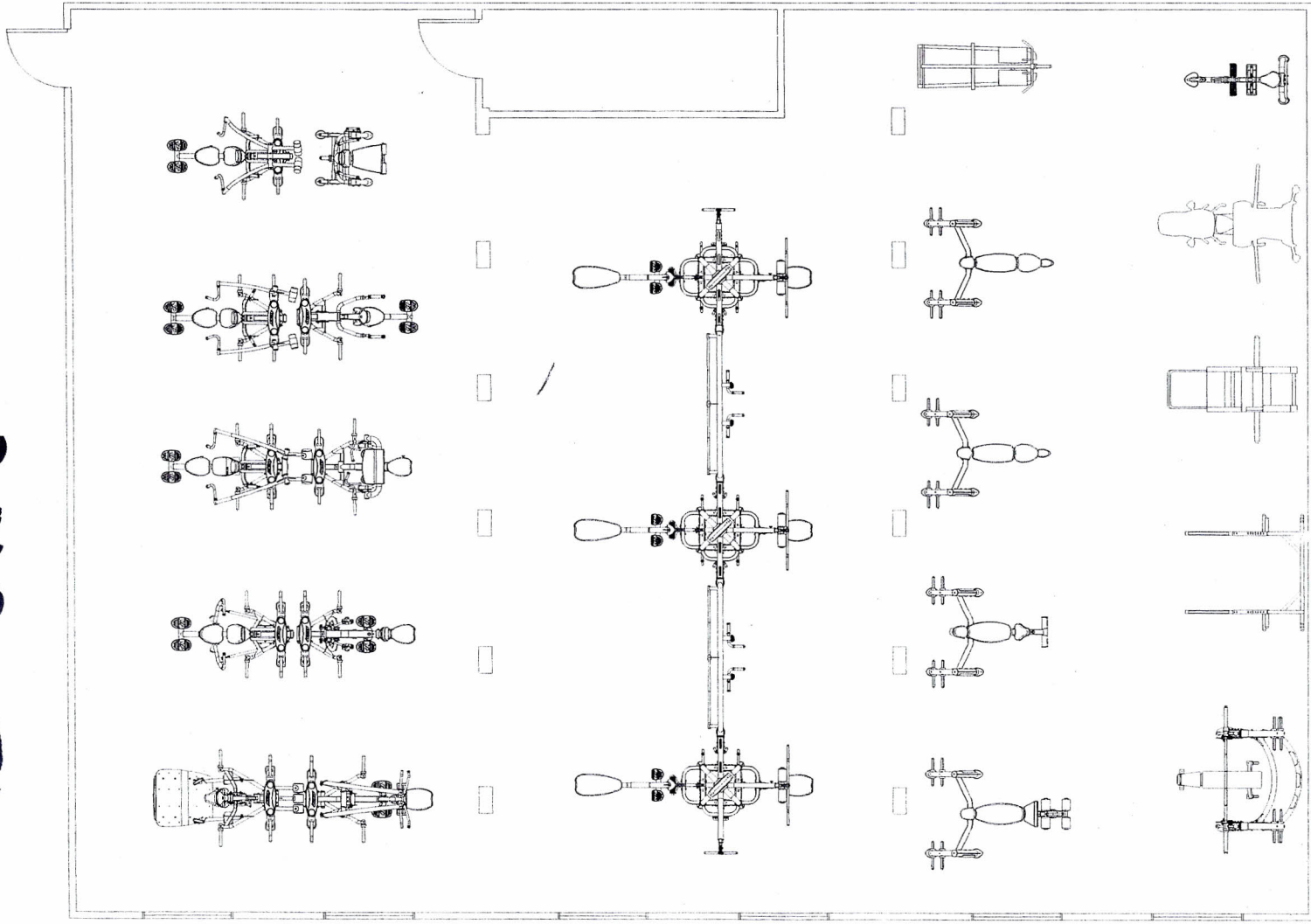
**Drawing Key:**  
 First Level  
 10.01.2013  
 Scale: 1/8"=1'  
 By: Bill Morrisco  
 Top Your Health

gym source





1  
2nd Floor



**Drawing Key:** Second Level Scale: 1/8"=1'  
Too Your Health 10.01.2013 By: Bill Morisco

# Estimate on Elevator



11/14/2013

Too Your Health  
ATTN: Fred

KONE Inc.  
10003 Satellite Blvd  
Orlando, FL 34657  
Tel: 407-812-8033  
Fax: 407-852-6439  
www.kone.com  
taylor.vaughan@kone.com

RE: TYHS Elevator

KONE Inc. is pleased to provide you with our quotation to furnish and install 1 **EcoSpace Gearless Traction Elevators** for the above project. We quote a total net sum of **(\$55,150.00\*)** for all labor and material required for a complete installation. Our pricing includes all applicable taxes and is valid for a period of sixty (60) days. Our pricing is based upon standard features, finishes, and dimensional requirements of the above mentioned product line, and the following clarifications:

## GENERAL CLARIFICATIONS

1. KONE assumes the contract terms, insurance terms, and construction schedules will be mutually agreeable between KONE and your firm (See Attachment A). In the event that this proposal will not serve as our binding agreement, progress on this scope of work (including but not limited to booking, engineering, submittals, manufacturing, installation, and warranty) cannot begin until the scope specific Subcontract is received with all referenced documents; including Schedules, Plans, Specifications, Addenda, Prime Contract (if referenced), General Conditions, and Scope of Work. A Letter Of Intent may be issued to hold the proposal price only for a mutually agreed upon period while documents are being prepared for submittal to KONE.
2. For items that are to be furnished and installed by your firm or by other trades please see Attachment B.
3. We will work 40 straight-time hours per week (Monday through Friday), excluding nationally recognized holidays. No overtime or premium-time work has been included in our base bid. Our standard wage rate as defined by the International Union of Elevator Constructors has been included.
4. Should KONE need to leave the jobsite once material has been delivered (due to the fault of others), a remobilization charge of \$2,500.00 per crew plus any tooling or equipment rental @ \$75.00 per day shall be paid to KONE via change order. In addition, KONE may not have the availability of manpower to remobilize the jobsite for up to six (6) weeks.
5. Our bid is based on utilization of the contractor supplied forklift or crane to lift and set elevator equipment at no cost to KONE. We assume this work will be performed during our regular working hours.
6. Temporary use of the elevator equipment is not included in this proposal. Should the general contractor require temporary use of the elevators, we will require execution of KONE's Standard Temporary Use Agreement at our standard monthly rate.