## 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: High Reach 2 Office and Maintenance Facility

Address: 260 Hickman Drive Sanford, FL 32771

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: Clark Stranahan

Applicant's Address: 4700 Millenia Blvd Suite 390 Orlando, FL 32839

Applicant's Telephone: 407-363-6136 FAX: N/A

Applicant's E-mail Address: CStranahan@C4Architecture.com

Relationship to Owner: Architect for Project

Owner's/Tenant's Nam	IE: REN	nolli	Propertie	s CLC.	
Owner's/Tenant's Nam Owner's Address:	6151	fiel KmA	N CIRcle	- Santo.	nD, FL SZMI
Owner's Telephone:					
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Signature of Owner:		Al	5		
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# 3. Please check one of the following:

[X] 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.)

Two story office space (B occupancy) / Factory-Industrial shop space (F-1 occupancy) used for maintaining vehicles

Office - 11,630 SF / Factory - 29,765 SF

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

\$2,000,000.00

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\*

[X] In Plan Review [] Completed\*

\* Briefly explain why the request has now been referred to the Commission.

Upon preliminary review with the Seminole County plans examiner, it was recommended that we contact Mary-Kathryn Smith at the Department of Community Affairs to see if this project would be eligible for a waiver. Upon talking with Mary-Kathryn, she has agreed that the Florida Accessibility Code 206.7 states that in new construction platform lifts shall be permitted as a component of an accessible route. Seminole County building department has stated a platform lift will not meet the requirements of an elevator for the vertical accessibility requirements as the occupant load exceeds what is allowed for a lift & will need to provide an elevator designed to meet section 206.7 & chapter 30 of the 2010 FBC.

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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: Ref: Section 206.7.1 thru 206.7.10 Florida Accessibility Code 2012 Edition. These codes outline specific situations where a platform lift may be used. The use of the platform lift in this project does not fit into any of these categories. However, this project meets the federal elevator exemption, as the facility is less than three stories. The intent of the Florida Accessibility Code is to allow a platform lift as a component of an accessible route for the second floor of the office area.

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.

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

The owner is willing to install a platform lift to meet the accessibility requirements, but the increase in cost to install an elevator will be unrecoverable.

[] 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

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appropriate, photographs. Cost estimates must include bids and quotes.

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.

In my review of the requirements and the intent of the code, it is my professional opinion that a platform lift would be allowed to be used as a part of an accessible route to the second floor of the office area per 206.7 of the Florida Accessibility Code and the Federal Elevator Exemption.

Signature

CLARK STRANAHAN Printed Name

**Phone number** 407-363-6136 **(SEAL)** 



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## **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 103 day of March, 2014

Signature

LACK STRANALAN

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.

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### **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. Sec.206.6 states the requirements of an elevator, exception 1 permits platform lifts

- b. per section 206.7 but per 206.7 the size and use of the 2nd floor office space does
- c. not meet the uses allowed for a platform lift.

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 \_\_\_\_\_

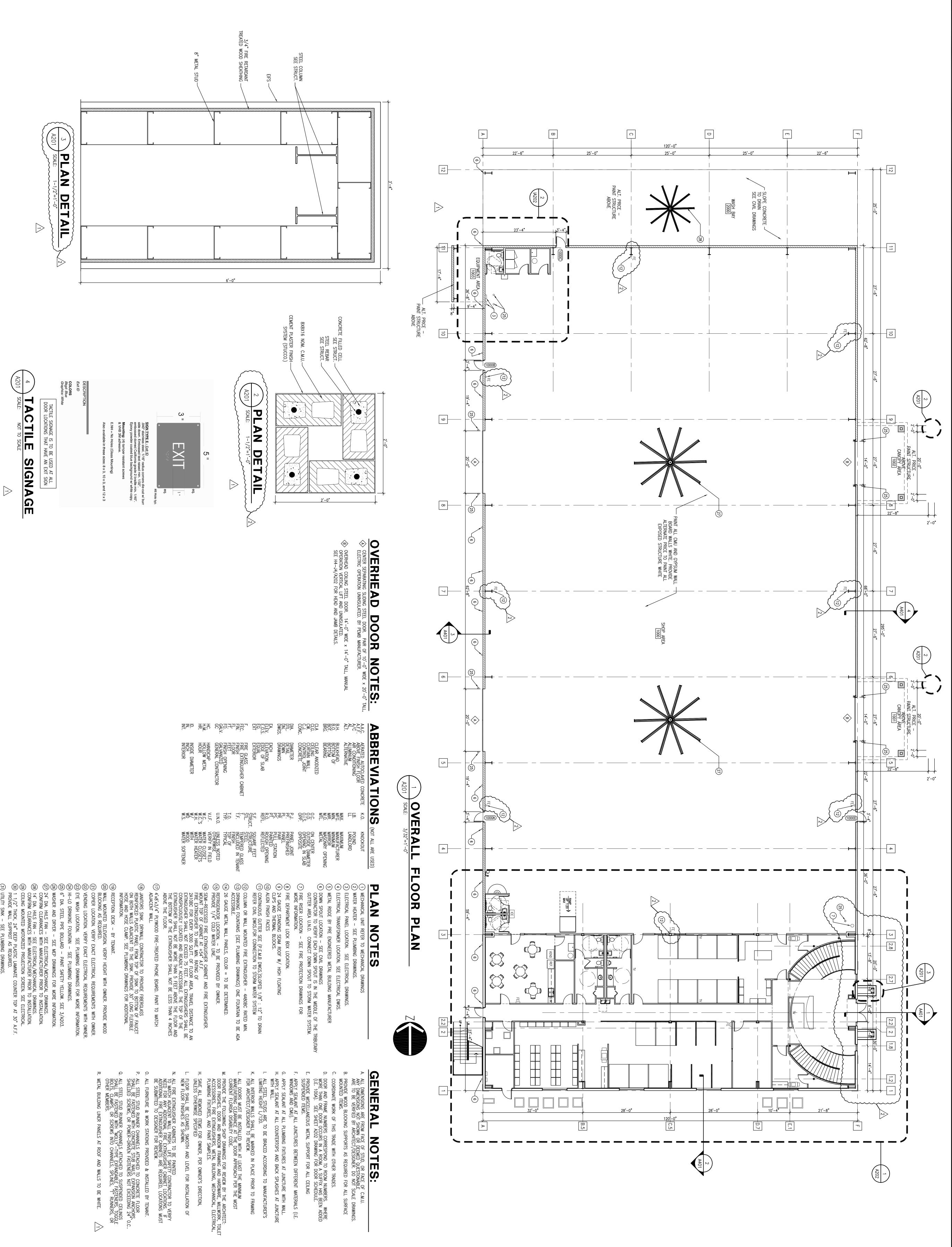
Comments/Recommendation We referred them to your board as we cannot find a

code path to allow the use of a platform lift for this project.

Jurisdiction: Seminole County

Building (	Official or Designee Rayh & John	
	Signature Ralph J Johnson	
	Printed Name	
	PX2393	
	Certification Number	
	407-665-7585	
	Telephone/FAX	
	rjohnson02@seminolecountyfl.gov	
	Email Address	
Address:	1101 E. First Street Sanford FI. 32771-1468	

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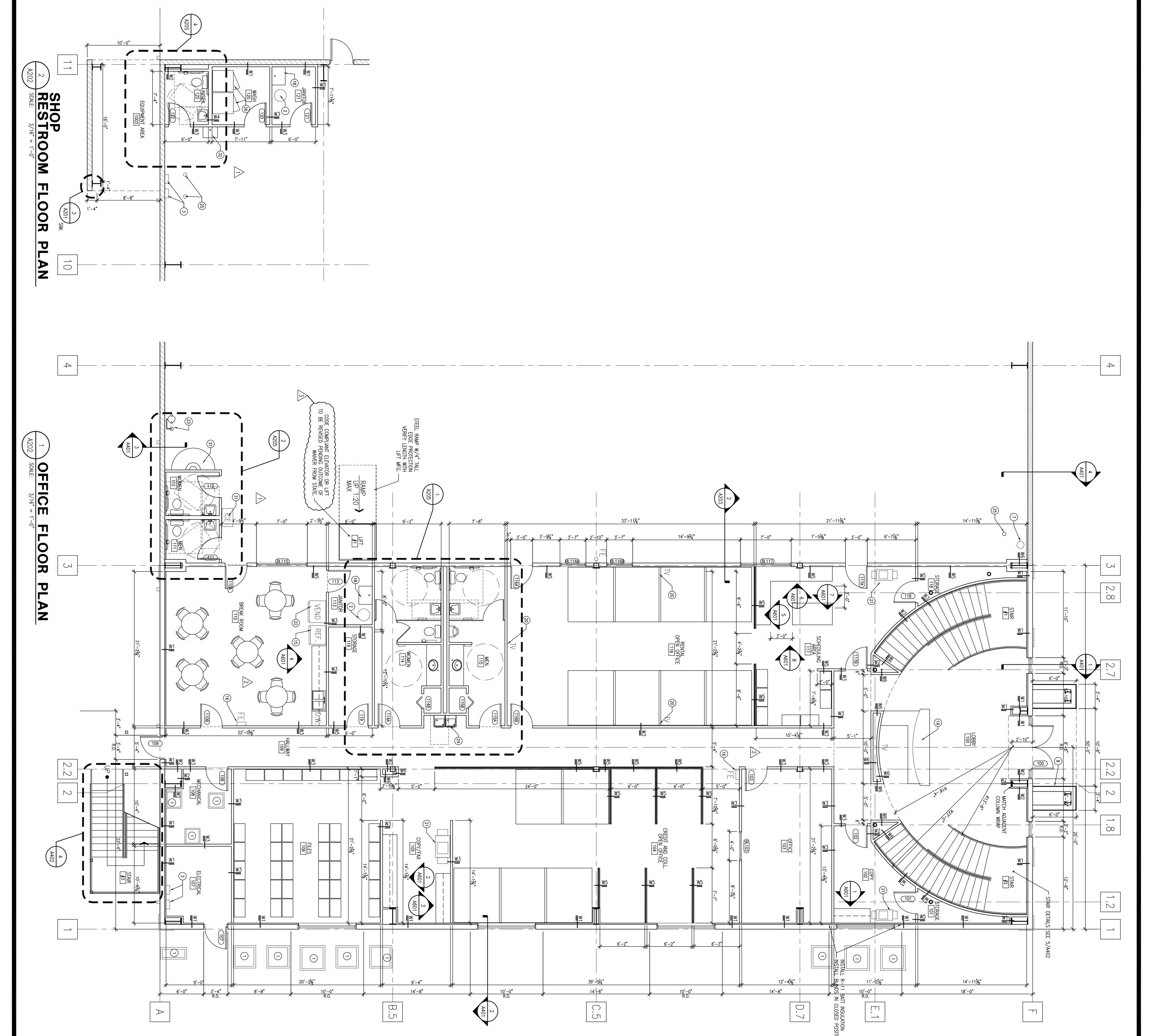
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(8) FIRE DEPARTMENT LOCK BOX LOCATION.
(9) 24 GAUGE STANDING SEAM ROOF W/ HIGH FLOATING CLIPS AND THERMAL BLOCKS.
(10) ALIGN FINISH FACES
(11) CONTINUOUS GUTTER SEE (P.E.M.B DWGS.)SLOPED 1/8" : 12" REFER CIVIL DWGS.FOR CONNECTION TO STORM WATER SYSTEM
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(13) DRINKING FOUNTAINS (SEE PLUMBING DRAWINGS) ONE FOUNTAIN ACCESSIBLE. MECHANICAL UNIT REFER TO MECHANICAL DRAWINGS
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19 RECEPTION DESK - BY TENANT.
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15 REFRIGERATOR LOCATION. - TO BE PROVIDED BY OWNER.
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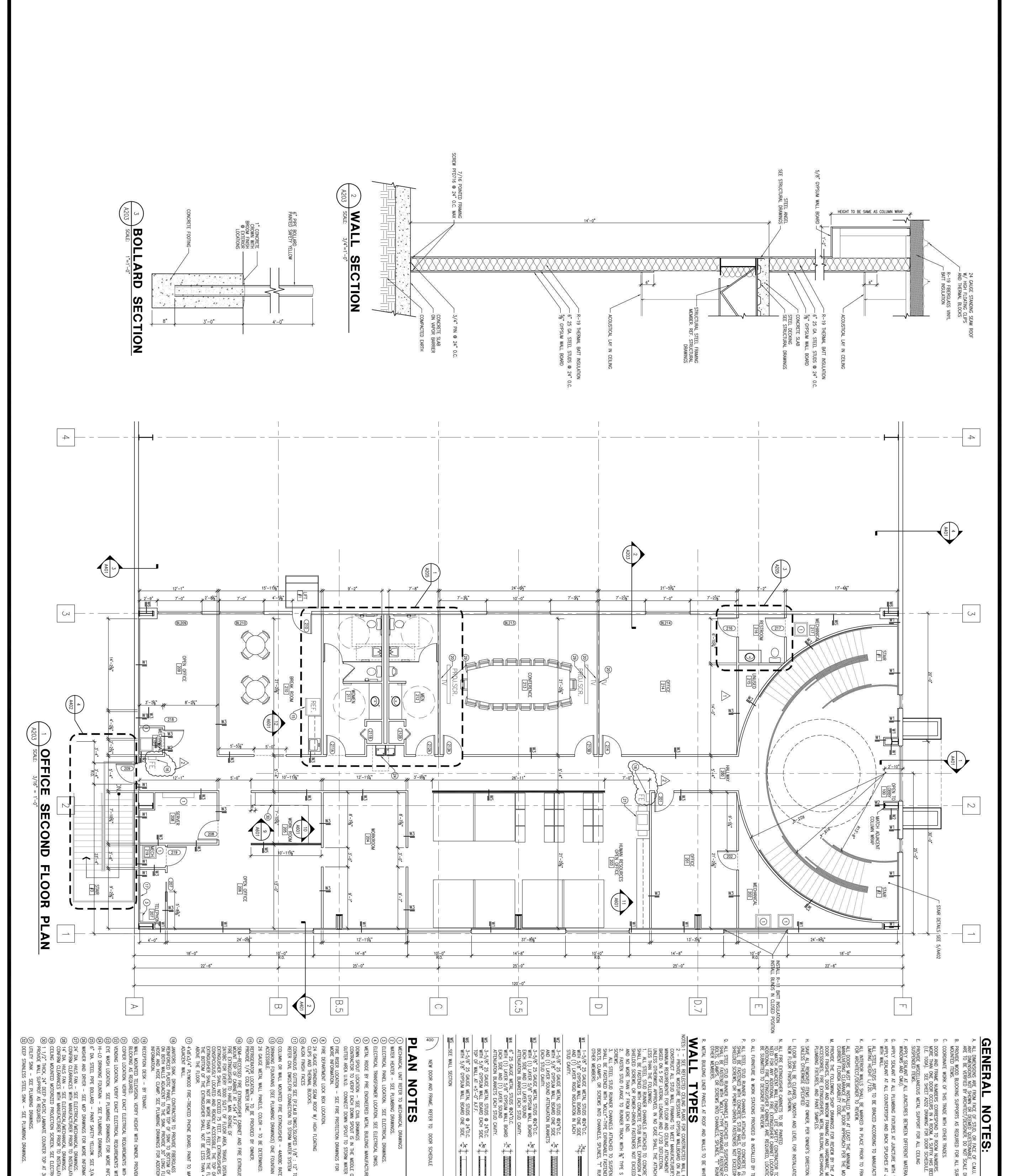
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