

**Department of Business and Professional Regulation  
FLORIDA BUILDING COMMISSION**

**1940 North Monroe Street  
Tallahassee, Florida 32399-0772**

**Form FBC 2012-01  
Request for Waiver**

**NOTICE TO WAIVER APPLICANTS**

Please make certain you comply with the following:

- X The person submitting the waiver request application as the Applicant **MUST** sign the application. Should you fail to do so, your application will be returned.
- X If a licensed design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- X Be as explicit as possible. The more information provided to the Florida Building Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree. Two estimates substantiating a claim for disproportionate cost must be included.
- X Petitioners are strongly advised to participate in the Council's conference call, webinar or onsite meeting for application review. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your participation in the meetings to answer questions will enhance the possibility of the waiver being approved, since the Council and the Commission will receive the most complete information — from you. When we receive the completed application, we will send you a notice of the time, date, and place for both the Council and the Commission meetings.

Enclosed is a **List of Required Information** and the **Request for Waiver** application.

If you have any questions or would like additional information, please call the Codes and Standards Section at [\(850\) 487-1824](tel:8504871824).

**Please mail this application to the Department of Business and Professional Regulation at the address above. Include a copy of the application, photos where appropriate and drawings or plans on a CD in PDF format. NOTE: Please do not send files in CAD format but rather provide the files in pdf format.**

This application is available in alternate formats upon request.

**LIST OF REQUIRED INFORMATION:**

1. \_\_\_\_\_ Drawings that will clearly present your project and that identify the issue(s) that relate to the waiver you are requesting. As a minimum, the following drawings must be submitted:  
Project site plan if pertinent to the application

24" x 36" minimum size drawings

Building/project sections (if necessary to assist in understanding the waiver request)

Enlarged floor plan(s) of the area in question

2. \_\_\_\_\_ When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.

3. \_\_\_\_\_ If you feel photographs and/or renderings are necessary for your presentation, provide legible color copies of the photographs and/or renderings on the CD with the application and plans in jpeg, tif or pdf format.

4. \_\_\_\_\_ Please submit one hard copy of this application and attachments to the Florida Building Commission, Department of Business and Professional Regulation.

#### General Information:

a. **Verbal Descriptions:** Presentations may be to sight or hearing impaired persons; visual presentations should consider adequate verbal and text descriptions of charts and pictures.

Your application will be reviewed by the Accessibility Advisory Council. You will have the opportunity to answer questions and/or make a short presentation **not to exceed 15 minutes**. The Council will provide recommendations to the Florida Building Commission. The Commission will review the application, where you will have another opportunity to answer questions and/or give a short presentation **not to exceed 15 minutes**. The Commission will consider all information and the Council's recommendation before voting on the waiver.

This application is available in alternate formats upon request.

#### 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: \_\_\_\_\_

Address: 355 Washington Ave  
Miami Beach, FL

2. Name of Applicant. If other than the owner, please indicate relationship of applicant to owner and written authorization by owner in space provided:

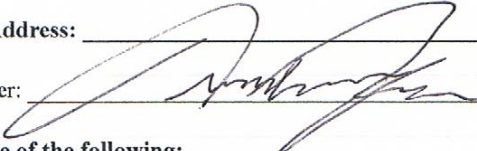
Applicant's Name: Angela Bernal

Applicant's Address: 9500 Palmetto club ln E

Applicant's Telephone: 3054950718 FAX: \_\_\_\_\_

Applicant's E-mail Address: abernal319@hotmail.com



Relationship to Owner: Architect.  
Owner's/Tenant's Name: Cand D Miami Real Estate LLC / Damolin Danil  
Owner's Address: 7915 East dr #1 office North Bay Village FL  
Owner's Telephone: 305 505 5880 FAX \_\_\_\_\_  
Owner's E-mail Address: \_\_\_\_\_  
Signature of Owner: 

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.)

8 unit hotel with 3815 sq ft, one story

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

\$ 117,000.00

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.

Accessibility to all levels is very difficult and costly due to all entrances have different heights

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

Issue

1: FS 553.509 vertical accessibility to all levels.

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 entrances to the units have different levels.  
it is difficult to provide accessible route to all units.

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

the cost of construction is \$117,000 making all  
entrances accessible will exceed the 20% of cost  
of construction.

☒ 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.

see attached.

**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. \_\_\_\_\_

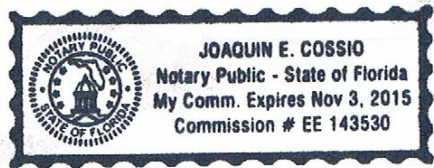
10. **Licensed Design Professional:** Where a licensed design has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

Signature

Printed Name

Phone number 305 505 5880

(SEAL)



*[Signature]*  
1/14/2014

**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 14 day of JANUARY, 2014

Signature

DANOLIN DANILLO

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.

**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. \_\_\_\_\_

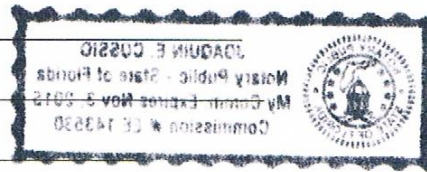
Has there been any permitted construction activity on this building during the past three years? If so, what was the cost of construction?

☐ Yes ☐ No Cost of Construction \_\_\_\_\_

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

Jurisdiction \_\_\_\_\_

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



Printed Name \_\_\_\_\_

Certification Number \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

Email Address \_\_\_\_\_

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

#### Certification of Licensed Design Professional for Replicated Designs to be Placed on Consent Agenda

Note: Fill out pages \_\_\_\_\_ only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda.

I, Angela Bernal, a licensed architect/engineer in the state of Florida, whose Florida license number is AR95382, hereby state as follows:

**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. Florida Statutes 553.509 Vertical Accessibility to all levels requirement. / 2010 FBC, Accessibility Code (FAC), 202 Requirements for existing buildings.

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?

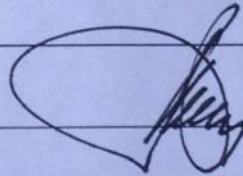
☒ Yes      ☐ No Cost of Construction      \$117,000.00 (Cost of project under construction).

**Comments/Recommendation:** Provide vertical accessibility to all units will be disproportionate to the cost of construction according with FAC section 202.3 Exception 1 and the information provided by the applicant. In addition, while in construction the applicant find that it will be technically infeasible to provide accessibility to all units due to the different elevation to each unit and the space available. Nevertheless, accessible route will be provided to the accessible unit for persons with mobility impairments.

Jurisdiction City of Miami Beach

Building Official or Designee

Signature



Mariano Fernandez, PE.

Printed Name

BU689

Certification Number

305-673-7610 ext. 6288/ 305-535-7513

Telephone/FAX

marianofernandez@miamibeachfl.gov

Email Address

Address: 1700 Convention Center Dr. Miami Beach, FL 33139, 2<sup>ND</sup> Floor, Miami Beach, FL





The AmeriGlide Hercules II 600 Vertical Platform Lift - Commercial is designed for commercial applications and can be configured cost effectively to meet local code requirements. On top of being easy to install, the Hercules is of course weather resistant and has a 600 pound capacity. The platform is a solid style platform with safety plate and comes standard with a solid handrail. This is our most recommended unit for installations in churches, schools, offices, government buildings, and more.

Use our [Virtual Designer](#) to help visualize your lift.

- Solid handrail
- Solid platform with fixed ramp and safety plate
- Weather resistant
- Top and bottom limit switches
- Solid side walls
- 600lb weight capacity
- Meets ASME 18.1 - Section 2 - VPLs when properly configured for application
- Meets CSA B44.1 - ASME 17.5 - Elevator and Escalator Electrical Equipment when properly configured for application

Give us a call for any help you need. We have a team of experts that can answer questions about commercial applications and accessories for any of the vertical platform lifts we sell.

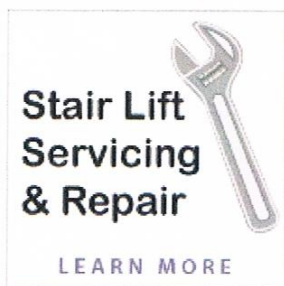
Lifting Capacity	600 lb
Standard Lift Height	53"
Maximum Lift Height Upgrade	77"
Arrives Assembled	No
Drive System	Acme Screw Drive
Optional Drive Systems	None Available
Battery Powered Option	Yes
Constant Pressure Platform Control	Yes
Emergency Stop Platform Control	Included
Alarm Button	Optional Audible Alarm, Lighted Button



**AmeriGlide Hercules II 600 Vertical Platform Lift - Commercial**

AmeriGlide

model: AMGHERC2-COM

[Design Your Lift](#)

Call (800) 647-0916 for the absolute lowest price on this product.

<b>Your Price</b>	\$4,245.00	$\times 8 = 33,960$
Regular Price	\$6,599.00	

**Additional Shipping?** Yes

\*Non-Continental U.S. States & Territories - please  
call for shipping charges.

Product Review

(2)

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