



ACCESSIBILITY WAIVER APPLICATION
RESTAURANT RENOVATION AT
1215 THOMASVILLE ROAD
TALLAHASSEE, FLORIDA

Mary-Kathryn Smith

Department of Business and Professional Regulation,
Codes and Standards Section
2555 Shumard Oak Blvd.
Tallahassee, Florida 32399

1960-C BUFORD BOULEVARD ■ TALLAHASSEE, FLORIDA 32308 ■ PHONE / FAX: 850.878.8784 ■ www.connandassociates.com

Michael Conn Licensed in Florida, Georgia, Alabama, Mississippi, Texas, North Carolina, Tennessee and New York

Florida License No. AA C001662

**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: Restaurant Renovation at 1215 Thomasville Road

Address: 1215 Thomasville Road, Tallahassee, FL 32303

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: Michael A. Conn, AIA

Applicant's Address: 1960-C Buford Boulevard, Tallahassee, FL 32308

Applicant's Telephone: (850) 878-8784 **FAX:** (850) 878-8784

Applicant's E-mail Address: mconn@connandassociates.com

Relationship to Owner: Architect / Owner's Representative

Owner's Name: Chad Kittrell

Owner's Address: 311 East Jennings Street, Tallahassee, FL 32301

Owner's Telephone: (850) 521-5819 **FAX:** _____

Owner's E-mail Address: chad@hunterandharp.com

Signature of Owner: _____

Contact Person: Michael A. Conn, AIA

Contact Person's Telephone: (850) 878-8784 **E-mail Address:** mconn@connandassociates.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.)

The existing building is a 6,720 (+/-) square foot, two-story restaurant, with 4,193 (+/-) square feet on the first floor and 2,528 (+/-) square feet on the second floor. There is an existing wrap around porch and awning system that covers approximately 2,200 (+/-) square feet. The renovations we are proposing will not add any conditioned space to the existing structure. No work is being done on the second floor.

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

\$ 507,339.00

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 project is currently under design and is anticipated to get the following comment from the City of Tallahassee Growth Management Plan Review: "This addition/alteration invokes Section 553.509 FL Statutes.

- Provide vertical accessibility to second floor or a letter from owner indicating that the second floor is not open to the public and will not house more than 5 persons, consistent with Section 11-4.1.6(1)(f)(3), FBC, Chapter 11.

OR

- Seek and obtain waiver for this requirement."

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

Issue

1: Florida Building Code (FBC-B), Sections 11-4.1.6(1)(b), 11-4.1.3(5), Florida Statutes, Section 553.509. Section 11-4.1.6(1)(b) requires that an alteration to an existing space comply with the requirements of Sections 11-4.1.1 to 11-4.1.3 (minimum requirements for new construction). Section 11-4.1.3(5) requires a passenger elevator to serve all levels of the building.

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.

The space required for an elevator and all associated equipment, including machine room and shaft, would consume a disproportionate amount of space for the areas to be served. Installation of an elevator would require the minimizing of either the kitchen or dining area's on each floor, which would reduce the employees and or clients respectfully; and thus hurt business.

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

The estimated cost of the renovation is \$ 507,339. Twenty percent (20%) of \$ 507,339 is \$ 101,468. The new accessible elements already included in the project (accessible parking space and access aisle, exterior accessible ramp, accessible entry doors, accessible deck, door hardware and accessible restrooms) will consume more than the 20% allocation for accessibility. The national average for a 2-stop commercial elevator installed, with the shaft enclosure, is in the range of \$ 80,000 to \$ 90,000. Please see the attached elevator quotes. Please note that these quotes are only for the elevator equipment and installation and do not include the shaft enclosure or any alterations to the existing building.

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.

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. Estimated price for a 2,100 lb capacity hydraulic holeless elevator by ThyssenKrupp Elevator Company, Inc. – \$ 38,750.00. Please note that this quoted price includes the elevator equipment and installation only. Associated costs for construction of the elevator shaft enclosure and alterations to the existing building are **not** included in the estimated price.
- b. Estimated price for a 2,000 lb capacity Dual-Piston holeless elevator by Mowrey Elevators – \$ 35,500.00. Please note that this quoted price includes the elevator equipment and installation only. Associated costs for construction of the elevator shaft enclosure and alterations to the existing building are **not** included in the estimated price.
- 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 existing facility was originally constructed in early 1900’s and currently does not meet accessibility requirements. The proposed renovations will add accessible parking, ramp, entry, four accessible restrooms (both on the first floor, and outside), furthermore all doors and door hardware are being upgraded and the entire exterior deck is being graded and replaced for accessibility. It is our opinion that these modifications, along with the substantial cost of installing an elevator will greatly exceed the 20% threshold as stated in FBC-B 11-4.1.6(2), thereby representing a disproportionate cost to the overall alteration.

In addition, the installation of an elevator will also substantially disrupt the configuration and circulation of the two existing floors and will require removal of at least one usable room on each floor. This will reduce the number of employees and patrons respectfully, which could have a negative impact on the Restaurants business.

 Signature Michael A. Conn, AIA
Printed Name

Phone number (850) 878-8784

(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 _____ day of _____, 20 _____

Signature

Michael A. Conn, 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: _____

Donald Swaby

From: Donald Swaby [dswaby@connandassociates.com]

Sent: Tuesday, September 15, 2009 3:12 PM

To: 'tallahassee@thyssenkrupp.com'

Subject: Preliminary price for elevator

Dear Mr. Elliner;

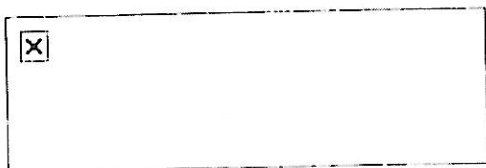
Thank you for your help in obtaining a budget price for a two-stop elevator. On your company's website, I found the model AMEE 21 most suited to the project I mentioned. I am working on a two story building with a floor-to-floor height of 10'-9" (more or less). Like the elevator you mentioned with a \$38,750 price estimate, I was assuming a modestly-priced unit, without frills or extra bells and whistles. For the time being, I don't need an extensive quote from you, but I likely will need some documentation (before October 12th) like what you provided to the church which you mentioned in our telephone conversation.

Again, many thanks for your help.

Sincerely,

Donald D. Swaby, Assoc. AIA
Conn & Associates Architects, Inc.
1960-C Buford Boulevard
Tallahassee, Florida 32308
p 850-878-8784

dswaby@connandassociates.com



Donald Swaby

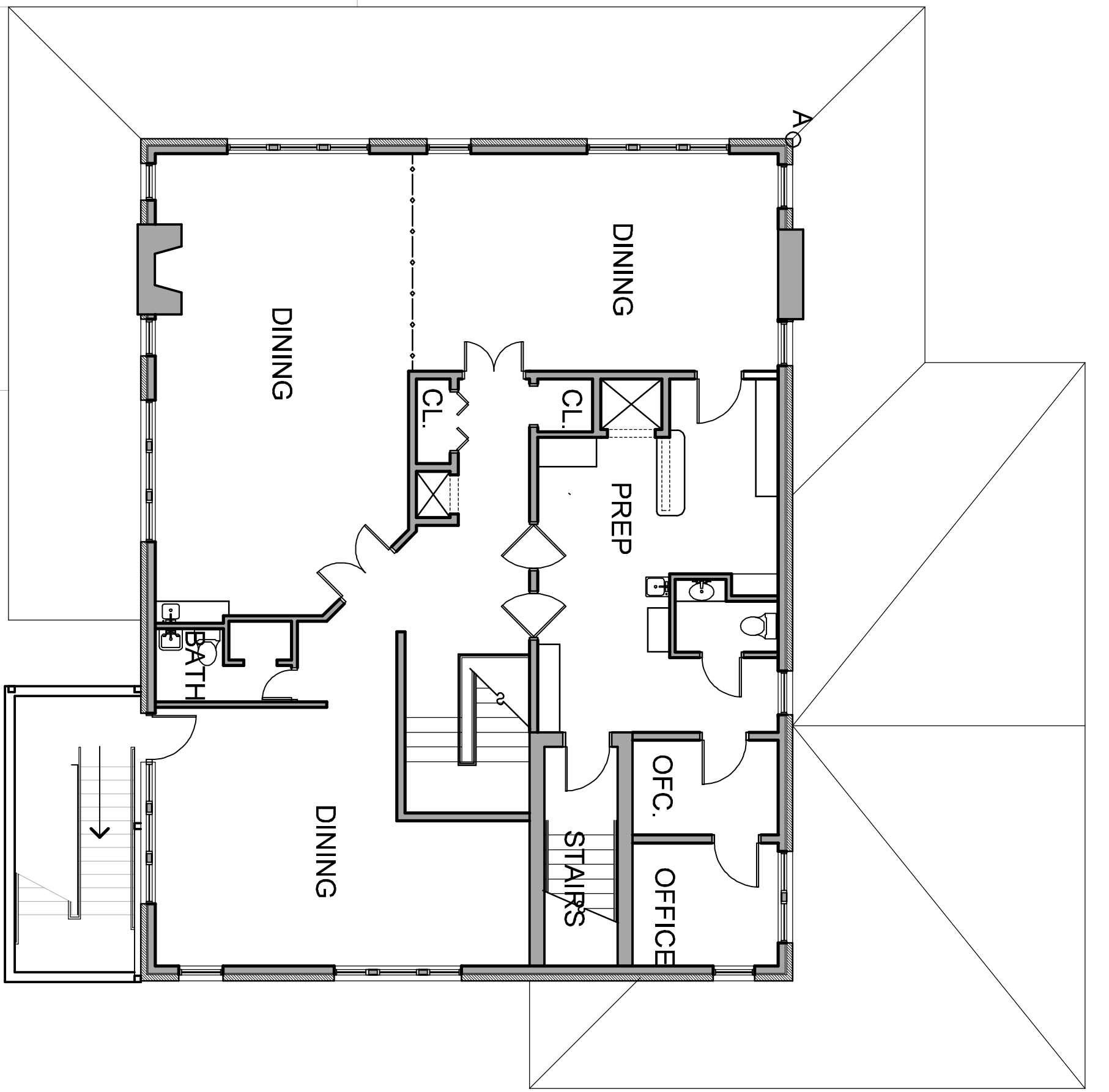
From: Sales [sales@mowreyelevator.com]
Sent: Tuesday, September 15, 2009 3:13 PM
To: 'Donald Swaby'
Mr. Swaby,

Your budget number for the elevator below is \$35,500.00.

**2000LB capacity
2 in line
100 FPM
Dual-piston Holeless application
Travel – approx. 11ft.
Machine room within 20ft of the hoistway**

Thank you,
Jennifer Tomlin, Sales Coordinator
Mowrey Elevator Company of Florida, Inc.
4518 Lafayette Street
Marianna, FL 32446
800.441.4449 Ext. 298
Fax: 850.526.2375
Email: sales@mowreyelevator.com
Website: www.mowreyelevator.com

MOWREY
E L E V A T O R

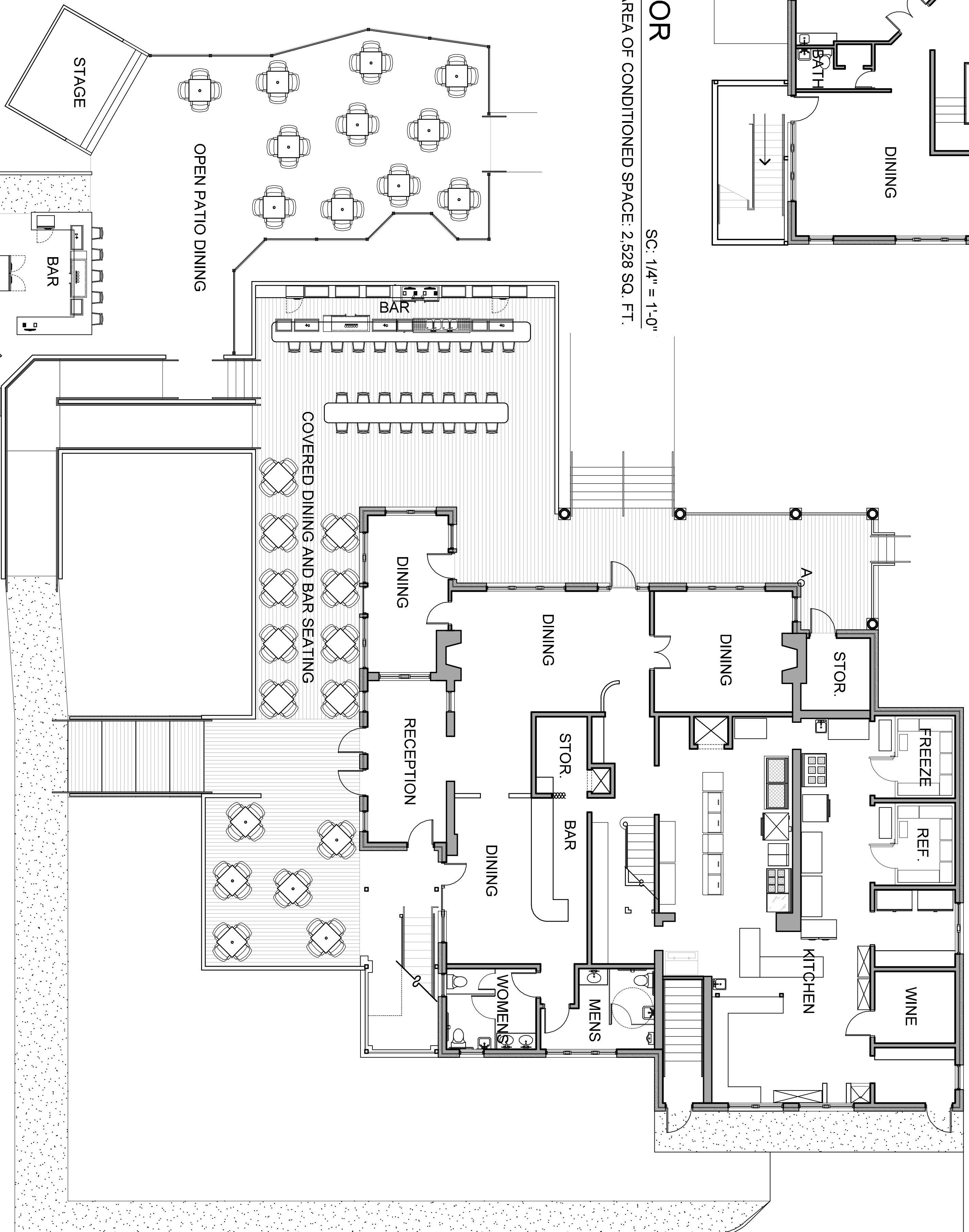


EXISTING SECOND FLOOR

CHEZ PIERRE RESTAURANT

TOTAL AREA OF CONDITIONED SPACE: 2,528 SQ. FT.

SC: 1/4" = 1'-0"



EXISTING FIRST FLOOR

CHEZ PIERRE RESTAURANT

TOTAL AREA OF CONDITIONED SPACE, DECKS, WOODEN WALKS, STAGE AND COVERED AREAS (EXCLUDING CONCRETE WALKS): 9,211 SQ. FT.

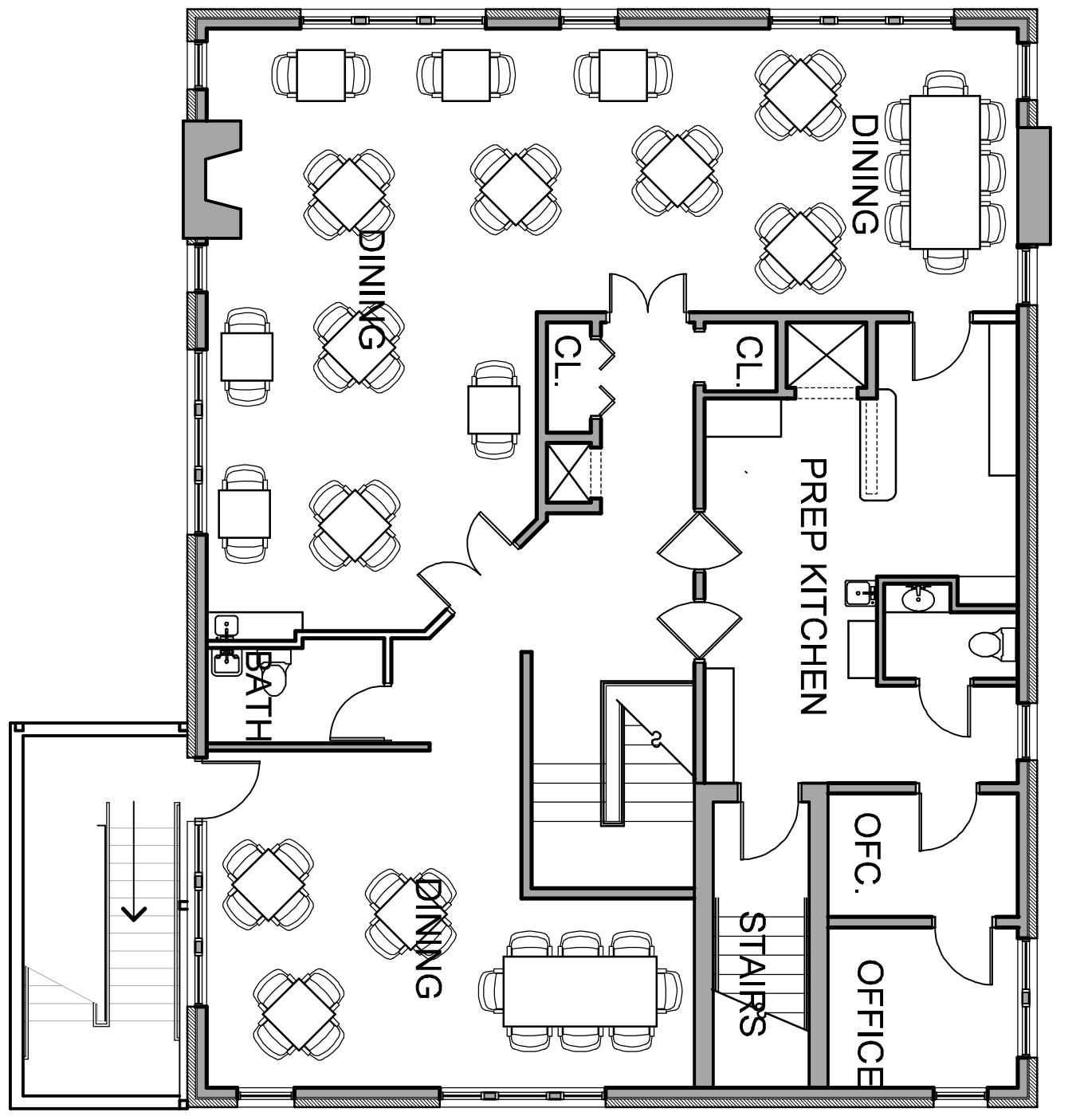
SC: 1/4" = 1'-0"

PROJECT AS BUILT DRAWINGS OF CHEZ PIERRE RESTAURANT FOR CHAD KITREL

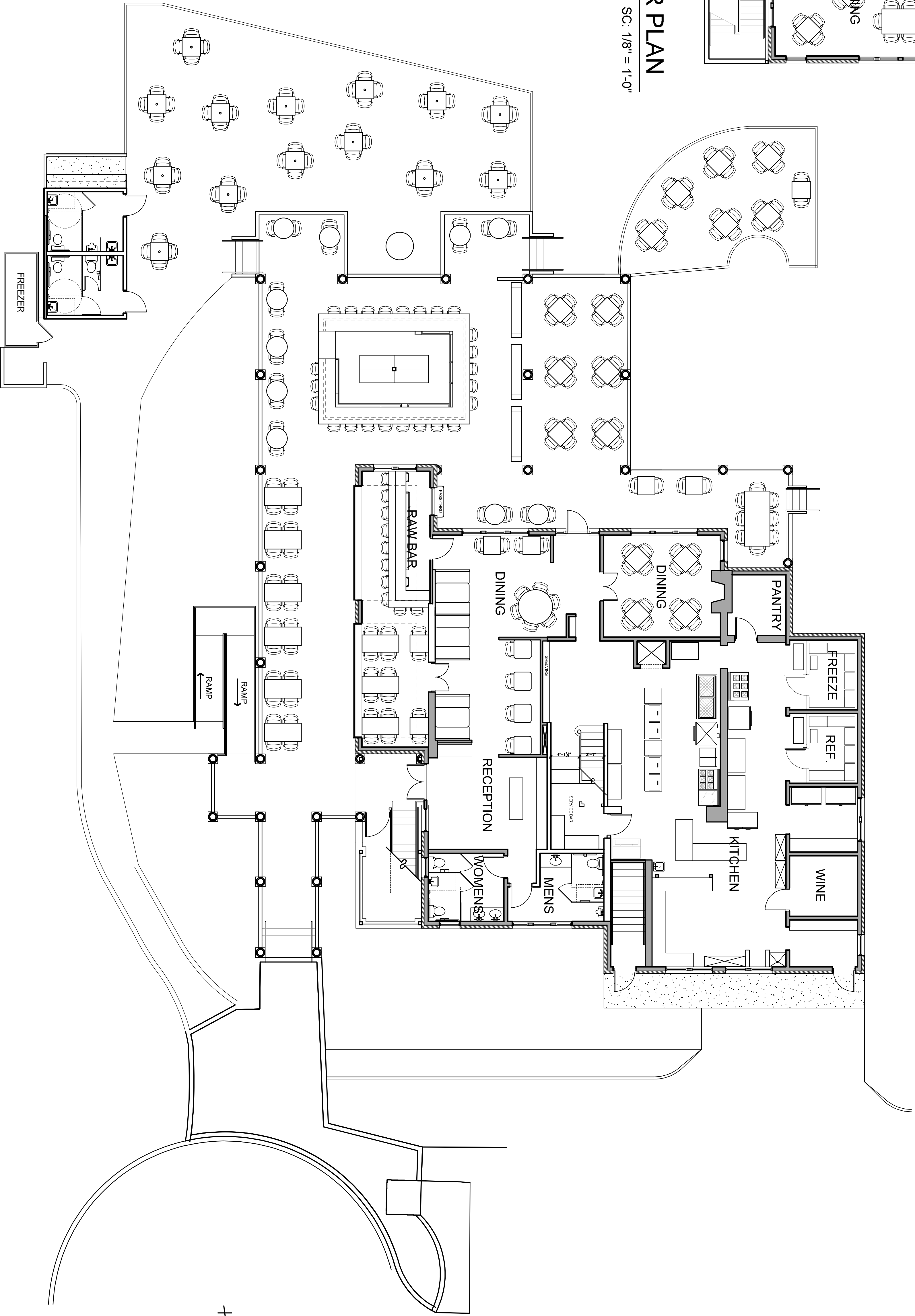
TITLE EXISTING FIRST AND SECOND FLOOR PLAN

CONN ARCHITECTS & ASSOCIATES
 1960-C Bufora Blvd. Tallahassee, Florida 32308 P one/fax: 850-878-8784
 www.connandassociates.com License No. AA C001662

DATE	11-231
SHEET NUMBER	A1.0
JOB NO.	11-231
DRAWN BY	C.R.S.
DATE	SEPTEMBER 30, 2011
REVISIONS	



PROPOSED SECOND FLOOR PLAN
 CHEZ PIERRE RESTAURANT
 SC: 1/8" = 1'-0"



PROPOSED FIRST FLOOR PLAN
 CHEZ PIERRE RESTAURANT
 SC: 1/8" = 1'-0"

CHEZ PIERRE BUILDING RENOVATION AND REMODEL
 FOR CHAD KITTREL

PROPOSED FLOOR PLAN AND DECK

CONN ARCHITECTS & ASSOCIATES
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DATE	JANUARY 9, 2012
DRAWN BY	C.R.S.
REVISIONS	
JOB NO.	11-270
SHEET NUMBER	A2.0