## 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: Phi Mu Sorority, Florida State University Chapter

Address: 823 West Jefferson Street, Tallahassee, 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: 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: Alpha Epsilon Building Corp.  |
| Owner's Address: 823 West Jefferson Street, Tallahassee, FL   |
| Owner's Telephone: (850) 224-0773 FAX   |
| Owner's E-mail Address:kelleytbrewer@hotmail.com  |
| Signature of Owner: Kelley Moleculor  |
| 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.

- [x] 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 an 11,805 (+/-) two-story sorority house, with 6,121 (+/-) square feet on the first floor and 5,684 (+/-) square feet on the second floor. The (2) new additions will add approximately 1,328 (+/-) square feet to the first floor only. No work is being done on the second floor.

## 5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): \$ 270,000.00

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.

<u>The project is currently in City of Tallahassee Growth Management Plan Review, and the following</u> <u>comment has been issued: *"This addition/alteration invokes Section 553.509 FL Statutes.*"</u>

- 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."

Although the second floor is not open to the public, it houses more than 5 persons; therefore we are requesting the waiver.

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:    | <br> | <br> |

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.

[X] 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 removal of at least 1 room on each floor, which would reduce the number of residents housed. A chairlift is not a viable option since both existing stairwells are too narrow to provide the required clearances.

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

The estimated cost of the renovation is \$ 270,000. Twenty percent (20%) of \$ 270,000 is \$54,000. The new accessible elements already included in the project (accessible parking space and access aisle, exterior accessible ramp, accessible entry doors and accessible restroom) will consume a large part of 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 Schindler Elevator Corporation \$ 39,000.00. 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 2,100 lb capacity hydraulic holeless elevator by ThyssenKrupp Elevator Company, Inc. - \$ 34,000.00. 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 1950 and currently does not meet accessibility requirements. The proposed renovations will add accessible parking, ramp, entry, and restroom on the first floor. 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 residents housed, which could have a negative impact on the Sorority Chapter.

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 4TH day of APPZIL | , 20 | 12 |
|------------------------------|------|----|
| All                          |      |    |
| Signature                    |      |    |

Michael A. Conn, AlA 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 \_\_\_\_\_

Printed Name

Certification Number

Telephone/FAX

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

Form No.: 2001-02, Page 1 of 2



Negotiation Number: 6431-N-708398 Project: Phi Mu Sorority Location: Tallahassee, FL 32301

### **Gentlemen:**

M00011

Schindler Elevator Corporation is pleased to submit our Budget Proposal to furnish and install one (1) Simplex 330A Holeless Single Jack Hydraulic Elevator(s) for the sum of Thirty Nine Thousand and 00/100, (\$39,000.00) including tax.

The above proposal pricing is based on our attached Specification Summary Sheet, Elevator Specifications and Building Drawings were not provided. Please find our clarifications/exceptions:

We offer our proposal with the following clarifications:

- Quote based on our standard holeless application. A jack hole is not required.
- All corridor fixtures are installed in the elevator entrance jamb. No interface (block outs or cutouts) is required with finish front wall construction.
- Pit ladder provided and installed by others. The cost for Schindler to provide and install a pit ladder is \$450.00 per ladder, which is not included in the base bid.
- Schindler supplies an integral sill system, which eliminates the contractor providing sill angles.
- All grouting if required by others.
- Cab flooring by others.
- Passenger elevator #1 requires an inside hoistway dimension of 7'4" wide inside clear x 6'0" deep inside clear.
- We will be providing 3'0" wide x 7'0" high single slide hoistway doors and frames for the passenger elevator. Finishes for all hoistway doors and frames will be Baked Enamel.
- If you do not sign our standard elevator contract attached, we will require our Contract Review Specialist to review your subcontract if we are selected to provide the elevator proposed.
- Elevator hoistway overhead requires a minimum of 12'3" of overhead clearance to the hoistway beam, which is provided by others.
- We have provided one (1) 2100# capacity /100 FPM passenger elevator. Budget pricing based on two (2) front in-line openings.
- Bid based on an adjacent elevator machine room located at the first floor for the passenger elevator.
- We have provided twelve (12) months of service/warranty in our base bid for all units.
- Pit depth requirement is 4'0" deep.
- There will be no more than one crew working on this project at any given time.
- Adequate temp 110/220 [power available in machine rooms and at ground floor in front of hoistways. Bid based on providing a single phase motor in lieu of the standard three phase motor due to three phase power not being available.
- Adequate access and area to unload 40' trailers via fork-lift (provided by General Contractor) and roll into work area in front of hoistways.
- Proposal based upon mutually agreeable schedule.
- Permanent power, generator, or rental of temporary pump unit must be provided upon delivery of elevator or contractor will be charged a remobilization fee.

- Additionally insured is not included in this proposal, if requested there will be an additional cost.
- Testing of other subcontractor's equipment is not included in this proposal.
- Elevator machine rooms are required to have conditioned air by others.
- Finish flooring by others.
- Sump pump to be provided and installed by others.
- We have not included a Performance Bond in our base bid.
- We have included our standard elevator warranty, which begins when the elevator is final accepted.
- If the Contractor requires using the elevator on temporary usage, the contractor agrees to sign our standard temporary usage agreement. In addition, the Owner will pay the monthly State permit fee directly to the State of Florida. All cab and entrance protection during temporary usage will be provided by others. The monthly cost for temporary service will be \$750.00 per elevator per month. This cost is not included in the base bid. The inspection fee is typically \$200.00-\$300.00 per elevator for the inspector, which is also not included in our base bid. The GC will have to pay the inspector his fee directly. Cab and entrance protection provided and installed by the GC during temporary usage.
- Please note that our price is valid for 45 days due to the volatility of carbon steel and specialty steel prices.
- Elevator will be released into production upon field verifying all measurements.
- Please see attached our standard work by others page and our Specifications Summary page.
- Prices include one (1) final inspection visit for the job. Additional Florida inspections required due to no fault of Schindler Elevator Corporation but the omissions or failures of other trades will be billed at our standard billing rates.

For your convenience, we will provide you with an invoice equal to 35% of the above price upon acceptance of our proposal. Payment of the initial invoice is a condition precedent to production of materials.

Lead times- 1-2 weeks for approval drawings, once approved drawings and executed contract is returned.

Respectfully submitted,

Schindler Elevator Corporation



#### chindler Elevator Corporation vdraulic Elevator Specification Summary

| ydraulic Elevator Spec                              | ification Summary  |   |   |                                 |
|---|--|---|---|---------------------------------|
| hi Mu Sorority<br>SU Campus<br>allahassee, FL 32301 | Project Informa<br>Negotiation #:<br>Unit(s) in Estim<br>Units in Bank:<br>Product Code:<br>Sales Office:<br>Installation Offi | 708398-A-A<br>nate: 01<br>01<br>113<br>6431 | Sales Rep Informa<br>Cort McCord<br>2901 East Park Av<br>Suite 1900<br>Tallahassee, FL 32<br>Phone: (850) 422-227<br>Fax: (850) 422-227<br>Cort.Mccord@us.s | enue<br>2301<br>2258<br>78      |
| roduct:   | Schindler 330A (TM)  | Oper  | ning Size:  | 3 Ft. 0.00 In. X 7 Ft. 0.00 In. |
| pplication:   | 330A Holeless Single Jack  | Cab   | Height:   | 8 Ft. 0 In.                     |
| latform Type:                                       | General Purpose  | Cab   | Туре:   | 125-Cab with Hung Panels        |
| apacity:  | 2100 Lbs   | Pit D                                       | epth:   | 4 Ft. 0.000 In.                 |
| peed:   | 100 FPM  | Over  | rhead:  | 12 Ft. 3.000 In.                |
| ravel:  | 9 Ft. 6.000 In.  | Platf                                       | form Width:   | 6 Ft. 0 1/4 In.                 |
| uture Travel:                                       | None   | Platf                                       | form Depth:   | 5 Ft. 4 In.                     |
| tops:   | 2 (2 Front / 0 Rear)   | Hato  | h Width:  | 7 Ft. 4.000 In.                 |
| oors:   | Single Speed Side Opening  | Hatc  | h Depth:  | 6 Ft. 0.000 In.                 |
| ower Supply:  | 208 Volts 60 Hz 3 Phase  | Seis  | mic Equipment:  | N                               |
| ab:   |  | Features:                                   |   | Entrances:                      |
| ab Panels:  | Plastic Laminate M999  | Follow IBC - 2006                           |   | Emergency Escutcheons           |
| ab LH Wall:   | Baked Enamel E999  | Audible Gong (Std)                          |   | Doors:                          |
| ab RH Wall:   | Baked Enamel E999  | Low Oil Bypass (Std)                        |   | (2) Baked Enamel E999           |
| ab Rear Wall:                                       | Baked Enamel E999  | Infrared Door Protect                       |   | Frames:                         |
| ab Base:  | None   | Phase Monitor Relay (Sto                    |   | (2) Baked Enamel E999           |
| Base, Frieze, Reveal:                               | None   | Independent Service/                        | HES (Std)   | Sills:                          |
| Front Return, Transom:                              | #4 Stainless Steel   | Soft Start                                  |   | (2) Aluminum                    |
| Cab Doors:  | #4 Stainless Steel   | Adjacent Machine Ro                         | om  | Sill Mounting:                  |
| Canopy:   | Gettysburg   | Shutoff Valve Qty: 2                        |   | (2) Easy Match                  |
| Ceiling:  | SC02 Removable Flat  | Muffler                                     |   |                                 |

QKS16 Door Operator

ADA Compliant Phone

Sliding Guide Shoes

Keyed Emergency Stop Switch

1 Hoistway Access Switches

Firefighter's Service Phase 2

Class B Fire Rating For Cab

Pit Ladder Source: GC

9 Pound Rails

Top Exit Switch

1 Speed Fan

Pressure Switch

#### Cab Fixtures:

Cab Threshhold:

**Handrail Type:** 

Handrail Finish:

Handrail Location: Handrail Row Qty:

Platform Recess:

Protective Pads:

Protective Pads Source:

Cab Finished Floor:

 Type:
 HT

 Finish:
 Black Lexan with #4 Stainless Steel

 (1) L.E.D. Car Position Indicator

 1 Main COP

 Locking Service Panel

 (1) Car Lantern(s)

 Certificate Frame

Aluminum

Rear

0.375

None

None

1

Round 1 1/2"

#4 Stainless Steel

Carpet By Others

#### Hall Fixtures:

Hall Fixtures Type: HT-Jamb Mounted Hall Fixtures Finish: (2) #4 SS Push Buttons (1) Separate FER Switch

#### New Product Service:

12 Months, 8 Hours Callback

## This bid is subject to change after forty-five (45) days.

Visit Our Website at www.us.schindler.com

01/02/12

11.08AM

2012.2

## **ThyssenKrupp Elevator Americas**



Transmittal

April 4, 2012

Conn & Associates Inc. 1960 – C Buford Blvd. Tallahassee, FL 32308

Regarding: Phi Mu Sorority Elevator Budget

Dear Shane:

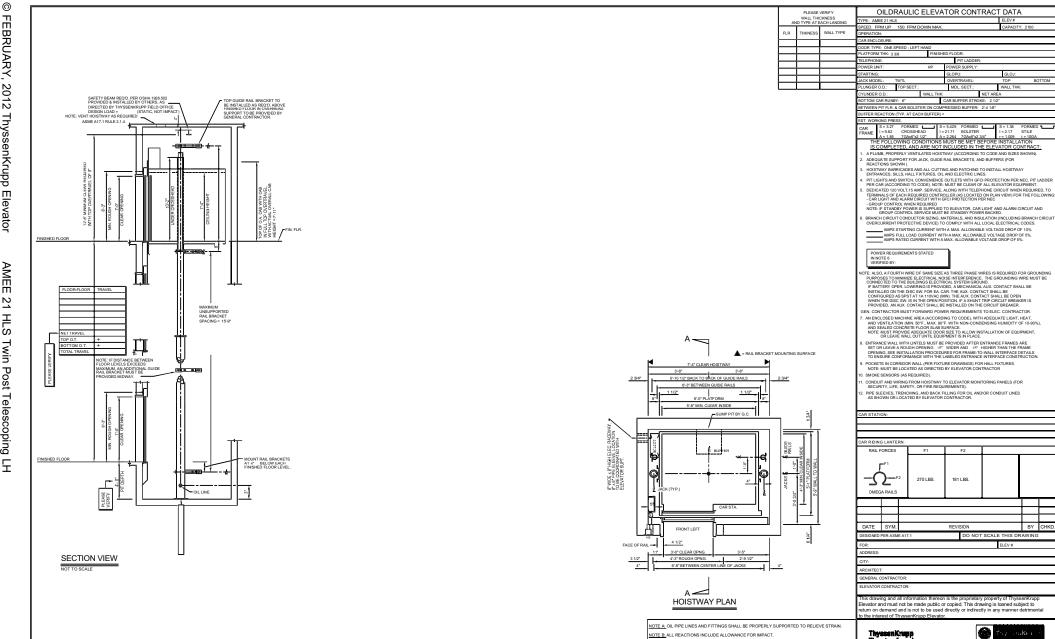
ThyssenKrupp Elevator Corp. is please to quote the budget price of \$34,000 for the complete installation of (1) one 2100#, 2-landing passenger elevator system.

Please see the attached specifications and layout drawings. If you should have any questions please do not hesitate to call me at 850-576-0161.

Sincerely, In Matt Ellinbr

Branch Manager

ThyssenKrupp Elevator Corporation 850 Blountstown Hwy Tallahassee, FL 32304 Telephone: (850) 576-0161 Fax: 866-785-5907 E-mail: @thyssenkrupp.com Internet: www.thyssenkruppelevator.com



ThyseenKrupp Elevator Americas NOTE C: THYSSENKRUPP ELEVATOR TO BE NOTIFIED OF ANY CHANGE TO ELEVATOR HOISTWAY OR MACHINE ROOM DESIGN. DRAWN DATE CHKD. BRANCH CAPACITY: 2100

GLO.

WALL THK:

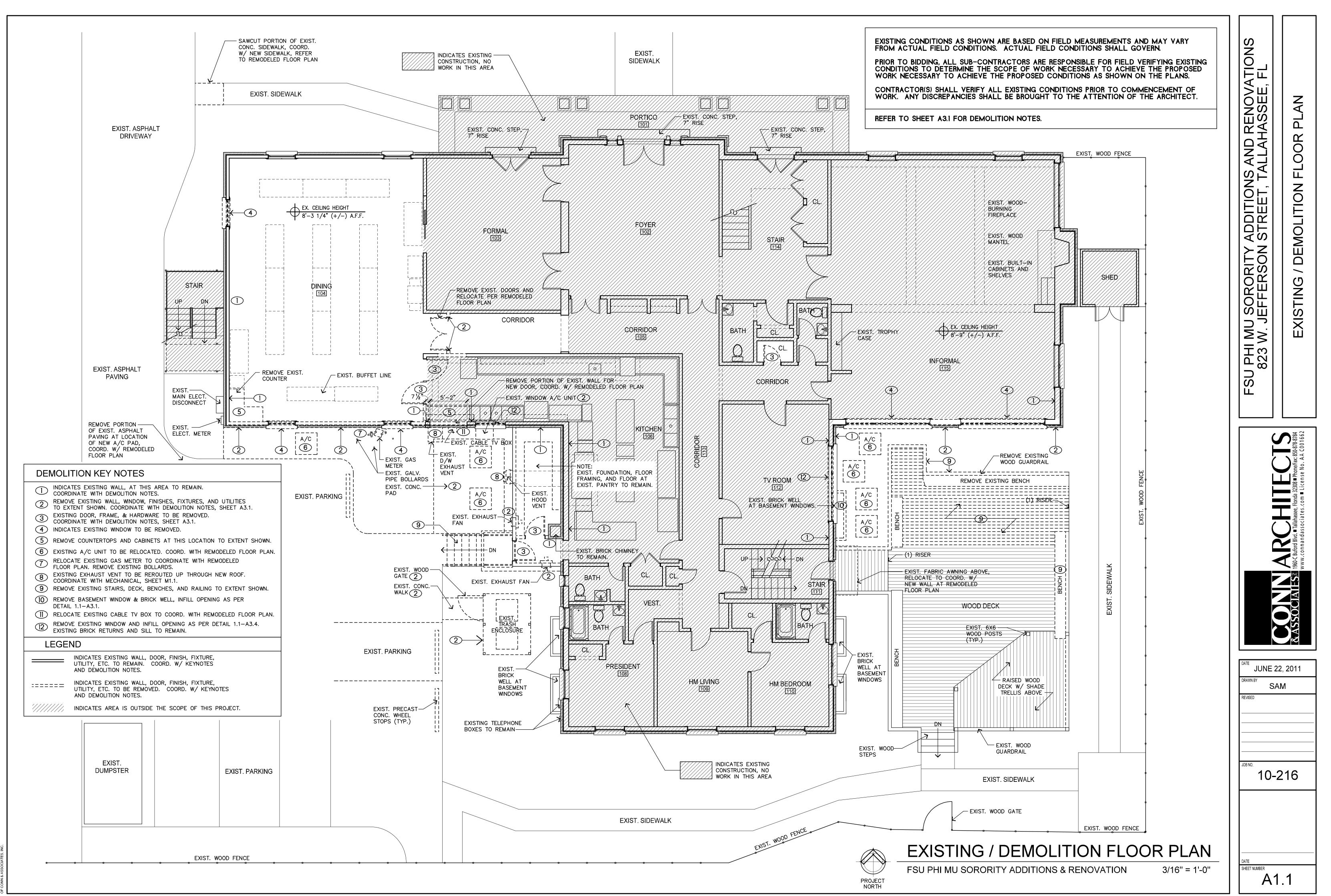
BY CHKD.

ELEV #

 JOB NUMBER
 DRAWING NO.
 REV.
 SHEET NO.

 F21LHTWTL1
 1 OF 1

NOTE D. ELEVATOR DESIGN & FABRICATION BASED ON ESTIMATED CAB WEIGHT SHOWN. LAYOUT APPROVAL WILL BE CONSTRUED AS FINAL CAB WEIGHT, UNLESS OTHERWISE NOTIFIED.



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# EXISTING SECOND FLOOR PLAN

FSU PHI MU SORORITY ADDITIONS & RENOVATION

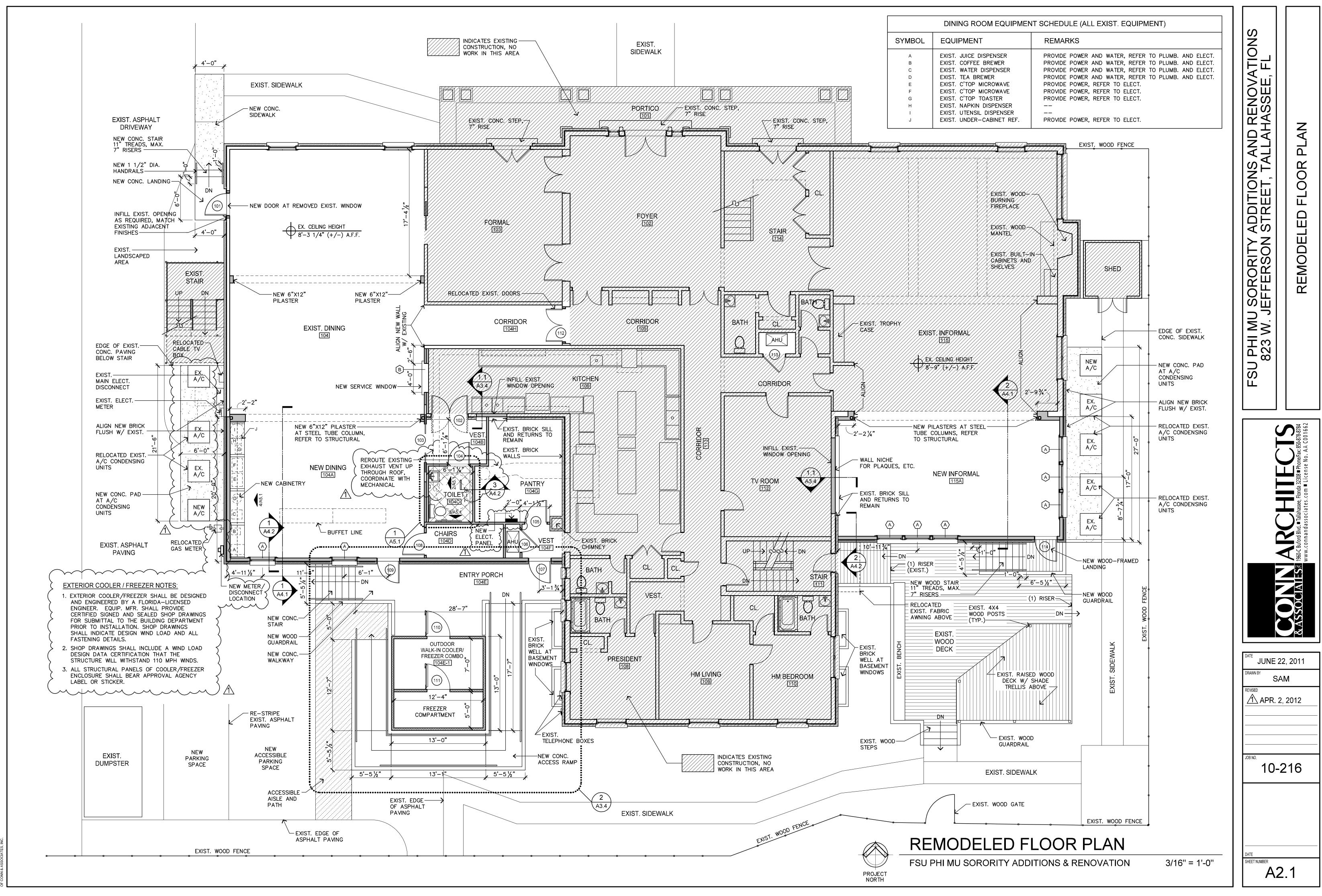
3/16" = 1'-0"

SU PHI MU SORORITY ADDITIONS AND RENOVATIONS 823 W. JEFFERSON STREET, TALLAHASSEE, FL SECOND FLOOR PLAN **EXISTING** e/Fax: 850-878-8784 Io. AA C001662 none/F \_ ASSOCIALES 1960-C Buford Blvd. 

Tallahasse www.connandassociate JUNE 22, 2011 SAM 10-216

A1.2

SHEET NUMBER



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