

**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: MADAME TUSSAUDS

Address: 8387 INTERNATIONAL DRIVE

ORLANDO, FL 32819

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: DAVE DROESCHER - RM Plus, LLC

Applicant's Address: 255 S. ORANGE AVE, STE. 1600 ORLANDO, FL 32801

Applicant's Telephone: 407 487 1321 FAX: _____

Applicant's E-mail Address: DAVE.DROESCHER@RM-PLUS.COM

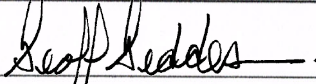
Relationship to Owner: ARCHITECT OF RECORD

Owner's/Tenant's Name: GEOFF GEDDES - MERLIN ENTERTAINMENTS GROUP

Owner's Address: 1 LEGOLAND DRIVE CARLSBAD, CA 92008

Owner's Telephone: 760 683 4730 FAX _____

Owner's E-mail Address: GEOFF.GEDDES@MERLINENTERTAINMENTS.BIZ

Signature of Owner: 

Geoff Geddes

3. Please check one of the following:

New construction.
FBC 2012-01
Request for Waiver

Rule 61G20-4.001
effective 4/25/2013

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.)

• BUILDING AREA - LEVEL 1 = 20,200 SF LEVEL 2 = 2,750 SF

• BUILDING WILL BE A MAX MUSEUM, ENTERTAINMENT USE SPACE.

• LEVEL 1 IS FOR THE PUBLIC, LEVEL 2, IS EMPLOYEE ACCESS ONLY.

• THE MUSEUM IS AN INTERIOR ALTERATION TO AN EXISTING BUILDING.

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*

In Plan Review Completed*

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

THROUGH FURTHER DESIGN REVIEW AND ANALYSIS OF

EXISTING CONDITIONS, IT WAS REVEALED THAT INSTALLATION

OF AN ELEVATOR WOULD NOT FIT INSIDE THE BUILDING TO COMPLY WITH THE ELEVATOR OVERTOP HEIGHT REQUIREMENTS.

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

Issue

FBC 2012-01
Request for Waiver

Rule 61G20-4.001
effective 4/25/2013

1: WE ARE REQUESTING THE REQUIREMENT OF SECTION 206.6 OF THE 2012 FLORIDA ACCESSIBILITY CODE TO BE WAIVED, REQUIRING AN ELEVATOR FOR VERTICAL ACCESSIBILITY.

Issue

2: WE ARE REQUESTING THE ABILITY TO USE A PLATFORM LIFT PER SECTION 206.7 OF THE 2012 FLORIDA ACCESSIBILITY CODE IN LIEU OF AN ELEVATOR.

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 ELEVATOR, IF REQUIRED, WILL NOT FIT WITHIN THE BUILDING ENVELOPE.

MAJOR STRUCTURAL & ROOFING MODIFICATIONS WOULD BE REQUIRED FOR THE EXISTING BUILDING.

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

A SUMMARY OF THE COST ESTIMATES FOR INSTALLATION OF THE ELEVATOR, AND BUILDING MODIFICATIONS IS ATTACHED.

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.

THE COST ESTIMATE FOR A CHAIR (PLATFORM) LIFT, AND THE COST IMPLICATIONS OF IMPLEMENTING AN ELEVATOR ARE 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.

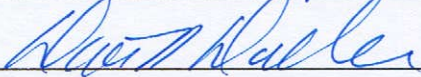
a. ESTIMATES FOR BOTH VERTICAL ACCESSIBILITY OPTIONS
ARE ATTACHED

b. _____

c. _____

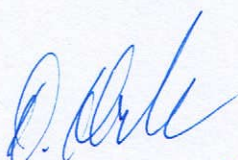
10. **Licensed Design Professional:** Where a licensed design has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

THE INTENDED USE OF THE SECOND FLOOR FOR THIS FACILITY IS
LOW OCCUPANCY, OFFICE USE TYPE SPACE FOR EMPLOYEES ONLY.

 DAVE, DROESCHER, AIA
Signature Printed Name

Phone number 4074871321

(SEAL)


LIC.# AR91399

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 28 day of APRIL, 2014



Signature

DAVE DROESCHLER

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. 201.1.1 VERTICAL ACCESSIBILITY
- b. 206.7 PLATFORM LIFTS
- 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 SHELL B11902519 \$880,000⁰⁰

Comments/Recommendation UPPER LEVEL NOT OPEN TO PUBLIC BUT HAS AN OCCUPANT LOAD GREATER THAN FIVE 206.7.3

Jurisdiction ORANGE COUNTY DIVISION OF BUILDING SAFETY

Building Official or Designee Cynthia D. Nielsen
Signature

CYNTHIA D. NIELSEN
Printed Name

BW 944
Certification Number

407-836-5671
Telephone/FAX

CINDY.NIELSEN@OCFL.NET
Email Address

Address: P.O. BOX 2687, ORLANDO, FL 32802-2687

Dave Droescher

From: Laurie Briggs <Laurie@accessibilitylifts.com>
Sent: Thursday, April 10, 2014 9:55 AM
To: dave.droescher@rm-plus.com
Subject: RE: General Inquiry

Hi Dave,

It is our pleasure to provided budget numbers for you—

13' of travel
Shaftway (built by GC)--\$26-28,000
Enclosure (freestanding, very little work by others) \$28-30,000
—shipping, permitting, installation and inspection included on both

When drawings have been completed, please just let us know, and we can provide a formal proposal and drawings for you to insert.

Laurie Briggs
Accessibility Lifts, Inc.
2439 Saffron Lane
The Villages, FL 32162
Ph 352-633-3501 Fx 352-633-3506
ASME Part 18 Platform Lift Committee



H W DAVIS CONSTRUCTION, INC.

CGC 010775

1212 29th Street | Orlando, Florida 32805

407-849-1212 | Fax 407-839-4068

www.hwdavis.com

CHANGE PROPOSAL COVER SHEET

April 16, 2014

Mr. Geoff Geddes
Merlin Entertainments Group
One LegoLand Way
Winter Haven, FL 33884

Project: Madams Tussauds / Sea Life
Orlando, Florida

Proposal #: 4

Description: MT Elevator & Overrun Requirement Modifications Budget Estimate

Dear Ms. Mahan,

Our Proposal to perform the work on the above referenced proposal is as follows:

Table with 5 rows and 5 columns. Columns: Item, Description, MATERIAL, LABOR, SUBS, TOTAL. Row 1: COSTS: From Attached Estimates, -, -, 155,352.90, 155,352.90. Row 2: TAX: Local Sales Tax 6.50%, -, -, hatched, -. Row 2: Labor Burden 37.20%, -, -, hatched, -. Row 2: Subtotal: Costs & Tax, -, -, 155,352.90, 155,352.90. Row 3: FEE: GC - Material 15.00%, -, -, hatched, -. Row 3: GC - Labor 15.00%, -, -, hatched, -. Row 3: Subcontractor(s) 5.00%, hatched, hatched, 7,767.65, 7,767.65. Row 3: Subtotal: Cost, Tax & Fee, -, -, 163,120.55, 163,120.55. Row 4: BONDS: -, -, -, -. Row 5: TOTAL: \$ -, \$ -, \$ 163,121.00, \$ 163,121.00.

Unless specifically stated, the above pricing does not include any expediting costs. Delays in approval of this proposal could effect the price, please respond with five (5) working days.

Sincerely,

Thomas D. Potter

Tom Potter - Project Manager

Enclosures

Cc: File, Field,

PROPOSAL ESTIMATE SHEET

Project:
Madams Tussauds / Sea Life
Orlando, Florida
Proposal No.: 4

Date: April 16, 2014

Description: MT Elevator & Overrun Requirement Modifications Budget Estimate

NO.	Description	L	W	D	Units (sf,lf,ea,mh)	Material		Labor		Subcontractor	
						Unit Cost	Total Cost	Unit Cost	Total Cost	Unit Cost	Total Cost
1	Demolition Contractor										
2 a)	Saw Cut SOG @ Elevator Pit				144 SF					3.00	432.00
3 b)	Saw Cut Elevated Slab/Remove Bar Joist @ 13' Elevation				264 SF					5.00	1,320.00
c)	Demo Existing Roof Membrane @ New Shaft-ALLOWANCE				81 SF					2.50	202.50
4	Kennedy Concrete										
5 a)	CIP Elevator Pit Foundation & Walls Below FF				1 LS					8,900.00	8,900.00
6 b)	CMU Shaft Walls W/ 2 CIP Tie Beams to Elevation 21'-8"				1 LS					10,800.00	10,800.00
7 c)	SOG @ Elevator Walls & Mezzanine Slab Pour Back @ 13' Elevation				1 LS					4,370.00	4,370.00
8 d)	New CMU/Tie Beams Above Elevation 21'-8"-ALLOWANCE				1 LS					2,752.00	2,752.00
9	Moss Waterproofing										
10 a)	Waterproof Elevator Pit				1 LS					3,850.00	3,850.00
11	Kissimmee Iron Works										
12 a)	Structural Steel, Bar Joist & Deck per Structural Bid Plans				1 LS					11,830.80	11,830.80
13 b)	Modify Existing Roof Bar Joist for CMU Shaft Modification- ALLOWANCE				2 ea					25,000.00	50,000.00
14 c)	New Beams/Angles @ Elevator Shaft- ALLOWANCE				1 LS					3,000.00	3,000.00
15 d)	New Roof Deck @ Shaft Modification- ALLOWANCE				38 SF					21.70	824.60
16	Action Spray On Fireproofing										
17 a)	Fireproof New Roof Beams & Modified Joist-ALLOWANCE				1 LS					2,500.00	2,500.00
18	Roofing Contractor										
19 a)	New Roof Membrane on Elevator Shaft- ALLOWANCE				83 SF					51.20	4,250.00
20 b)	Existing Roof Flashing Modifications @ Elevator Shaft-ALLOWANCE-inc a				38 LF						
21	ThyssenKrupp Elevator										
22 a)	Elevator per Specifications				1 LS					46,821.00	46,821.00
23 b)	Temp. Elevator Usage				1 LS					3,500.00	3,500.00
Estimate Totals											155,352.90

Notes:

Revised plans would be required in order to finalize cost associated with each line item defined as an allowance.



1 ENTRANCE LEVEL PLAN
1/8" = 1'-0"

Revision	Date	By	Detail

Drawing Status

Client
Merlin Entertainments

Project/Location
MIT Orlando
Orlando, Florida



Drawing Title
ENTRANCE LEVEL PLAN

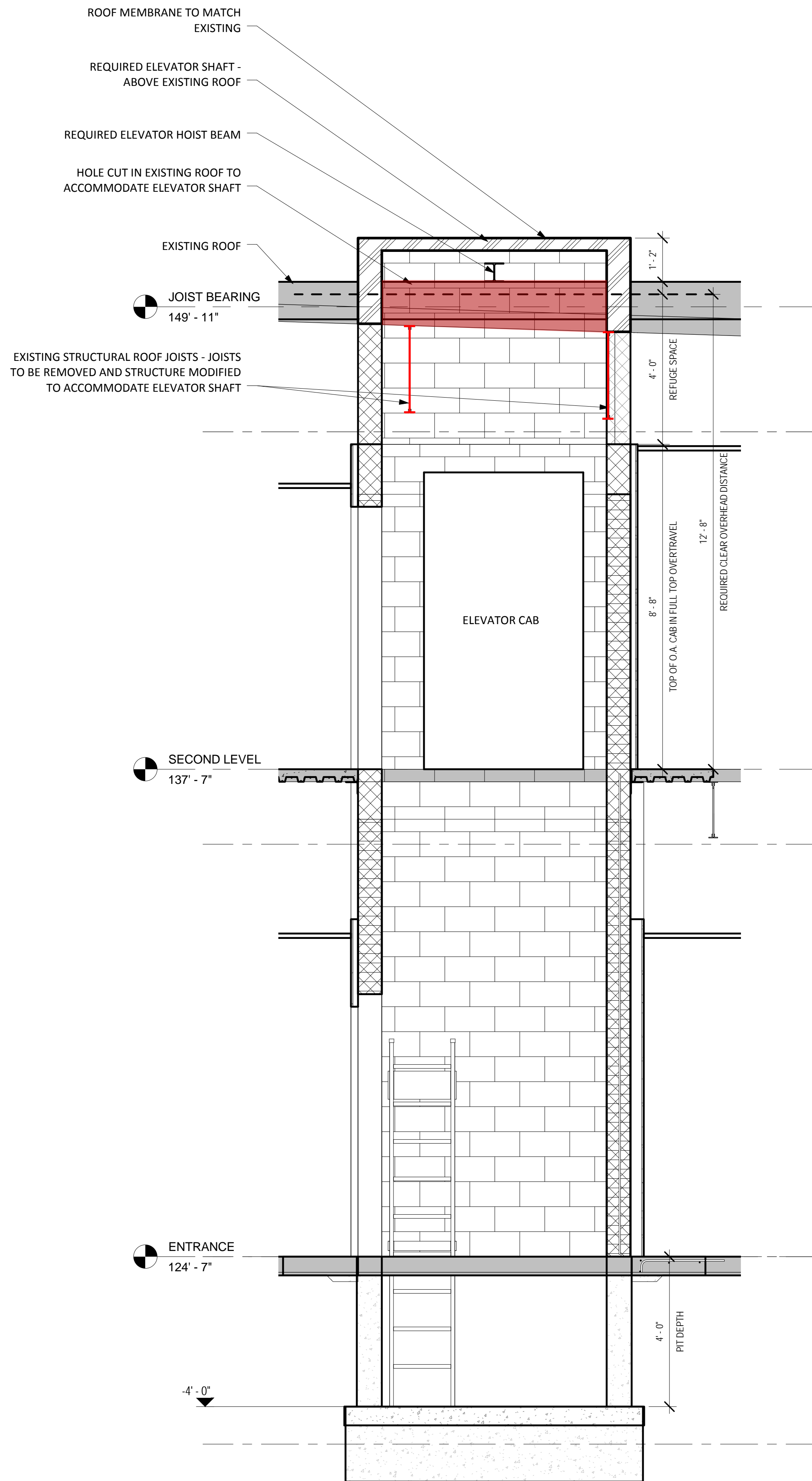
Scale(s)	Date
1/8" = 1'-0"	04/17/14

at Arch E1

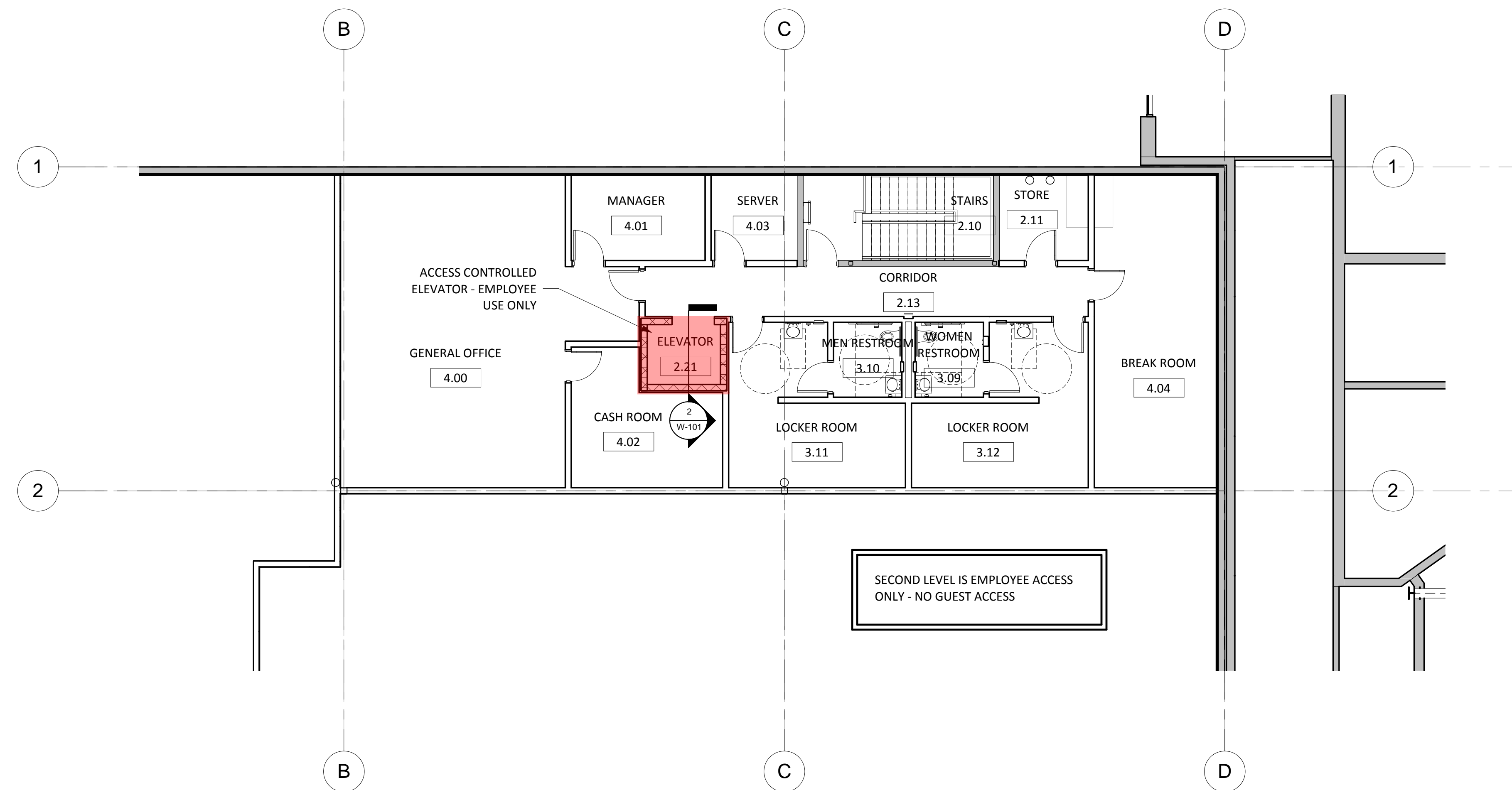
Drawing Number	Revision
W-100	



Cosentini
a Tetra Tech Company
Cosentini Associates, Inc.
1 South Wacker Drive, 37th Floor
Chicago, Illinois 60606
(312) 201-7426 Fax: (312) 201-0031
www.cosentini.com
Consulting Engineers



2 SECTION - ELEVATOR
1/2" = 1'-0"



1 SECOND LEVEL FLOOR PLAN
1/8" = 1'-0"

Revision	Date	By	Detail
Drawing Status			

Client
Merlin Entertainments

Project/Location
MIT Orlando
Orlando, Florida



Drawing Title
SECOND LEVEL PLAN

Scale(s) Date
As indicated 04/17/14

at Arch FI
Drawing Number Revision
W-101