

This application is available in alternate formats upon request.

**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: Kappa Delta Sorority House

Address: 555 West Jefferson Street, Tallahassee, FL 32301

**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: Jeri Hunter

Applicant's Address: 117 Meadow Wood Court, Tallahassee, FL

Applicant's Telephone: 850-402-8342 FAX: 850-894-2229

Applicant's E-mail Address: hunter.jeri@ccbg.com

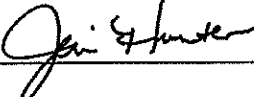
Relationship to Owner: House Corporation Treasurer

Owner's Name: Kappa Alpha Chapter Kappa Delta Sorority House Corporation

Owner's Address: 555 West Jefferson Street, Tallahassee, FL 32301

Owner's Telephone: 850-402-8342 FAX 850-894-2229

Owner's E-mail Address: hunter.jeri@ccbg.com

Signature of Owner: 

Contact Person: Jeri Hunter

Contact Person's Telephone: 850-402-8342 E-mail Address: hunter.jeri@ccbg.com

**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.)

18,536 GSF- 3 Floors

Sorority House with Kitchen, Dining Room, Bedrooms, Living Room, TV Room, Chapter Room, etc. All levels are accessible.

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

\$22,107

**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 Dining Area and the remainder of the house is ADA Compliant. The Owner wants to build a stage for Rush, that occurs once a year. The remainder of the time, this area will remain part of the Dining Area.

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

**Issue**

1: 201.1.1 Vertical Accessibility Section 553.501- 553.513, F.S. and the ADA Standards for Accessible Design do not relieve the owner of any building structure or facility governed by those sections from the duty to provide vertical accessibility to all levels above and below. The occupiable grade level regardless of whether the standards require an elevator to be installed in such buildings, structures, or facility.

**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.

\_\_\_\_\_  
\_\_\_\_\_

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

The cost of providing a lift to make this stage accessible is excessive and well above the threshold of 20% of the total cost of the alterations. The area is accessible from the existing exit door that will be accessible from this. There is an accessible route on the exterior of the building to this exit door if a disabled person needs/wants to be on the stage.

[x] 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.

Please see attached cost estimates from Sperry & Associates (at \$22,107) and Childers Construction Company (at \$23,683).

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. Sperry & Associates- Attachment "A"

\_\_\_\_\_

b. Childers Construction Company- Attachment "B"

\_\_\_\_\_


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.

\_\_\_\_\_

\_\_\_\_\_

 Richard R. Barnett  
Signature Printed Name

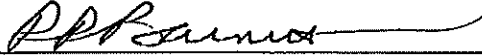
Phone number 850-224-6301

(SEAL)

**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<sup>TH</sup> day of JUNE, 2013



Signature

R.R. BARNETT

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. Florida Accessibility Code – Building Construction 2010, Section 201.1.1 – Vertical Accessibility and Florida Statutes 553.501-553.513

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

[X] Yes Two building permits issued in 2011: TBB11 0743 – Cost of improvement = \$250,000 and TBB11 0955 = \$750,000.

Comments: Previous alterations and addition included construction and installation of a 3 story vertical shaft, elevator and elevator lobby. At this time the proposed altered area can be made accessible from a new accessible parking space.

Jurisdiction: City of Tallahassee

Building Official or Designee 

Signature

Maria Rodriguez

Printed Name

BU 951

Certification Number

850-891-7067

Telephone/FAX

maria.rodriguez@talgov.com

Email Address

Address: (mailing address): 300 S. Adams St., B-28, Tallahassee, FL, 32301

**Kappa Delta Resolution on Human Dignity**     *Adopted, 1987 National Convention*

WHEREAS, Kappa Delta Sorority seeks to assist each member in reaching her greatest potential as an individual,

WHEREAS, Kappa Delta Sorority is committed to the highest moral and ethical standards believing that individual self-worth is firmly rooted in one's commitment to a positive value system, and

WHEREAS, sexual harassment and abuse of women are destructive to all that is honorable, beautiful and highest,

THEREFORE, BE IT RESOLVED that Kappa Deltas rededicate themselves to the Object, Purpose and Creed of our Sorority, which so beautifully outline the principles by which we seek to live, and

BE IT FURTHER RESOLVED that Kappa Delta members recognize their responsibility for one another that was assumed when they accepted membership in the Sorority, and

BE IT FURTHER RESOLVED that Kappa Delta Sorority recognizes the role that alcohol and substance abuse plays in contributing to inappropriate sexual behavior and seeks to educate all members through chapter and new member programming and informational articles in *The Angelos* regarding dangers inherent in this abuse, and

BE IT FURTHER RESOLVED that Kappa Delta Sorority recognizes the respect and dignity that all men and women should be accorded and therefore disassociates itself from any activity or event that encourages or permits actions that may be construed as demeaning to any individual.

KAPPA DELTA  
ADA COST ANALYSIS

DESCRIPTION OF WORK	TOTAL COST	ELEVATOR & SHAFT	ADA RESTROOMS	HC PARKING & ACCESS	TOTAL ADA UPGRADE COSTS
DEMOLITION	29,907	1,000	2,000		3,000
SITWORK	18,276	3,000		1,500	4,500
CONCRETE	34,832	3,580		6,000	9,580
CMU & BRICK	70,224	33,881			33,881
STRUCTURAL STEEL	20,243				0
CARPENTRY	68,364	15,000	5,000		20,000
INTERIOR DOORS	7,516		1,000		1,000
INSULATION	3,258	800	250		1,050
SHINGLES	9,548	2,000			2,000
GUTTERS & DOWNSPOUTS	2,500	500			500
EXTERIOR DOORS & WINDOWS	59,136	7,750		3,500	11,250
HARDWARE	1,597		100		100
DRYWALL & CEILINGS	32,941	6,000	2,500		8,500
CERAMIC TILE	10,327		3,000		3,000
FLOORING	29,353	1,500			1,500
PAINTING	16,647	2,960	950		3,910
TOILET ACCESSORIES	5,187		500		500
ELEVATOR	38,994	38,994			38,994
PLUMBING	49,750	2,500	5,000		7,500
HVAC	68,860	2,500	500		3,000
ELECTRIC	110,263	8,000			8,000
PROPOSED STAGE	19,000				
TOTAL COST	706,724	129,965	20,800	11,000	161,765
TOTAL ADA UPGRADE COSTS	161,765				
ADA COSTS AS % OF TOTAL COST	23%				





- Planning
- Design
- Construction Services

Leading by Design

May 30, 2013

## Kappa Delta Dining Room Stage Modifications

Sperry & Associates, Inc. proposes to provide labor and materials for the Kappa Delta Dining Room Stage Modifications as follows:

### **Base Proposal:**

- \$500 allowance for permitting
- On site supervision
- Project Management
- Daily removal of debris to jobsite dumpster, fees associated with hauling construction debris to landfill
- Job site toilet
- Final cleaning of construction area prior to turning space over to owner
- Furnish and install fire retardant framing for stage
- New wall mounted handrail
- New floor mounted guardrail in closet
- Demo existing handrail and post as shown
- New (3) part base moulding around stage
- New vinyl plank flooring for stage and stairs
- Vinyl nosing for stairs
- (1) new 3060 door to match existing doors
- New metal stud framing and finished drywall around closet wall
- Paint new wood work and drywall.
- Extend duct work per the plan.

**Total Base Proposal:**

**\$22,107**

### **Add Alternate Proposal:**

- \$500 allowance for drywall patching
- Furnish and install a Harmar 4' residential vertical platform lift
- Provide dedicated receptacle for vertical platform lift

**Total Add Alternate Proposal:**

**ADD \$ 10,003**

4495 Capital Circle NW Tallahassee, Florida 32303 (T) 850-562-1101 (F) 850-562-2797  
#CG C054428



To: Mr. Rick Barnett

Barnett Fronczak Barlowe Architects

225 So. Adams Street

Tallahassee, FL 32301

REF: Kappa Delta Stage Modifications

Rick:

Childers Construction Company proposes to construct the Stage Addition and Modifications at the Kappa Delta Sorority House in accordance with your plans dated 25 April 2013. Our proposal includes all labor, material and equipment.

**BASE BID: \$23,683.00**

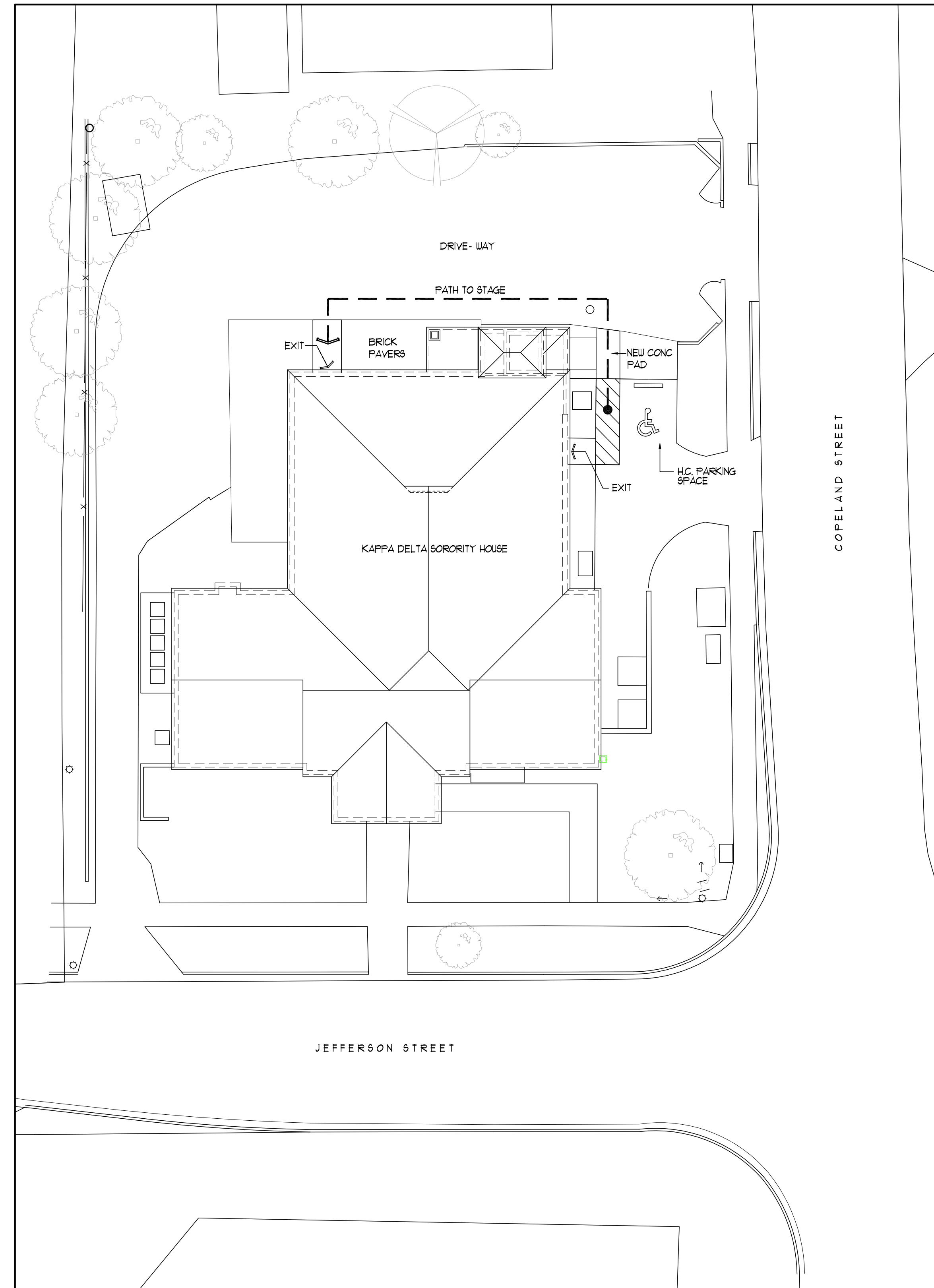
**ADD ALTERNATE #1: Add vertical platform lift, (including electrical). ADD \$10,800.00**

Thank you for this opportunity to offer our proposal.

A handwritten signature in cursive script, appearing to read "Sam Childers", is written over a horizontal line.

Sam Childers

Childers Construction Company



14130  
PROJECT CODE

16 MAY 2014  
DATE

REVISED

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△	△
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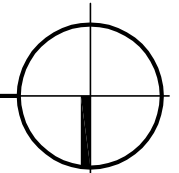
**Kappa Delta Sorority House**  
**Ground Floor - Dining Room**  
**Stage Modifications**

Tallahassee Florida

# A0

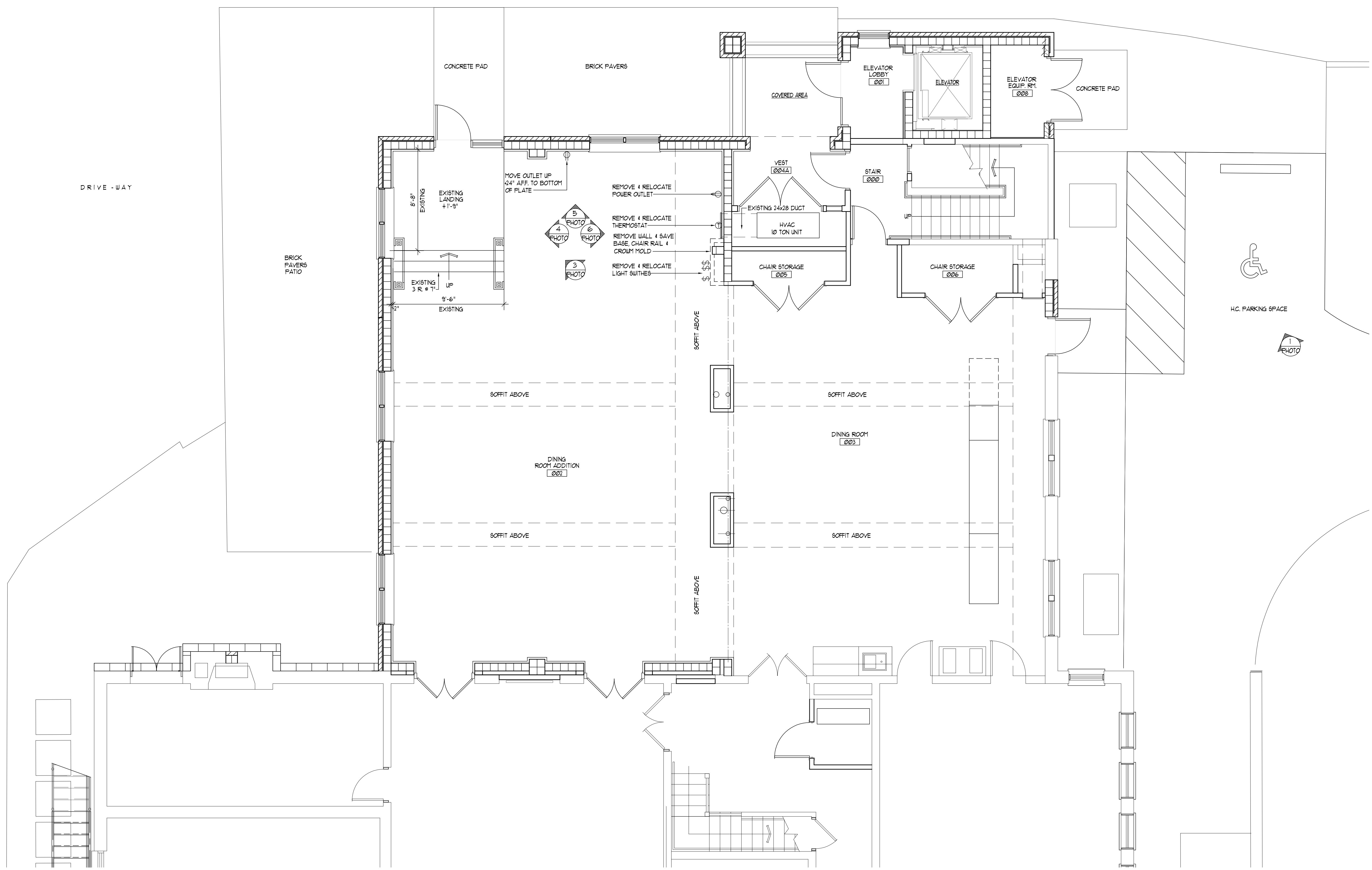
225 SOUTH ADAMS ST., TALLAHASSEE, FLORIDA 32301  
PHONE 850 224-6301 FAX 850 561-6978

**1** ARCHITECTURAL SITE PLAN  
A0 SCALE 1/16"=1'-0"





DRIVE - WAY



**BARNETT  
FRONCZAK  
BARLOWE  
ARCHITECTS**

14130  
PROJECT CODE

16 MAY 2014  
DATE

REVISED

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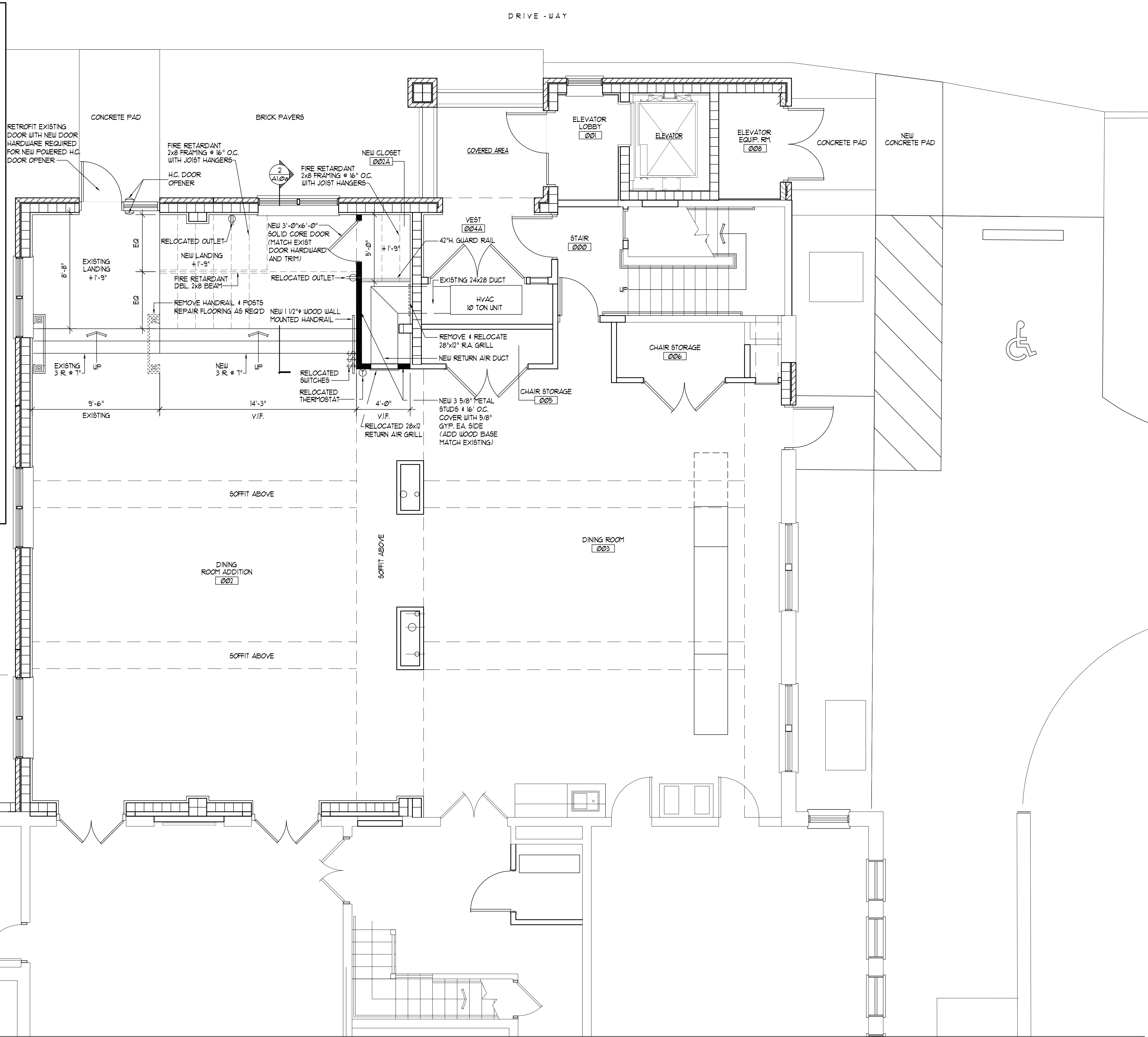
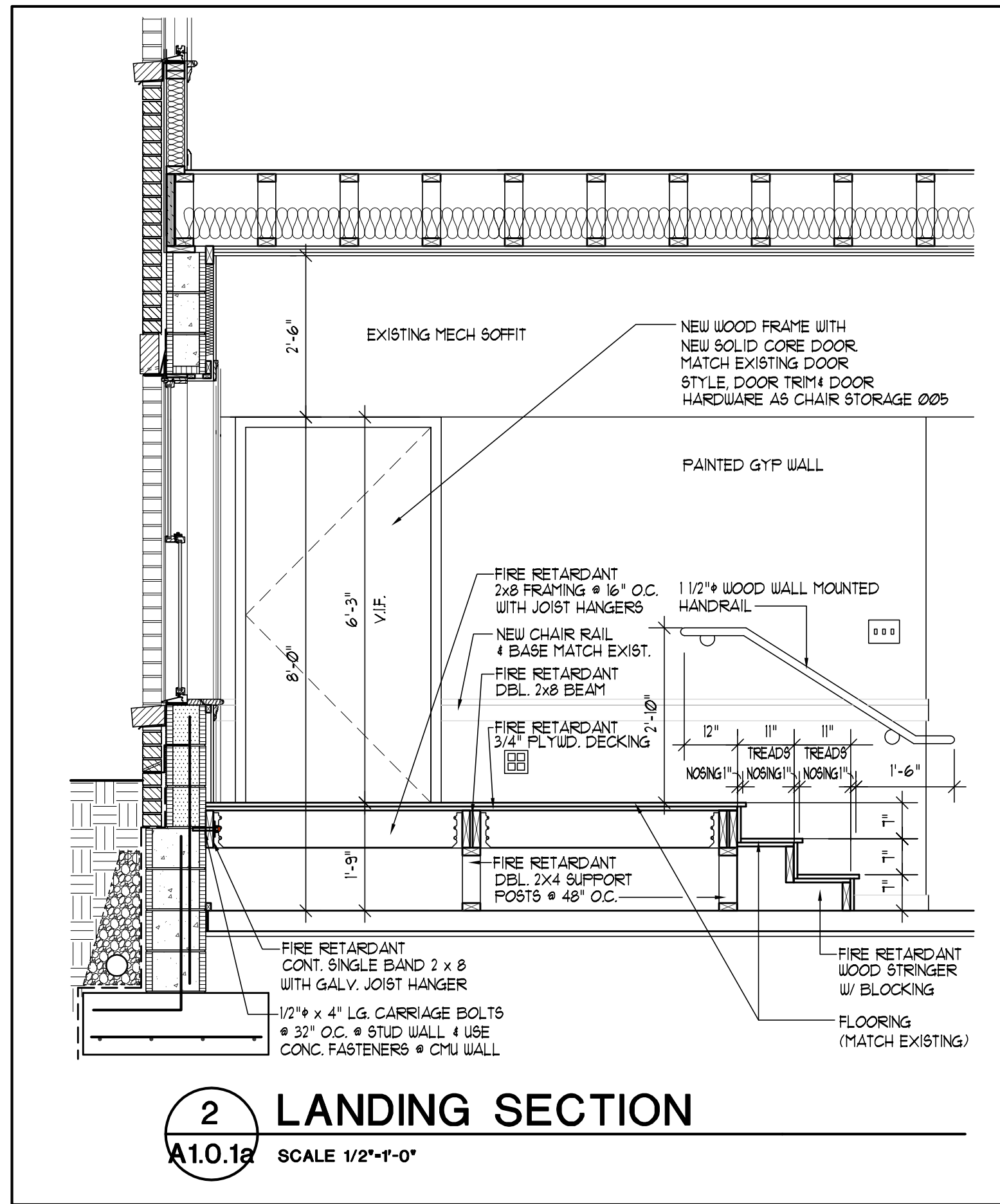
**Kappa Delta Sorority House  
Ground Floor - Dining Room  
Stage Modifications**

Tallahassee Florida

# EX1.01

225 SOUTH ADAMS ST., TALLAHASSEE, FLORIDA 32301  
PHONE 850 224-6301 FAX 850 561-6978

**1 ENLARGED GROUND FLOOR PLAN (Existing)**  
EX1.01 SCALE 1/4"=1'-0"



14130  
PROJECT CODE

16 MAY 2014  
DATE

REVISED

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**Kappa Delta Sorority House**  
Ground Floor - Dining Room  
Stage Modifications

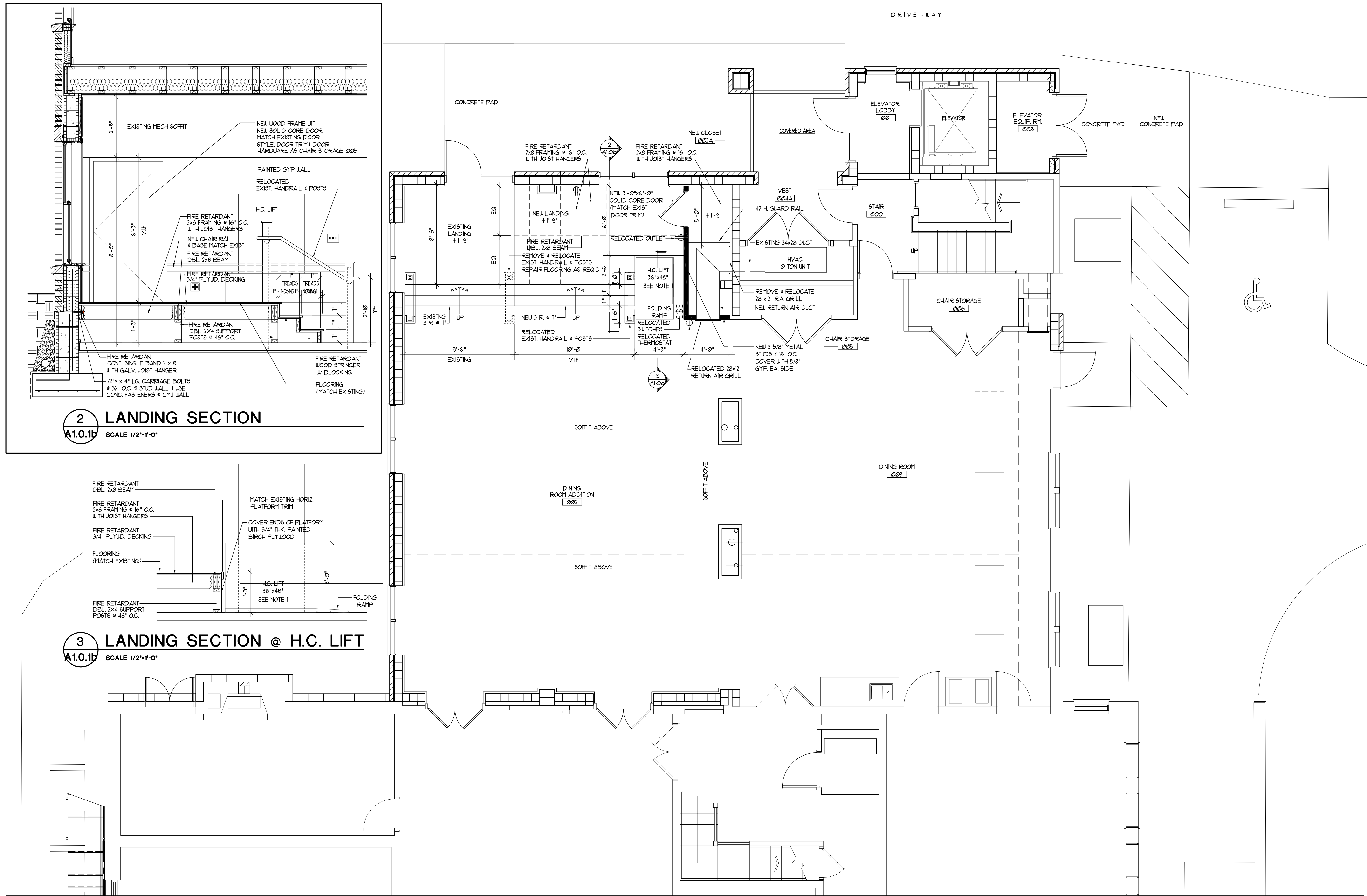
Tallahassee Florida

**A1.01a**

225 SOUTH ADAMS ST., TALLHASSEE, FLORIDA 32301  
PHONE 850 224-6301 FAX 850 561-6978



NOTES  
 1. HANDICAP WHEEL CHAIR LIFT, BASIS OF DESIGN:  
 HARMAR 4' RESIDENTIAL VERTICAL PLATFORM LIFT,  
 MODEL RPL-400 WITH STANDARD PLATFORM SIZE (36"x48")  
 AND FOLDING RAMP.



**2** LANDING SECTION  
 A1.0.1b SCALE 1/2"-1'-0"

**3** LANDING SECTION @ H.C. LIFT  
 A1.0.1b SCALE 1/2"-1'-0"

**1** ENLARGED GROUND FLOOR PLAN (with H.C. Lift)  
 A1.0.1b SCALE 1/4"-1'-0"

**BARNETT  
 FRONCZAK  
 BARLOWE  
 ARCHITECTS**

14130  
 PROJECT CODE  
 18 JUNE 2013  
 DATE

REVISED

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▲	▲
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**Kappa Delta Sorority House  
 Ground Floor - Dining Room  
 Stage Modifications**

Tallahassee Florida

**A1.01b**

225 SOUTH ADAMS ST., TALLAHASSEE, FLORIDA 32301  
 PHONE 850 224-6301 FAX 850 561-6978





PHOTO 1





PHOTO 2





PHOTO 3





PHOTO 4





PHOTO 5





PHOTO 6