COBB THEATRE 14 AT DAYTONA “LIVE”

Issue: Vertical accessibility to all rows of seats in a 14 screen movie theater complex.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to all rows of seats in a new, $7 million 14 screen movie theater complex. This project was previously reviewed and approved by the Commission in January, 2008; however, some relatively minor changes in seating configuration have been made since that time. The theaters range from 118 to 304 seats each and the appropriate number of wheelchair locations with adjacent companion seating have been provided. Estimates were provided indicating it would cost an additional $560,000 to make all rows of seats accessible.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility to all rows of seats, as required by Section 553.509, Florida Statutes.

553.509 Vertical accessibility. Nothing in Sections 553.501-553.513 or the guidelines shall be construed to 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 guidelines require an elevator to be installed in such building, structure or facility, except for:

1. Elevator pits, elevator penthouses, mechanical rooms, piping or equipment catwalks and automobile lubrication and maintenance pits and platforms;
2. Unoccupiable spaces, such as rooms, enclosed spaces and storage spaces that are not designed for human occupancy, for public accommodations or for work areas; and
3. Occupiable spaces and rooms that are not open to the public and that house no more than five persons, including, but not limited to equipment control rooms and projection booths.

Waiver Criteria: There is no specific guidance for a waiver of this requirement in the code. The Commission’s current rule, authorized in Section 553.512, Florida Statutes, provides criteria for granting waivers and allows consideration of unnecessary or extreme hardship to the applicant if the specific requirements were imposed.
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: ____________ Cobb Theatre 14 @ Daytona ‘LIVE’

Address: ____________ West International Speedway Blvd

________________________________________________________

________________________________________________________

Daytona, Florida 32120

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: ____________ Joseph L. Sweeney

Applicant’s Address: ____________ 530 Beacon Parkway West Suite 900 Birmingham, AL 35209

Applicant’s Telephone: ____________ (205) 443-3720 FAX: ____________ (205) 443-3790

Applicant’s E-mail Address: ____________ jsweeney@ctsmarchitects.com

Relationship to Owner: ____________ Architect for Theatres

Owner’s Name: ____________ Cobb Theatres LLC

Owner’s Address: ____________ 2100 A South Bridge Parkway Suite 640; Birmingham, AL 35209

Owner’s Telephone: ____________ (205) 802-7766 FAX: ____________ (205) 802-7771

Owner’s E-mail Address: ____________

Signature of Owner: ____________ as Agent and Architect for Cobb Theatres, LLC

Contact Person: ____________ Joe Sweeney or Lawrence L. Corley

Contact Person’s Telephone: ____________ (205) 443-3720 E-mail Address: ____________ jsweeney@ctsmarchitects.com lcorley@ctsmarchitects.com
This application is available in alternate formats upon request.  
Form No. 2001-01

3. Please check one of the following:

[X] 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.)

___________________________________________________________
<table>
<thead>
<tr>
<th>Multi-Screen Movie Theatre</th>
<th>One Story 65,000 +/- square feet</th>
</tr>
</thead>
</table>

___________________________________________________________
| Group “A” Assembly |

___________________________________________________________

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

$ 7 million

6. Project Status: Please check the phase of construction that best describes your project at the time of this application. Describe status.

[X] Under Design [ ] Under Construction*

[ ] In Plan Review [ ] Completed*

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

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

**Issue**

1: See Attachment ‘A’

---

**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.

---

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

See Attachment “A”

---

[ ] 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. The following is the estimated cost impact for this theatre to comply with Section 553.509 of the Florida Statutes:

b. 14 lifts required (14 x $40,000 each = $560,000) See Attachment "B"

c. Also because 15% and 30% of seats (depending on house size) must be removed to accommodate the lifts. In addition, the seating platforms will be required to be wider to accommodate the wheelchairs at each tier of seating, further reducing the seat count by an estimated 15% to 30% per house

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.

See Section 7

__________________________
Joseph L. Sweeney
Printed Name

__________________________
Signature

Phone number (205) 443-3720
(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 10 day of July, 2008

Signature

Joseph L. Sweeney
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: 

.
The Florida State Statutes Section 553.509 VERTICAL ACCESSIBILITY states that “Nothing in Sections 553.501 - 553.513 or the guidelines shall be construed to relieve the owner of any building, structure or facility governed by those sections for the duty to provide vertical accessibility to all levels above and below the habitable grade level, regardless of whether the guidelines require an elevator to be installed in such building, structure or facility.” The stadium seating concept is one relatively new to the movie theater industry therefore it is commonly believed that this type of building construction was not anticipated during the drafting of legislation for vertical accessibility nor that it was meant to mean that every level or platform of stadium seating be made accessible. The design industry has relied on Section 4.33.3 Placement of Wheelchair Locations for direction during the design process. This section states:

“Wheelchair areas shall be an integral part of any fixed seating plan and shall be provided so as to provide people with physical disabilities a choice of admission prices and lines of sight comparable to those for members of the general public. They shall adjoin an accessible route that also serves as a means of egress in case of emergency. At least one companion fixed seat shall be provided next to each wheelchair seating area. When the seating capacity exceeds 300, wheelchair spaces shall be provided in more than one location. Readily removable seats may be installed in wheelchair spaces when the spaces are not required to accommodate wheelchair users. EXCEPTION: Accessible viewing positions may be clustered for bleachers, balconies and other areas having sight lines that require slopes of greater than 5 percent. Equivalent accessible viewing positions may be located on levels having accessible egress.”

It is the design industries desire and duty to incorporate the findings and wishes of the Council and Board with sound and practical construction methods. However, it is impossible to provide vertical accessibility to each level of stadium seating due 1) to the high cost and 2) to the requirements of the ADA Section 4.33.3 which states “they (stadium seating) shall adjoin an accessible route that also serves as a means of egress in case of emergency.” It is impractical to achieve this in a stadium seating movie theatre and accommodate the needs of all patrons. We have therefore established the goal of locating accessible seating to within 0% to 20% of the center of each house achieving a disbursed pattern and providing for companion seating as well as achieving comparable sight lines. Having complied with the remaining requirements of Section 4.33.3 it is our belief that this compromise is an acceptable solution to the concerns of all patrons.
## 4.33 Assembly Areas
### Staff Waiver Analysis

**Name of Assembly:** Cobb Theatres 14 @ Daytona ‘LIVE’  
[X] New  [ ] Alteration  [ ] Addition

<table>
<thead>
<tr>
<th>Auditorium Category</th>
<th>Auditorium numbers in the category</th>
<th>Wheelchair spaces per auditorium</th>
<th>Companion seating provided? Y/N</th>
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<tr>
<td></td>
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<td>Provided</td>
<td>FL requires</td>
<td>ADA requires</td>
</tr>
<tr>
<td>A. Fixed Seats 51 to 100</td>
<td>N/A</td>
<td>___</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
| B. Fixed Seats 101 – 200 | Houses 3, 4, 11, 12  
Houses 2, 5, 10, 13  
Houses 6, 9          | 5       | 5           | 4            | Yes          | 0            | 5            | 0            |
| C. Fixed Seats 201 to 300 | Houses 1, 14                        | 6       | 6           | 4            | Yes          | 0            | 4            | 2            |
| D. Fixed Seats 301 to 400 | Houses 7, 8                         | 7       | 7           | 6            | Yes          | 0            | 4            | 3            |
| E. Fixed Seats 401 to 500 | N/A                               | ___     | 8           | 6            | ___          | ___          | ___          |
| F. Fixed Seats 501 to 600 | N/A                               | ___     | 9           | 7            | ___          | ___          | ___          |
| G. Fixed Seats 601 and up | N/A                               | ___     | ___         | ___          | ___          | ___          | ___          |

Wheelchair spaces required: FL 51 to 100 -- 4 + 1 for every 100 fraction. ADAAG 51 to 300 -- 4; 301 to 500 -- 6 + 1 for every 100 or fraction. When the seating capacity exceeds 300, wheelchair spaces shall be provided in more than one location.

In theatres seating 150 or more, 50% of wheelchair spaces should be located in zone B (sweet spot) as per Charette 2-10-98.

**Any Explanations:**
September 30, 1998

Mr. Lawrence L. Corley
BAILEY-CORLEY & ASSOCIATES, Inc.
530 Beacon Parkway West, Suite 701
Birmingham, AL 35209

RE: Movie Theater - vertical accessibility

Dear Mr. Corley:

As discussed with members of your firm, there isn't any type of equipment on the market at this time that I am aware of that is designed to provide vertical access to every level of a movie theater such as the ones we've reviewed.

An incline platform lift complying with ADA and ANSI elevator codes could be utilized to provide access to up to seven levels per lift however. The cost of such a lift is estimated to be between $40,000.00 and $50,000.00. Therefore, in order to accommodate up to 14 levels, you can estimate a cost of $80,000.00 to $100,000.00.

As you know, the equipment has clearance requirements that need to be met in order for it to fit in a given stairway. However, this should not pose a significant problem.

I'd be happy to review any other plans if you wish and get the manufacturers more involved with this issue if you feel it appropriate. Thank you for asking me to review this matter.

Sincerely,

Daniel K. Murphy, Jr.
South Florida Sales Manager
THEATRE HOUSE TYPE 'G1'

304 SEATS IN 2 THEATRE HOUSES 7 & 8

PREMIUM SEATS - 66
STANDARD SEATS - 238
TOTAL SEAT COUNT - 304
JANUARY, 2008 WAIVER APPLICATION
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: Cobb Theatre 14 @ Daytona ‘LIVE’
Address: West International Speedway Blvd
          Daytona, Florida 32120

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: Joseph L. Sweeney
Applicant's Address: 530 Beacon Parkway West Suite 900 Birmingham, AL 35209
Applicant's Telephone: (205) 443-3720  FAX: (205) 443-3790
Applicant’s E-mail Address: jsweeney@ctsmarchitects.com
Relationship to Owner: Architect for Theatres
Owner's Name: Cobb Theatres LLC
Owner's Address: 2100 A South Bridge Parkway Suite 640; Birmingham, AL 35209
Owner's Telephone: (205) 802-7766  FAX (205) 802-7771
Owner’s E-mail Address:

Signature of Owner: [Signature] as Agent and Architect for Cobb Theatres, LLC
Contact Person: Joe Sweeney or Lawrence L. Corley
Contact Person’s Telephone: (205) 443-3720  E-mail Address: jsweeney@ctsmarchitects.com
                                lcorley@ctsmarchitects.com
3. Please check one of the following:

[X] 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.)

Multi-Screen Movie Theatre One Story 65,000 +/- square feet

Group “A” Assembly

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

$ 7 million

6. Project Status: Please check the phase of construction that best describes your project at the time of this application. Describe status.

[X] Under Design [ ] Under Construction*

[ ] In Plan Review [ ] Completed*

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

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

**Issue**

1: See Attachment ‘A’

---

**Issue**

2:

---

**Issue**

3:

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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.

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---

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

See Attachment “A”

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[ ] 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. The following is the estimated cost impact for this theatre to comply with Section 553.509 of the Florida Statutes:

b. 14 lifts required (14 x $40,000 each = $560,000) See Attachment “B”

c. Also because 15% and 30% of seats (depending on house size) must be removed to accommodate the lifts. In addition, the seating platforms will be required to be wider to accommodate the wheelchairs at each tier of seating, further reducing the seat count by an estimated 15% to 30% per house

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.

See Section 7

____________________________
Signature

____________________________
Joseph L. Sweeney
Printed Name

(205) 443-3720

(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 14 day of December, 2007

[Signature]

Joseph L. Sweeney
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: __________________________________________
Certification of Licensed Design Professional for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only in cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

1. ____________________________, a licensed architect/engineer in the state of Florida, whose Florida license number is ______________________, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project) _______________________, for which the Owner seeks a waiver of one or more accessibility requirements in an application to which this Certification is attached.

2. I hereby certify that to the best of my knowledge and belief to the Florida Building Commission that the design documents for the (insert project described in paragraph 1 above) _____________________________ are the same as the design documents previously submitted to the Commission and referenced in paragraph 3 below, except that the two projects are built or to be built on different parcels of land at different locations.

3. The licensed design professional of record (identify the licensed design professional of record), _____________________________, prepared the design documents for the project known as _____________________________, for which the majority of the Accessibility Advisory Council recommended approval and the Commission granted a waiver of one or more accessibility requirements in Final Order No. ____________.

Printed Name: ___________________________ Affix certification seal below:

Address: ________________________________

_______________________________________

Telephone: ______________________________

Fax: _____________________________________

E-Mail Address: __________________________
Form No.: 2001-02, Page 2 of 2

Certification of Applicant for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

I, ___________________________, am applying for placement on the Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code. I (check one of the following and complete blanks):

I am the owner of this Project (name of project) ______________________________________.
and was the owner of the project known as ______________________________________.

I am the franchisee of this Project (name of project) ____________________________________.
am under the same franchiser (name of franchiser) ________________________________
who was the franchiser of the project known as ____________________________________.
I am the licensee of this Project (name of project) ____________________________________.
am under the same licensor (name of licensor) ____________________________________
who was the licensor of the project known as ____________________________________.

for which the majority of the Accessibility Advisory Council recommended approval, and the Florida Building Commission granted a waiver of one or more accessibility requirements in Final Order No. ____________________.

I hereby swear or affirm that the above information to the best of my knowledge is true and correct.

Dated this _____________ day of _________________________. 20 _____________

____________________________________
Signature

____________________________________
Printed Name

Providing false information to the Florida Building Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.
The Florida State Statutes Section 553.509 VERTICAL ACCESSIBILITY states that “Nothing in Sections 553.501 – 553.513 or the guidelines shall be construed to relieve the owner of any building, structure or facility governed by those sections for the duty to provide vertical accessibility to all levels above and below the habitable grade level, regardless of whether the guidelines require an elevator to be installed in such building, structure or facility.” The stadium seating concept is one relatively new to the movie theater industry therefore it is commonly believed that this type of building construction was not anticipated during the drafting of legislation for vertical accessibility nor that it was meant to mean that every level or platform of stadium seating be made accessible. The design industry has relied on Section 4.33.3 Placement of Wheelchair Locations for direction during the design process. This section states:

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### 4.33 ASSEMBLY AREAS
#### STAFF WAIVER ANALYSIS

Name of Assembly: **Cobb Theatres 14 @ Daytona ‘LIVE’**  [X] New  [ ] Alteration  [ ] Addition

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<td>Houses 6, 9</td>
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<td>C. Fixed Seats 201 to 300</td>
<td>Houses 1, 14</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>D. Fixed Seats 301 to 400</td>
<td>Houses 7, 8</td>
<td>7</td>
<td>7</td>
<td>6</td>
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<td>E. Fixed Seats 401 to 500</td>
<td>N/A</td>
<td>---</td>
<td>8</td>
<td>6</td>
</tr>
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<td>F. Fixed Seats 501 to 600</td>
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<td>7</td>
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<td>G. Fixed Seats 601 and up</td>
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Wheelchair spaces required: FL 51 to 100 -- 4 + 1 for every 100 fraction. ADAAG 51 to 300 -- 4; 301 to 500 -- 6 + 1 for every 100 or fraction. When the seating capacity exceeds 300, wheelchair spaces shall be provided in more than one location.

In theatres seating 150 or more, 50% of wheelchair spaces should be located in zone B (sweet spot) as per Charette 2-10-98.

ANY EXPLANATIONS:
September 30, 1998

Mr. Lawrence L. Corley
BAILEY-CORLEY & ASSOCIATES, Inc.
530 Beacon Parkway West, Suite 701
Birmingham, AL 35209

RE: Movie Theater - vertical accessibility

Dear Mr. Corley:

As discussed with members of your firm, there isn't any type of equipment on the market at this time that I am aware of that is designed to provide vertical access to every level of a movie theater such as the ones we've reviewed.

An incline platform lift complying with ADA and ANSI elevator codes could be utilized to provide access to up to seven levels per lift however. The cost of such a lift is estimated to be between $40,000.00 and $50,000.00. Therefore, in order to accommodate up to 14 levels, you can estimate a cost of $80,000.00 to $100,000.00.

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I'd be happy to review any other plans if you wish and get the manufacturers more involved with this issue if you feel it appropriate. Thank you for asking me to review this matter.

Sincerely,

Daniel J. Murphy, Jr.
South Florida Sales Manager
December 18, 2007

Ms. Mary Katherine Smith  
Department of Community Affairs  
Codes & Standards Section  
2555 Shumard Oak Blvd.  
Tallahassee, FL 32399-2100

Re: Cobb 14 Theatres @ Daytona ‘LIVE’  
Daytona, Florida  
CTSM No. 1749

Dear Ms. Smith:

I have enclosed the cover form along with the required documents for our submission on the Cobb Theatre for Daytona ‘LIVE’, Daytona, Florida.

I have signed the application letter as Architect for the submission, and will be coming to the Hearing to represent our office.

Please let us know if you need any more information at this time. Thank you for your assistance with this submission.

Sincerely,

Joe Sweeney  
Principal, CTSM Architects, Inc.

CC: Lawrence Corley  
Bobby Cobb

Attachments: Florida Accessibility Waiver Forms, Drawings 24” x 36”, 11” x 17” and 8½” x 11”, w/ Transparencies and Disk
THEATRE HOUSE TYPE 'B6'

142 SEATS IN 4 THEATRE HOUSES 2, 5, 10, 13

B6
THEATRE HOUSE TYPE 'B7'

165 SEATS IN 2 THEATRE HOUSES 6 & 9

PREMIUM SEATS • 36
STANDARD SEATS • 129
TOTAL SEAT COUNT • 165

THEATRE HOUSE TYPE 'B7'
THEATRE HOUSES 6 & 9
THEATRE HOUSE TYPE 'C3'

222 SEATS IN 2 THEATRE HOUSING S.1.14

PREMIUM SEATS - 56
STANDARD SEATS - 168
TOTAL SEAT COUNT - 222

DAYTONA LIVE
COBB THEATRE
THEATRE HOUSE TYPE 'C3'
THEATRE HOUSE 1 & 14

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