

**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: Liquor Lofts

Address: 1717 West Tennessee Street, Tallahassee, Florida 32304

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: Byron Burroughs

Applicant's Address: 1717 West Tennessee Street, Tallahassee, Florida 32304

Applicant's Telephone: (850)-443-6757

Applicant's E-mail Address: byronburroughs@yahoo.com

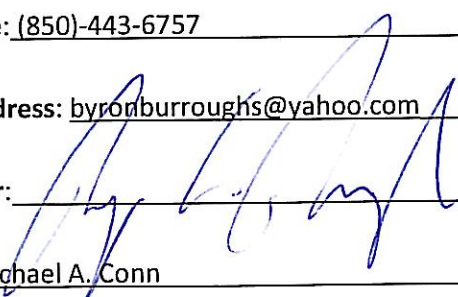
Relationship to Owner: Company run by Owner

Owner's Name: Byron Burroughs

Owner's Address: 1717 West Tennessee Street, Tallahassee, Florida 32304

Owner's Telephone: (850)-443-6757

Owner's E-mail Address: byronburroughs@yahoo.com

Signature of Owner:  _____

Contact Person: Michael A. Conn

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.)

A 7,067 S.F. building with 4,714 S.F. (+/-) on the first floor and 2,373 S.F. (+/-) on the basement floor with 7 + 1 accessible parking striped on the first floor level and 9 striped spaces provided on the basement level with potential for additional spaces (currently non-striped spaces (see attached site plan for existing and proposed site plan). Currently housing a combination beverage hospitality, beverage retail on the first floor and storage /employee use basement level.

5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): \$99,500.00

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 proposed redevelopment of the basement level in a preliminary review by City of Tallahassee Growth Management has indicated that the project would not meet the requirements for vertical accessibility to all levels. Growth Management is not authorized to waive the vertical accessibility 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: 1: Florida Building Code- Building (FBC-B), sections 11-4.1.6(b), 11-4.1.3(1) and 11-4.1.3(5).

The first of these sections requires that an alteration to an existing space comply with the requirements of sections 11-4.1.1 through 11-4.1.3 (minimum requirements for new construction). Section 11-4.1.3(1) requires that an accessible entrance be connected by an accessible route to all accessible spaces within the facility. 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.

[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 the elevator machine room and shaft, would consume a disproportionate amount of space for the area to be served. The basement is small, measuring only 2,373 square feet in area. Nevertheless, the basement will feature accessible (exterior) parking, accessible restrooms, accessible seating, accessible ingress and egress, and accessible maneuvering spaces throughout.

Additionally, for the business to function, the basement will require a 20' x20' storage cooler, service sinks, dishwashers, and multiple large beer brewing tanks—such as fermentation vessels. The addition of any vertical equipment such as an elevator would be an unreasonable hardship due to the physical spatial limitations of the basement and the disproportionate cost. The nature of the business upstairs is different from the nature of the business in the basement.

A chair lift is not an option in the existing stairwell due to the chairlift manufacturer's required clearances. The existing stairwell is too narrow to accommodate commercially available chairlifts.

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

The estimate cost of renovation is \$99,500.00. Twenty percent (20%) of \$99,500 is \$19,900. The current cost for the two accessible restrooms, interior accessible elements, exterior accessible ramp, new basement level accessible parking 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 \$65,000-\$75,000. In a similar project/area the anticipated equivalent elevator was \$35,500 just for the equipment and installation without any alteration to the building included(see attached).

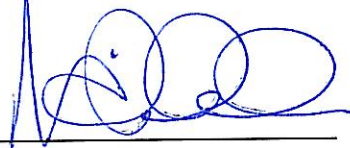
[] The owner has made a **diligent investigation** into the costs of compliance with the code, but cannot find an efficient mode of compliance. Provide detailed cost estimates and, where appropriate, photographs. Cost estimates must include bids and quotes.

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 2,000 pound capacity hydraulic elevator by Mowrey Elevator Company of Florida, Inc. Marianna, Florida. - \$35,500. Quoted price estimate is for manufacture and installation of the elevator. Associated costs for alteration of the building to allow for the installation are not included in this estimated price.

b. Estimated budget range for a 2,100 pound capacity hydraulic elevator by ThyssenKrupp Elevator Company - \$35,000 - \$40,000, based on an estimate prepared for another project with a similar elevator. (Price for that particular elevator was \$38,750.) Quoted price estimate is for manufacture and installation of the elevator only. Associated costs for alteration of the building to allow for the installation are not included in this estimated price.

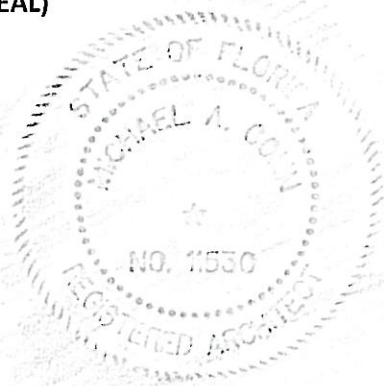
10. **Licensed Design Professional:** Where a licensed design professional has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.


Signature

MICHAEL A. CONN
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 29 day of June, 2011

Signature

Brian C. Burroughs

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: _____

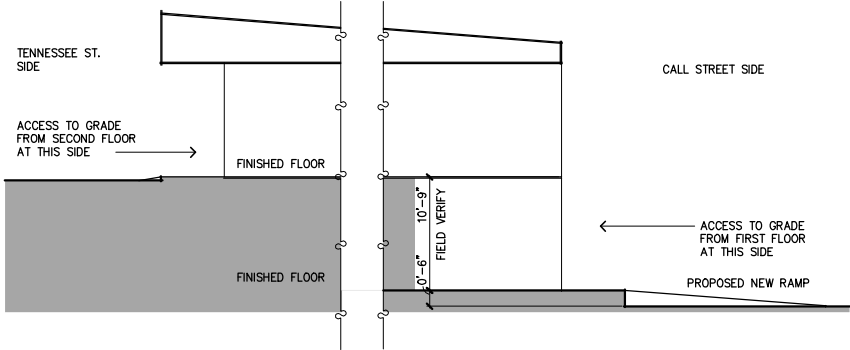
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Project Vicinity Map

LIQUOR LOFT at 1717 W. TENNESSEE ST.

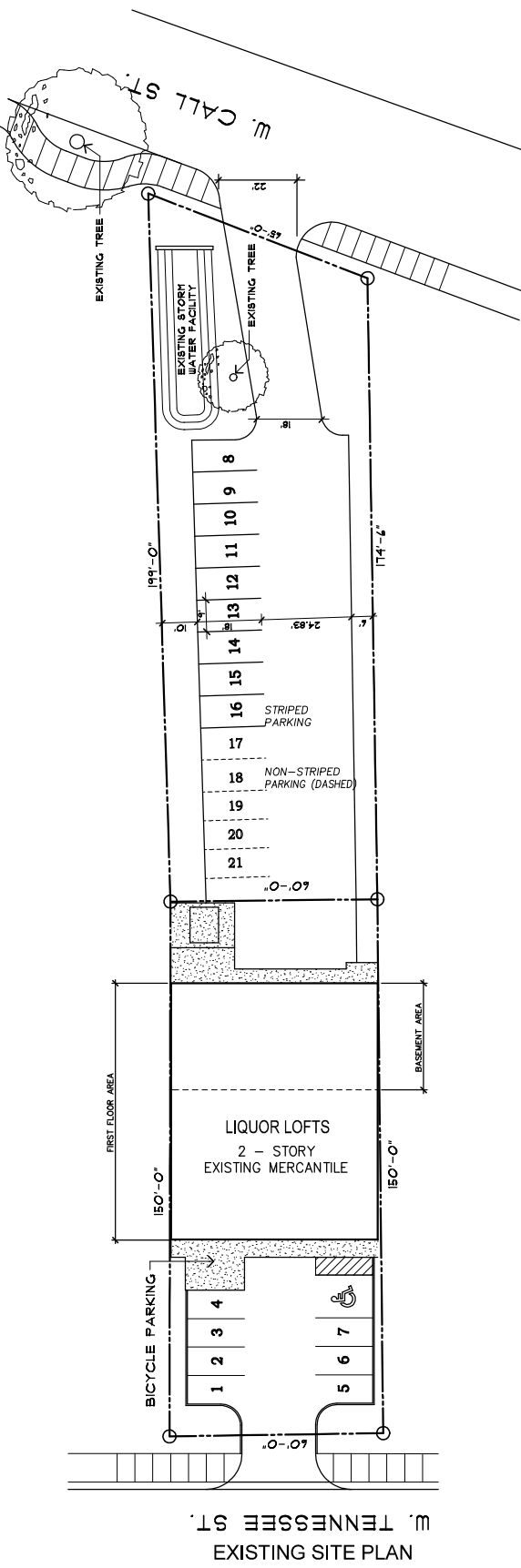
N.T.S.



Schematic Section

LIQUOR LOFT at 1717 W. TENNESSEE ST.

N.T.S.



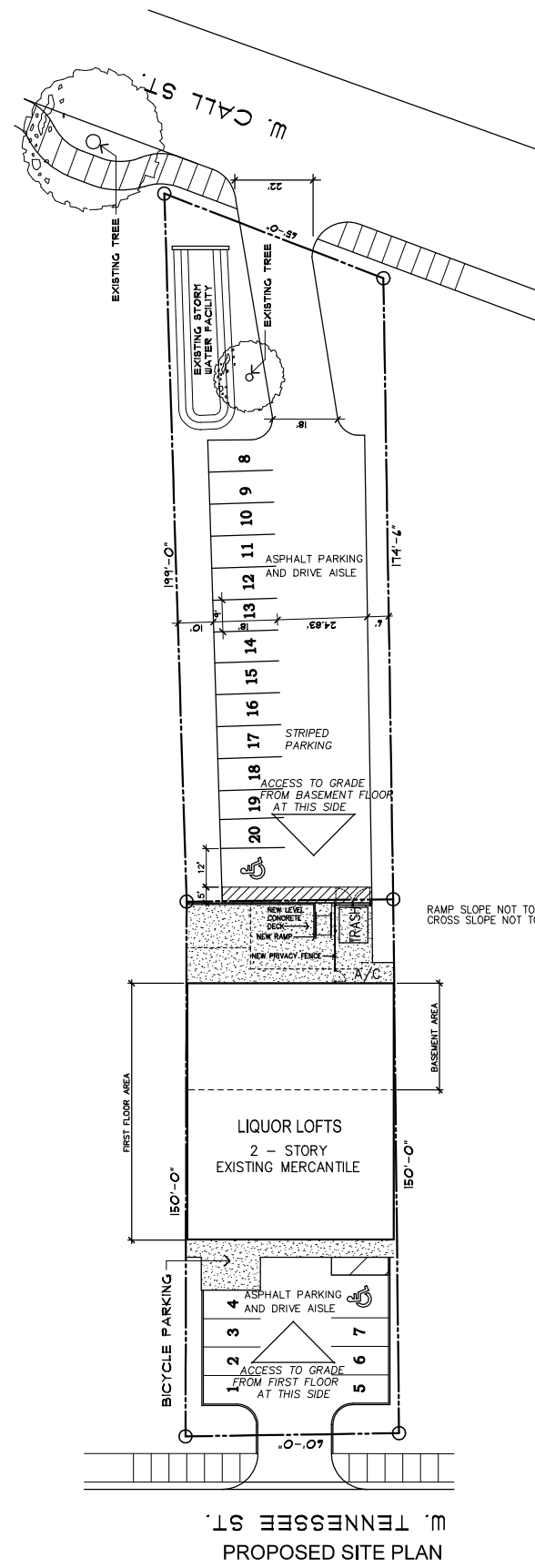
EXISTING SITE PLAN
W. TENNESSEE ST.



Project Site Plan

LIQUOR LOFT at 1717 W. TENNESSEE ST.

SC: 3/64" = 1'-0"



PROPOSED SITE PLAN
W. TENNESSEE ST.

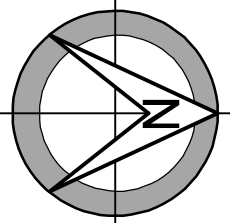
NOT FOR CONSTRUCTION

DATE	JUNE 27, 2011
DRAWN BY	B.H.
REVISED	
JOB NO.	11-177
DATE	
SHEET NUMBER	SP-1



RENOVATION of
1717 WEST TENNESSEE STREET, TALLAHASSEE, FLORIDA

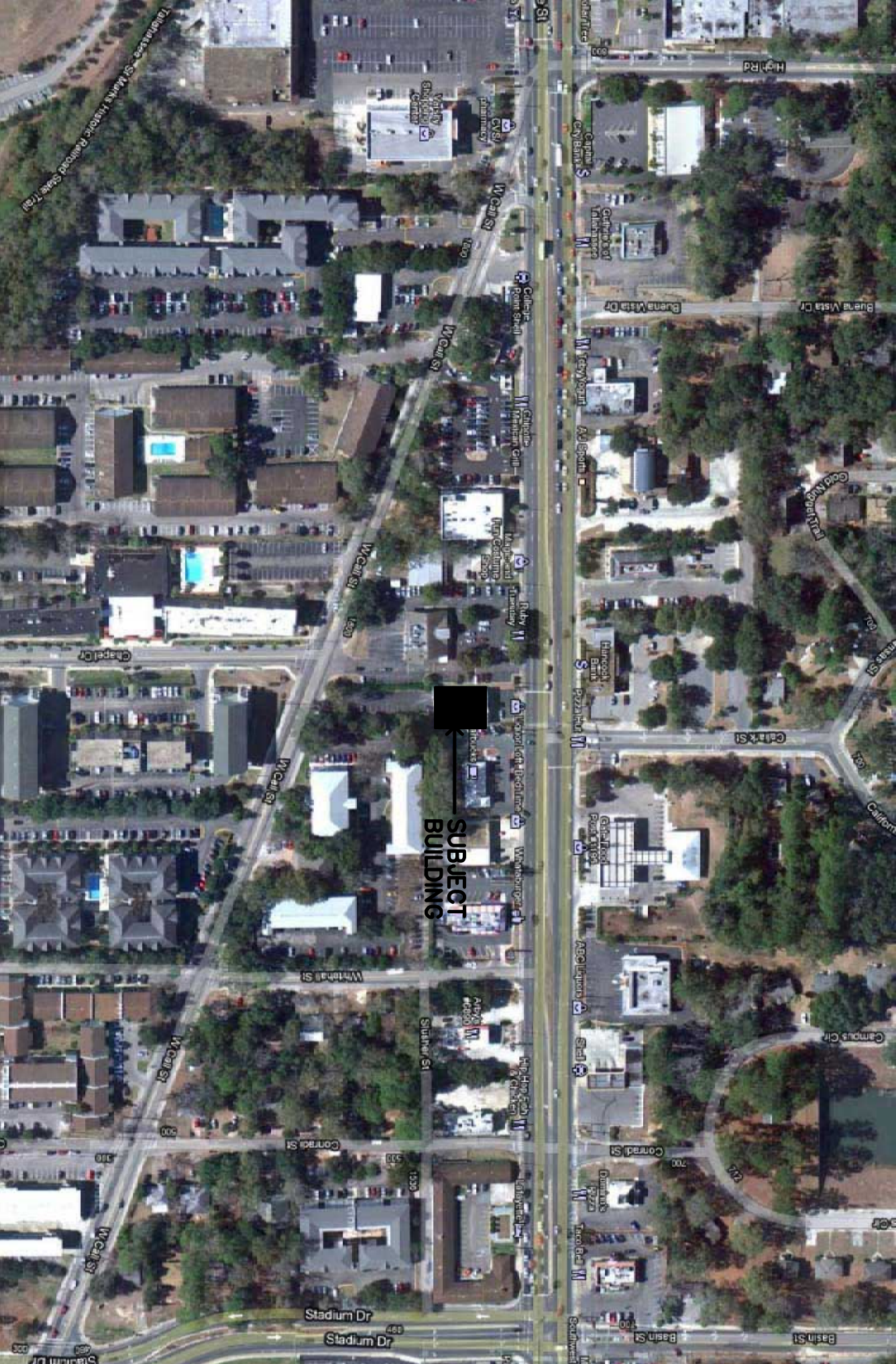
PROJECT SITE PLAN



Project Vicinity Map

LIQUOR LOFT at 1717 W. TENNESSEE ST.

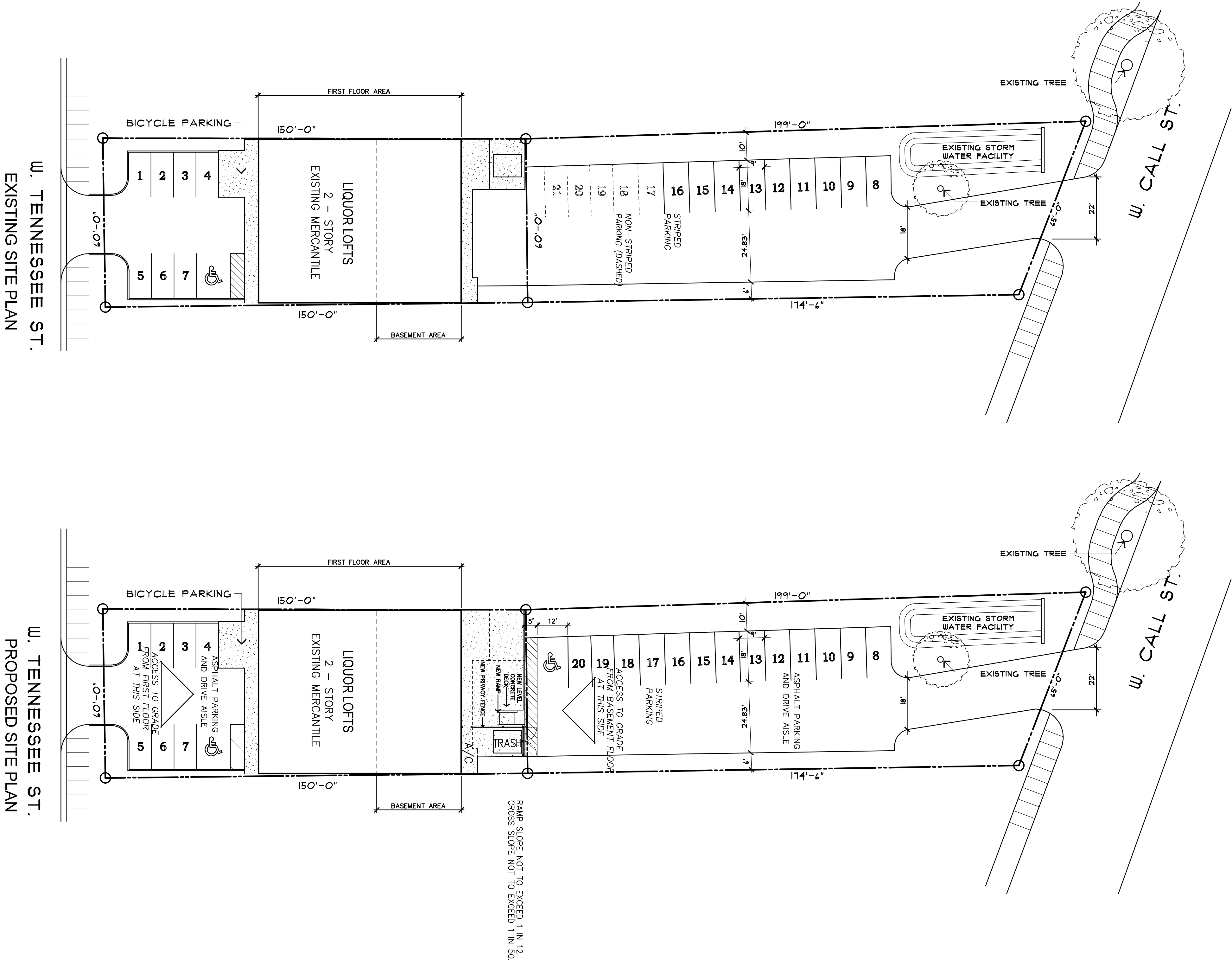
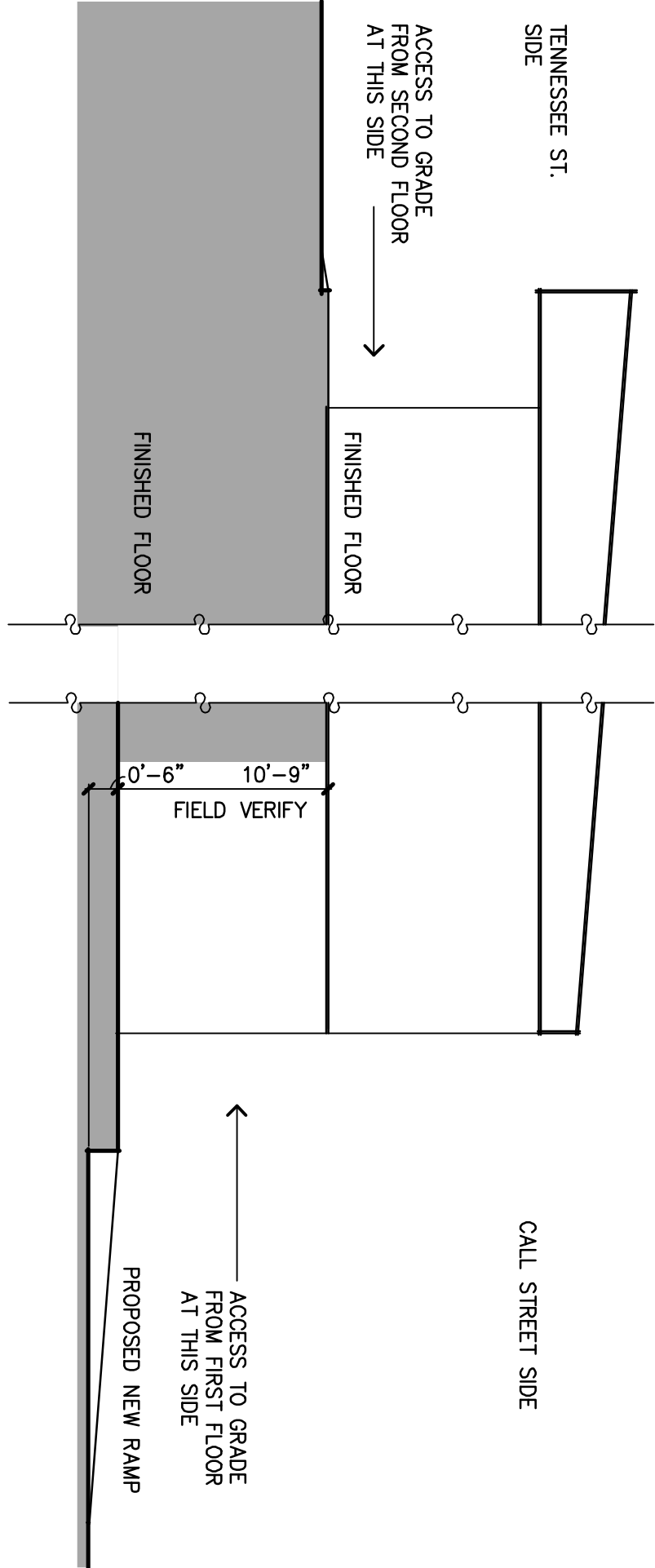
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Schematic Section

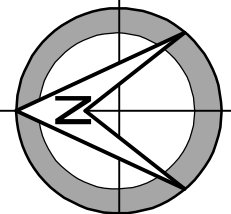
LIQUOR LOFT at 1717 W. TENNESSEE ST.

N.T.S.



W. TENNESSEE ST.
EXISTING SITE PLAN

W. TENNESSEE ST.
PROPOSED SITE PLAN



Project Site Plan

LIQUOR LOFT at 1717 W. TENNESSEE ST.

SC: 3/64" = 1'-0"

NOT FOR CONSTRUCTION

DATE	JUNE 27, 2011
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RENOVATION of 1717 WEST TENNESSEE STREET , TALLAHASSEE, FLORIDA
PROJECT SITE PLAN

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;

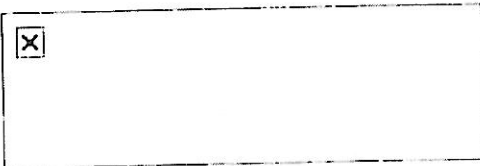
Thank you for your help in obtaining a budget price for a two-stop elevator. On your company's website, I found the model AMEE 21 most suited to the project I mentioned. I am working on a two story building with a floor-to-floor height of 10'-9" (more or less). Like the elevator you mentioned with a \$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