

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: Dimitris Artisan Sandwiches/Dimitri
Bourtzakis
Address: 790 South Atlantic ave
Ormond Beach, FL 32176

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: Dimitri Bourtzakis
Applicant's Address: 2305 N. Oleander, Daytona Bch FL, 32118
Applicant's Telephone: 386-295-8847 FAX: none
Applicant's E-mail Address: DimitriGyro@gmail.com
Relationship to Owner: self
Owner's Name: Dimitri Bourtzakis
Owner's Address: same as above
Owner's Telephone: 386 295-8847 FAX none
Owner's E-mail Address: DimitriGyro@gmail.com
Signature of Owner: 
Contact Person: Dimitri Bourtzakis
Contact Person's Telephone: 386-295-8847 E-mail Address: DimitriGyro@gmail.com

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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.)

EXG. RESTAURANT. First FL. 3206 SF.

NEW 2ND FLOOR DECK 3201 SF.

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

Between \$60,000 - \$79,000 est.

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.

OWNER HAS EXISTING OUTDOOR DINING w/ WHEELCHAIR ACCESSIBILITY. 2ND FL DECK TO INCREASE SEATING ABILITY WAS DESIGNED. CITY IS RECOMMENDING ELEVATOR WHICH WILL COST 75-100,000. DOLLARS AND THEREFORE NOT BE FEASIBLE TO MOVE FORWARD.

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

Issue

1: 11-5.4
(Handicap Accesability to roof-deck.)

Issue

2: n/a

Issue

3: n/a

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.

Cost of Elevator is \$75,000-100,000 and we
would not be able to build deck.

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.

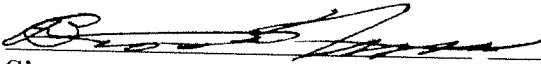
a. Elevator companies require a commitment fee of \$1 - 2,000. ref: OTIS elevators # 407-438-3633

b. Rep: Kyle

c. _____

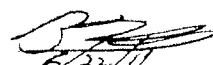
10. **Licensed Design Professional:** Where a licensed design professional has designed the project, his or her comments **MUST** be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

Existing ground level outdoor seating is handicap accessible. Ramp to upper deck not feasible and elevator would be financial burden, excessive to overall project scope and cost.

 Brian Miles
Signature Printed Name

Phone number 386-767-1095


(SEAL)


5/20/11

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 28th day of June, 20 11



Signature

Dimitri Pountzakis
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. 11-5.4
- 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 \$4,800

Comments/Recommendation _____

Jurisdiction City of Ormond Beach, FL

Building Official or Designee Joseph Lerrault
Signature

Joseph Lerrault
Printed Name

BU 1496
Certification Number

386-676-3350
Telephone/FAX

Address: 22. South Beach St Rm 4
Ormond Beach, FL 32174



City of Ormond Beach

BUILDING

Plans

Request for Addit

2010 Sign \$800-
2009 Sign 100-
2009 Elected 2400-
2008 Misc 1500
\$4800

DATE: May 25, 2011
PROJECT TITLE: Dimitri's
PERMIT #: 11-3368
ADDRESS: 790 S. Atlantic Ave
CONTRACTOR: owner

790 S. ATL.

The Ormond Beach Building Department has conducted a building code and fire/life safety review of plans submitted for permitting under the above referenced application. This review is inconclusive due to the lack of information about this project. Before we can forward these documents to our Building Official for issuance of a permit, the following items need to be addressed. Your prompt response to this request will accelerate this process. It is our policy to require written responses and submittals for our files. **Information requested is to be provided on revised drawings.** Submittal of information requested is not to be construed as automatic approval. Our office will advise you when the material and information submitted has been verified for compliance with the appropriate codes and standards.

Plan comments are as follows:

1. An accessibility waiver is required through the Florida Accessibility Advisory Council. (www.floridabuilding.org)
2. Life safety, electrical, and plumbing plans are required. *FBC 106.3.5*
3. Provide the type of construction, occupancy class, occupant load (each level), required egress width, required number of exits, travel distance, design loads.
4. Show the means of egress marking and illumination. *FBC 1006*
5. Two means of egress are required if the occupant load is greater than 49. *FBC Table 1015.1.*
6. Please show the exit discharge in more detail. Show the gate and hardware.
7. Show fire extinguisher locations.
8. Show required access to mechanical equipment. *FBC Mech. 306*

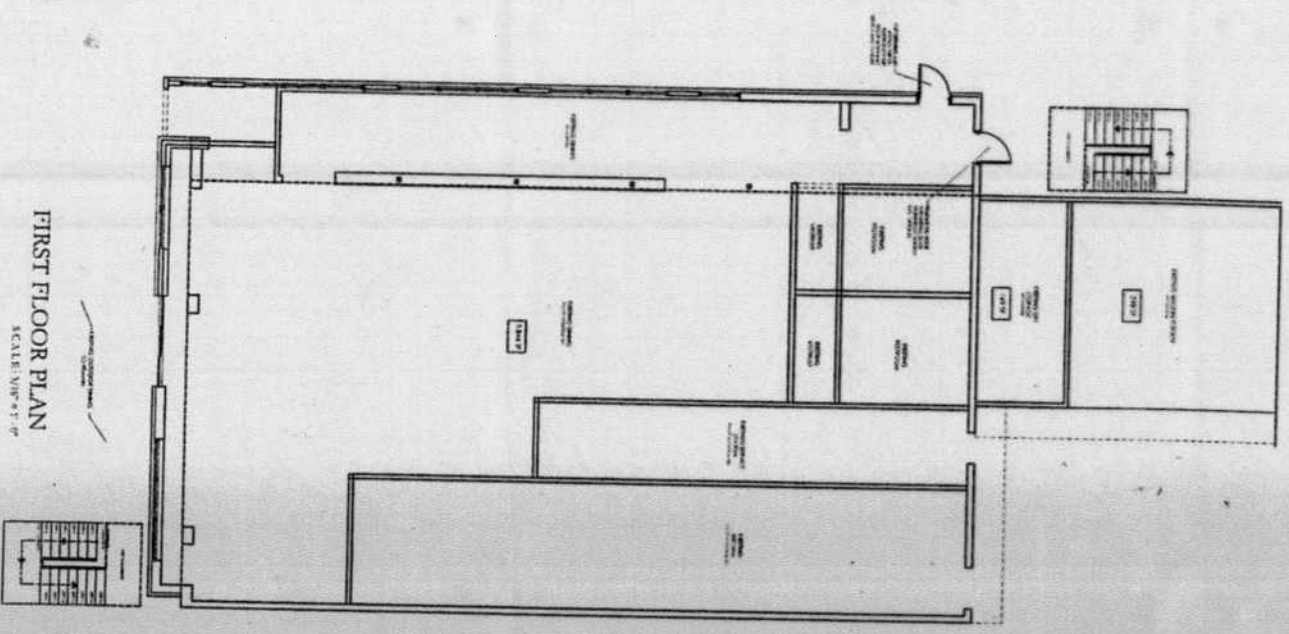
Once the above information has been submitted a complete review will be conducted. All revisions will be submitted with a complete set of plans or you may go to the Building Department and ask for your plans and add or delete sheets, re-staple and submit a complete set of plans. Questions regarding comments should be addressed to Tom Griffith at (386) 676-3351 or by email at griffith@ormondbeach.org. End of comments.



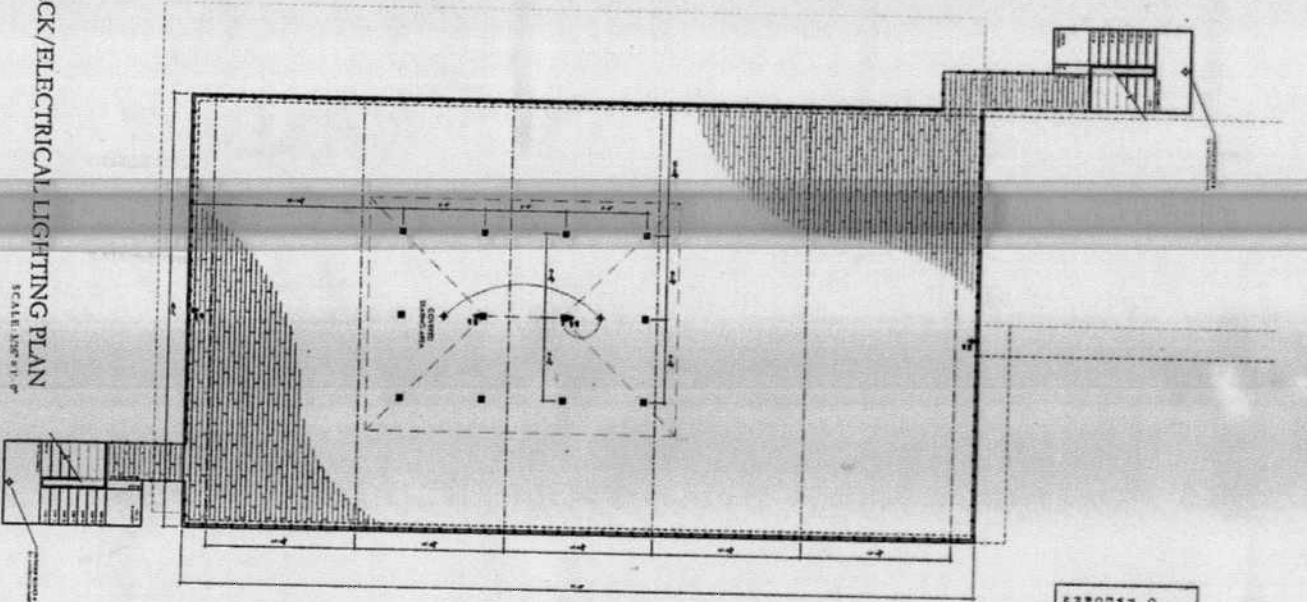




FIRST FLOOR PLAN
SCALE: 1/8" = 1'-0"



DECK/ELECTRICAL LIGHTING PLAN
SCALE: 1/8" = 1'-0"



BUILDING DESIGN INFORMATION & PRESSURES
 CODE EDITION: 2007 FLORIDA BUILDING CODE
 TYPE OF CONSTRUCTION: WIND VULNERABLE
 CATEGORY: C
 WINDING BEHIND AS: 150 MPH
 WIND SPEED: 150 MPH
 WIND EXPOSURE: 30' x 100' (FROM CORNER)
 WIND DIRECTION: 0°

50% FIG. OF PROPOSED DECK
 180' x 100' (NO CORNER) 180' x 100'
 180' x 100' (NO CORNER) 180' x 100'
 180' x 100' (NO CORNER) 180' x 100'
 180' x 100' (NO CORNER) 180' x 100'

NOTICE TO CONTRACTOR:
 ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND ALL APPLICABLE REGULATIONS.
 THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AGENCIES.
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<p>BRIAN MILES, P.E. M.E.C., INC. PROFESSIONAL ENGINEER 1000 S.W. 10TH AVENUE, SUITE 100 MIAMI, FL 33135 TEL: 305.375.1111 FAX: 305.375.1112</p>	<p>E.J.S. ENGINEER 1000 S.W. 10TH AVENUE, SUITE 100 MIAMI, FL 33135 TEL: 305.375.1111 FAX: 305.375.1112</p>	<p>PROJECT: DIMITRI'S ROOF TOP ADDITION 780 SOUTH ATLANTIC AVENUE OCEANO BEACH, FLORIDA</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>	<p>10</p>	<p>11</p>	<p>12</p>
			<p>13</p>	<p>14</p>	<p>15</p>	<p>16</p>	<p>17</p>	<p>18</p>	<p>19</p>	<p>20</p>	<p>21</p>	<p>22</p>	<p>23</p>	<p>24</p>