

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: The Gallery
Address: 701 E. New Haven Ave. (upstairs)
Melbourne, FL 32901

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: Nava Gallery Enterprises, LLC
Applicant's Address: 701 E. New Haven Ave. upstairs
Melbourne FL 32901
Applicant's Telephone: 386-569-8880 FAX: —
Applicant's E-mail Address: thegallerynightclub@gmail.com
Relationship to Owner: tenant
Owner's Name: HYNES PROPERTIES LLC
Owner's Address: 2200 Front St. S. 302, Melbourne FL
Owner's Telephone: 308-3357 FAX 308-3359
Owner's E-mail Address: d/hynes@aol.com
Signature of Owner: Diane Hynes
Contact Person: Armando Martinez
Contact Person's Telephone: 386-569-8880 E-mail Address: thegallerynightclub
@
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.)

2 STORY BLDG.
FIRST FLR = ± 1900 #, 2ND FLR = 2334 #
MERCANTILE, ASSEMBLY

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

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.

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

Issue

1: As indicated in floorplan and photos, there
is no availability to build a legal vertical Access point.

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.

Building would need to be torn down and
re done.

☒ 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. Not provided since building would need
to be torn down and rebuilt.

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.

Due to existing bldg. location & adjacent props., & exist.
conditions, vertical accessibility can not be provided.

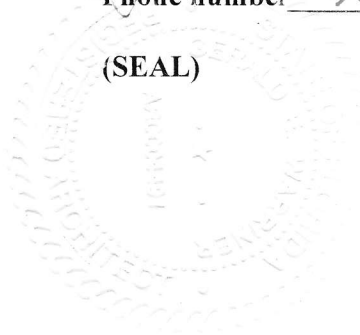
Signature

Printed Name

Phone number

321.757.3034

(SEAL)



Certification of Licensed Design Professional 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, GERALD WARRINER, a licensed architect/engineer in the state of Florida, whose Florida license number is AR0004491, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project) THE GALLERY INT. RENOV., 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) THE GALLERY INT. RENOV. 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), GERALD WARRINER, prepared the design documents for the project known as THE GALLERY INT. RENOV., 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: GERALD E. WARRINER Affix certification seal below:

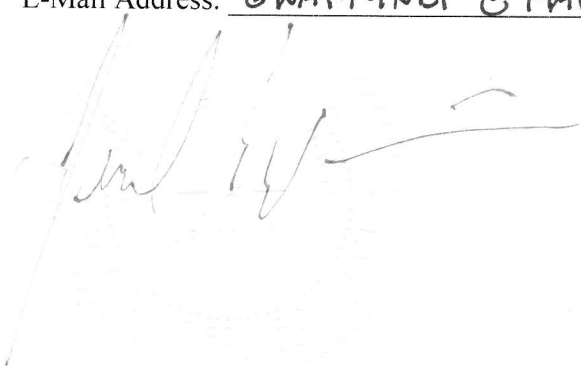
Address: 2200 FRONT ST., S. 300

MELBOURNE, FLA. 32901

Telephone: 321. 757-3034

Fax: 321. 757-3088

E-Mail Address: GWARRINER@MAILDESKNBUILD.COM



CERTIFICATION OF APPLICANT:

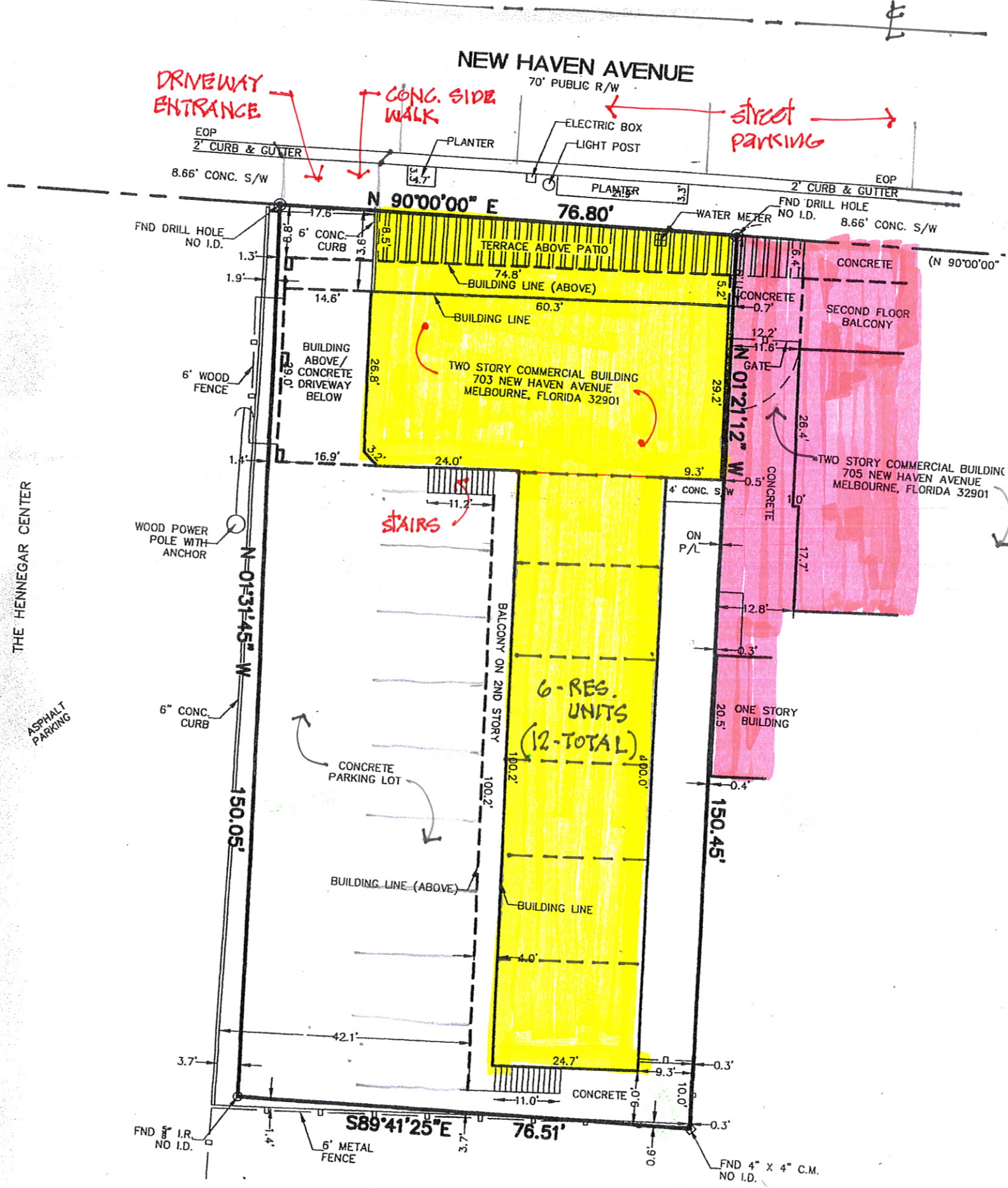
I hereby swear or affirm that the applicable documents in support of this Request for Waiver are attached for review by the Florida Building Commission and that all statements made in this application are to the best of my knowledge true and correct.

Dated this 29 day of July, 2011

Signature

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.



THE HENNEGAR CENTER

ASPHALT PARKING



2200 Front Street, Suite 300
Melbourne, Florida 32901
(321)757-3034 Fax (321) 757-3088
www.maidesignbuild.com

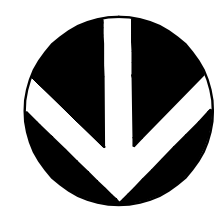
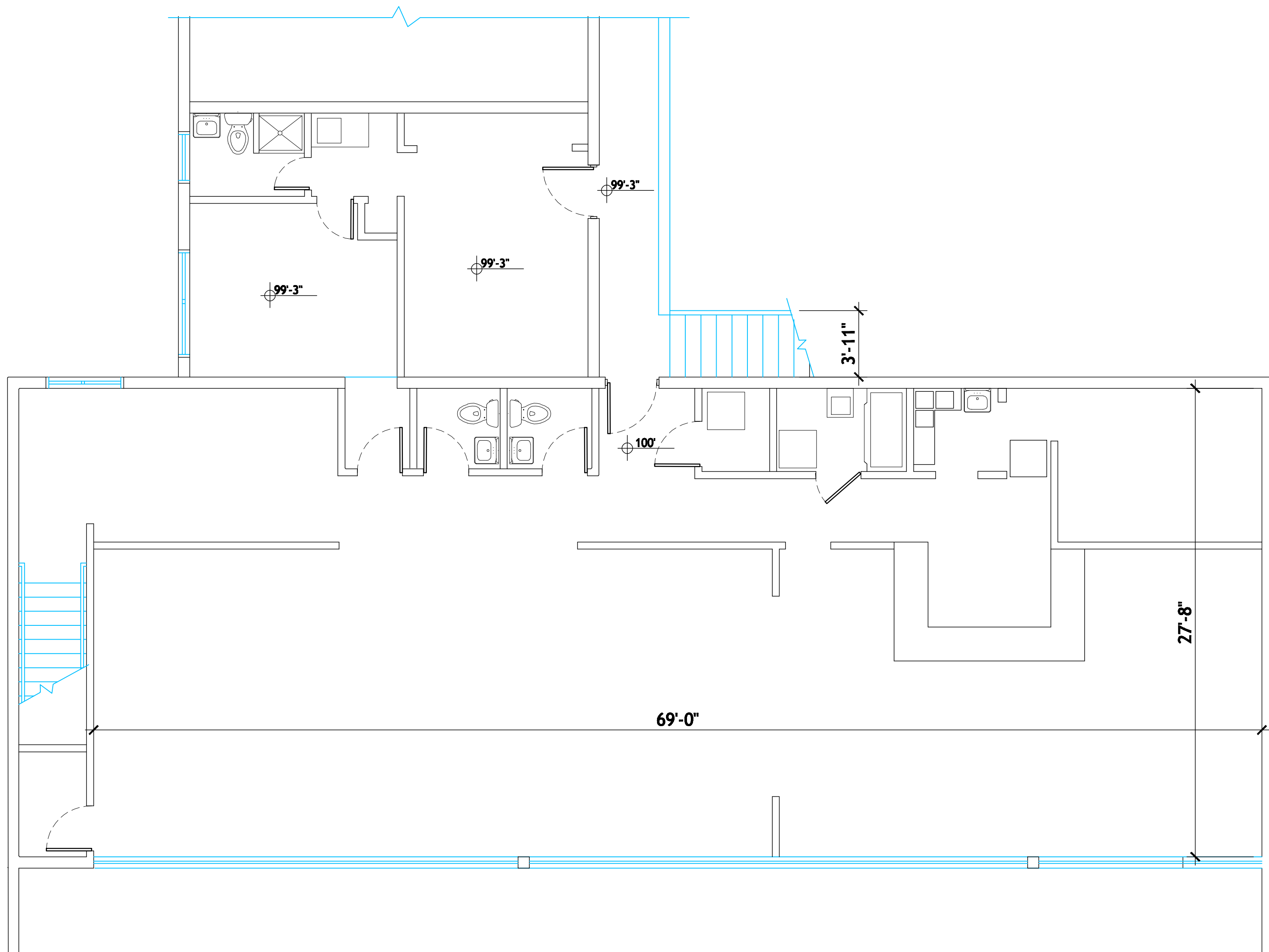


SITE PLAN
(EXISTING CONDITIONS)

1" = 20'

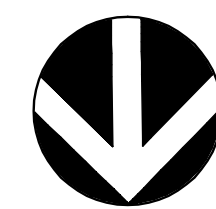
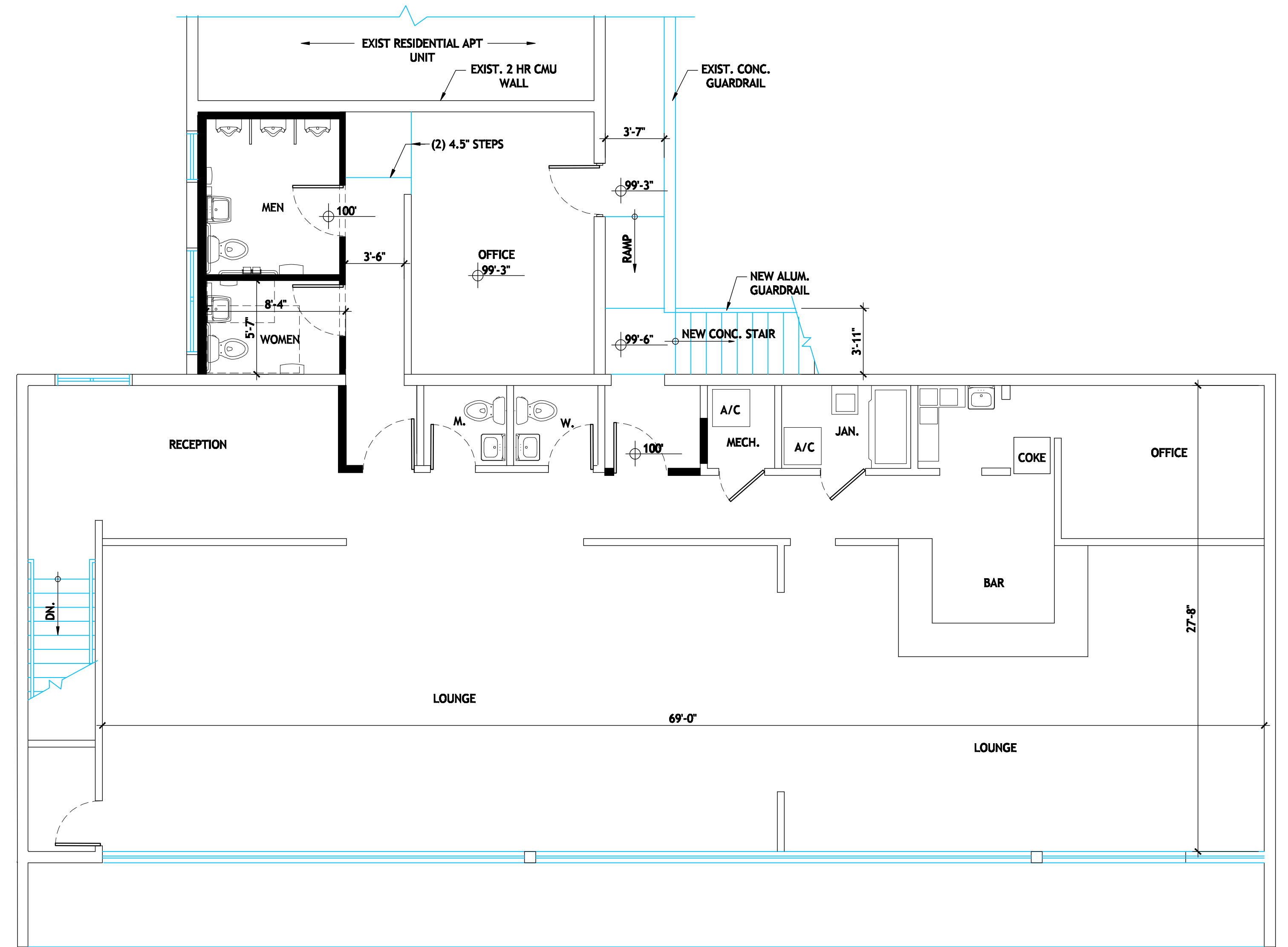






EXISTING CONDITIONS PLAN

3/16"=1'-0"



EXISTING CONDITIONS PLAN

LEASE AREA = 2334 SQ. FT.

3/16"=1'-0"

mai DesignBuild
2200 FRONT ST. SUITE 300
MELBOURNE, FLA.
321. 757.3034

**INTERIOR RENOVATIONS FOR
"THE GALLERIE"**
MELBOURNE, FLA.

30 MAY 2011

A photograph of a building entrance. On the left, there is a dark metal fence with vertical bars. To the right of the fence is a glass door with a silver frame. The door has a reflection of a person taking a photo. The wall to the right of the door is white with black wavy vertical lines. A red callout box with a blue border is on the left, and another red callout box with a blue border and a white arrow pointing left is on the right.

Adjoining Property
Line
"MainStreet Pub"

End of Building
and property



First Level Vapor Lounge Behind
these walls.

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.

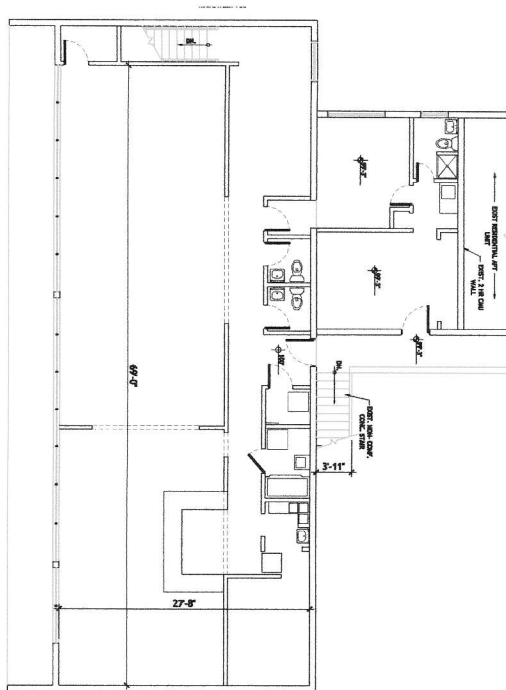
a. During a preliminary meeting and review of plans, I indicated to the client that vertical access would be required per 2007 FBC 11-4.1.6 (1) (k) (iii). Since the proposed space is open to the public none of the automatic three exceptions would apply. Therefore, only the Florida Building Commission may grant the waiver.

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 () No Cost of Construction 3/25/09, \$2100 for entryway facade at first level. 3/31/09, \$1000 for adding sinks and plumbing at first level. 4/9/09, \$2400 for electric to cooler and freezer at first level. All of these were for the first floor tenant and did not involve an area containing a primary function.

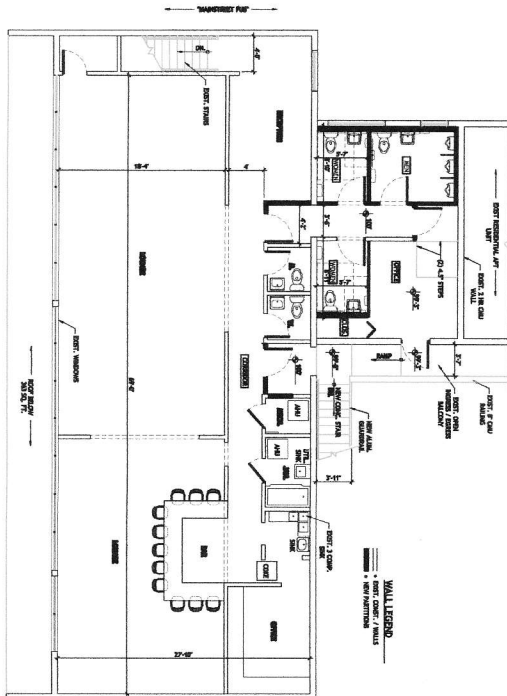
Comments/Recommendation The Gallery currently operates on the second level without vertical access. The Gallery opened by moving into an existing space without doing any work that required a permit. The occupant load is currently at 49. Since The Gallery would like to increase their occupant load this becomes a "change of occupancy" to Group A-2. This will require fire sprinklers, additional toilet facilities and required a second exit. They intend to expand into the adjacent apartment to provide the necessary toilet rooms. The only option for providing a vertical lift at the front entrance would be to invade into the existing tenant space on the first floor. The other option to provide a lift at the rear exit would not allow for an accessible route and would require the elimination of a parking space.

Jurisdiction _____ City of Melbourne _____
Building Official or Designee _____
Signature _____ John Walker (Plans Examiner) _____
Printed Name _____



EXISTING CONDITIONS PLAN

2/20/11



PROPOSED FLOOR PLAN / 2ND FLOOR

2/20/11



mai
ARCHITECTS
2200 FRONT ST. STE. 300
METROPLEX, FLORIDA 33004
PHONE: (214) 757-3334
FAX: (214) 757-3335

GALLERY INTERIOR
IMPROVEMENTS
Metbourne, Fla.

MAI architects
engineers, inc
ARCHITECTS & ENGINEERS
2200 FRONT ST. STE. 300
METROPLEX, FLORIDA 33004
PHONE: (214) 757-3334
FAX: (214) 757-3335

Gerald E. Warriner
ARCHITECT

1 July 2011

NO.	REVISION	DATE

John Walker
7/6/11

PX 1963
Certification Number

321-608-7915 321-608-7920
Telephone Fax

Address: 900 E. Strawbridge Ave.

Melbourne, FL 32901

Front View

East

Gallery Club Space is 2nd floor

Mainstreet Pub

All of the first Floor is for a adjoining business "Vapor Lounge" with the exception of the stairway to 2nd floor



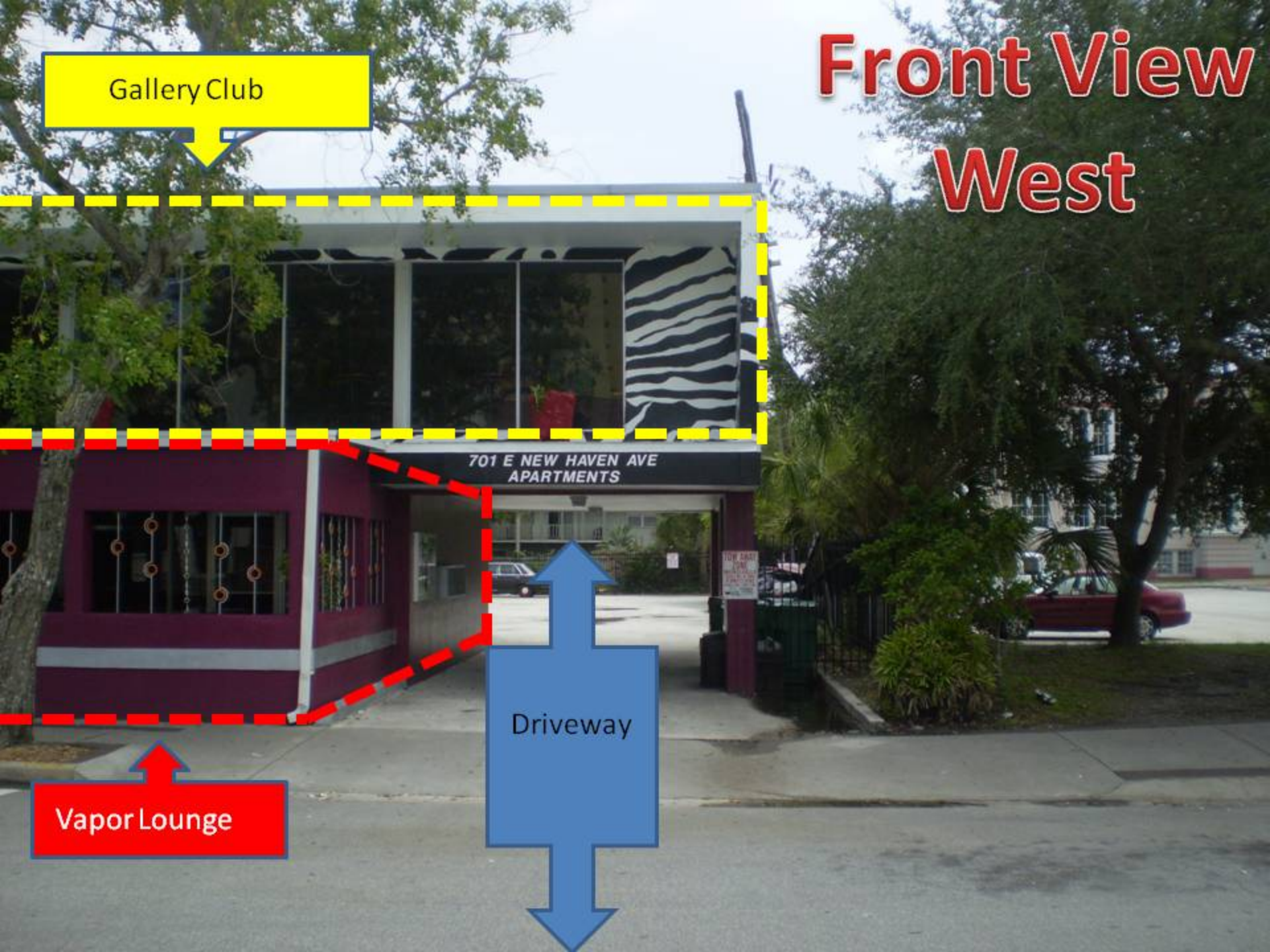
Front View West

Gallery Club

701 E NEW HAVEN AVE
APARTMENTS

Driveway

Vapor Lounge



Front View

Gallery Club Space is 2nd floor



All of the first Floor is for a adjoining business "Vapor Lounge" with the exception of the stairway to 2nd floor

Driveway



Gallery Club



Rear View
Driveway

Driveway



Vapor Lounge



Gallery Club

Rear View

Vapor Lounge

New Haven Apt.
Building (Residential)



The image shows a narrow staircase with concrete steps and metal handrails. The walls are black with colorful graffiti. Three red arrows with white text point to specific areas: one to the left wall, one to the right wall, and one across the width of the stairs.

Vapor Lounge
Other Side of Wall

Mainstreet Pub
Other Side of wall
End of Building

Not enough room for
chair lift and 44"
clearance