This application is available in alternate formats upon request.

**LIST OF REQUIRED INFORMATION:**

1. **__X__** Drawings that will clearly present your project and that identify the issue(s) that relate to the waiver you are requesting. As a minimum, the following drawings must be submitted:
   a. Project site plan
   b. 24” x 36” minimum size drawings
   c. Building/project sections (if necessary to assist in understanding the waiver request)
   d. Enlarged floor plan(s) of the area in question

2. **__X__** One set of reduced scale (11” x 17”) versions of the drawings submitted in item one above.

3. **__NR__** One set of overhead transparencies (8 ½” x 11”) of the drawings submitted in item one above. When numerous features are shown on the drawings, please designate the location of the waiver items by highlighting or outlining in color the affected areas.

4. **__NA__** When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.

5. _____ If you feel photographs and/or renderings are necessary for your presentation, provide 40 legible color photocopies of the photographs and/or renderings. If color photocopies of photographs are provided, use a minimum size of 4” x 6” photographs with a maximum of two photographs per photocopied page.

6. **__X__** Please submit a hard copy of this application to the Department of Community Affairs. PLEASE NOTE: Although not required by Rule 9B-7, F.A.C., in addition to the hard copy please include a copy of the application and drawings or plans on a CD in PDF format.

**General Information:**

a. **Equipment:** A CD projector is provided at the Accessibility Advisory Council and Florida Building Commission meetings. Any other equipment necessary for your presentation, such as an overhead projector, TV/VCR, slide or LCD projectors, etc., is the responsibility of the applicant.

b. **Verbal Descriptions:** Presentations may be to sight or hearing impaired persons; visual presentations should consider adequate verbal and text descriptions of charts and pictures.

Your application will be reviewed by the Accessibility Advisory Council. You will have the opportunity to answer questions and/or make a short presentation **not to exceed 15 minutes.** The Council will provide recommendations to the Florida Building Commission. The Commission will review the application. You will have another opportunity to answer questions and /or give a short presentation **not to exceed 15 minutes.** The Commission will consider all information and the Council's recommendation before voting on the waiver.
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: Barry University Health and Sports Center Bleacher Renovation

Address: 11300 NE 2nd Ave, Miami Shores, FL 33161

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: Jeffrey J. Yao, Construction Manager Facilities Services

Applicant's Address: 11600 NE 2nd Ave, Facilities Administration Building, Miami Shores, FL

Applicant's Telephone: (305) 899-3995 FAX: (305) 899-3058

Applicant’s E-mail Address: jyao@mail.barry.edu

Relationship to Owner: Construction Manager Facilities Services

Owner's Name: Barry College

Owner's Address: 11300 NE 2nd Ave, Miami Shores, FL 33161

Owner's Telephone: (305) 899-3057 FAX: (305) 899-3058

Owner’s E-mail Address: jyao@mail.barry.edu

Signature of Owner: [Signature]

Contact Person: Jeffrey J. Yao, Construction Manager Facilities Services

Contact Person’s Telephone: (305) 899-3995 E-mail Address: jyao@mail.barry.edu
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.

[X] 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.)

Existing 14,820 SF indoor gymnasium in two-story Health and Sport Center building. The building is used for educational and recreational purposes by the students of the University.

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

$125,000.00

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*

[X] In Plan Review [ ] Completed*

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

Miami Shores Village Building Official requested access to all levels of collapsible bleacher seating being replaced at gymnasium, pursuing FS 553.509 and Florida Building Code.
7. **Requirements requested to be waived.** Please reference the applicable section of Florida law. Only Florida-specific accessibility requirements may be waived.

**Issue**

1: Florida Statutes 553.509 Vertical Accessibility (FBC 11.4.1.3.5)

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 waiver is required in order to provide facilities for public use within reasonable budget limits. Providing accessibility to all and every one of the row levels of the collapsible bleacher seating is not feasible. It would incur in changes to the existing structure and electrical systems to accommodate a chair lift at a high additional cost, and it would cause extreme hardship in order to comply. The proposed design provides adequate dispersed accessible seating at the level of public entry to the bleachers.

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

Not applicable

[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.

Accessible wheelchair spaces in the amount required by FBC 11.4.1.3.19 (a) (six spaces in each one of two banks of bleachers, each with a capacity of 454 seats) is dispersed in the first row of bleachers located in the level of entry to the bleachers and the gymnasium. Vertical dispersion accessibility to the upper levels (rows) of seating is impractical and will greatly affect the existing structure and use of the gymnasium.

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 Applicable**
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.

________________________________________

Not Applicable

________________________________________

Signature  Printed Name

Phone number_____________________

(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 29th day of JUNE, 201_.

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.
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 (FBC) 11.4.1.3.5 & Florida Statutes 53.509 (Vertical Accessibility)

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 [X] No Cost of Construction: NA

Comments/Recommendation:
I recommend approval of this waiver. The University has provided adequate accessible seating at the lower level. Providing access to all levels would create an unreasonable cost to this project. A lift or an elevator would be required.

Jurisdiction: Miami Shores Village

Building Official or Designee [Signature] 6.28.11

Norman Bruhn
Printed Name

BU1346
Certification Number

Phone: (305) 795-2204 - Fax: (305) 756-8972
Telephone/FAX

Address: 10050 NE 2nd Ave., Miami Shores, FL 33138-2304
INDEX OF SHEETS

PAGE | DESCRIPTION
--- | ---
1 | SH01 COVER SHEET
2 | FP01 PLAN OF SEATING: BANK A
3 | FP02 PLAN OF SEATING: BANK B
4 | SC01 SECTION VIEWS: w/BACKRESTS
5 | SC02 SECTION VIEWS: w/OUT BACKRESTS
6 | DT01 DETAILS
7 | E01 END STOP - COMBINATION ROW SPACING

FIELD CHECK AND APPROVal INFORMATION

RAILS/COLOR (700 SEAT MINIMUM REQUIRED)

<table>
<thead>
<tr>
<th>ALL RAILS</th>
<th>END CURTAIN COLOR/LOGO</th>
</tr>
</thead>
</table>

LOGO □ YES □ NO IF YES, INCLUDE LOGO

FLOOR CONSTRUCTION

WALL CONSTRUCTION

FIELD CHECK

APPROVED AS DRAWN

SUBMITTAL APPROVAL

APPROVED AS NOTED (PLEASE SUMMARIZE CHANGES BELOW)

REJECTED/REVISE & RE-SUBMIT (PLEASE SUMMARIZE CHANGES BELOW)

APPROVED FOR MANUFACTURING

DEALER: ____________________________ DATE: ________________