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: Chi Omega Sorority House $\qquad$
Address:_661 West Jefferson 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: HAMMOND DESIGN GROUP, LLC, Architects
Applicant's Address:__5032 Capital Circle SW, STE 2 \#399, Tallahassee Florida 32305
Applicant's Telephone:_850-222-2092__FAX:__HDG-Architects.com___
Applicant's E-mail Address: $\qquad$
Relationship to Owner: $\qquad$ Acting as Agent for the purposes of securing a Waiver

Owner's Name Gillian Stewart, Director Chi Omega Sorority House
Owner's Address: Chi Omega Sorority House, 661 West Jefferson Street, Tallahassee, Florida_
Owner's Telephone:_(850) 321-3012 $\qquad$ FAX

Owner's E-mail Address: __ glstewart@,comcast.net_
Signature of Owner:
Contact Person: $\qquad$ Bret D. Hammond, AIA, ASLA

Contact Person's Telephone: 850-222-2092 E-mail Address: bhammond@hdg-architects.com

This application is available in alternate formats upon request.
Form No. 2001-01
3. Please check one of the following:
[] New construction.
[X] Addition to a building or facility.
[ $\mathbf{X}$ ] 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.)

The building is the Chi Omega Sorority House at Florida State University. The building consists of approximately 11,816 square feet in total for the existing two story structure. The original structure was constructed in the 1950's. Our project consists of a 1,324 square foot addition on the ground floor of the existing facility. The addition expands the kitchen and dining space and requires some minimal modification to comply with ADA and Life Safety. The building will remain the Chi Omega Sorority House.
5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): $\$ 275,000.00$
6. Project Status: Please check the phase of construction that best describes your project at the time of this application. Describe status.
[ ] Under Design [ $\mathbf{X}$ ] Under Construction*
[ ] In Plan Review [ ] Completed*

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

The project is being submitted because the City of Tallahassee will not grant a Certificate of Occupancy without having a waiver of vertical accessibility from the Commission. We have done no work on the second floor of the Building but by the City of Tallahassee interpretation they are stating that the second floor is required to be accessible .
7. Requirements requested to be waived. Please reference the applicable section of Florida law. Only Florida-specific accessibility requirements may be waived.

## Issue

## 1) The immediate Comment below is the direct citation from the City of Tallahassee Building Department

1: "This alteration invokes Section 553.509 Florida Statutes. Provide vertical accessibility to all levels otherwise seek and obtain waiver for this requirement. Comment remains."

Again we did no work on the second floor of this structure. We have provided an accessible route from the parking lot. All new construction is accessible. We provided an additional chair lift in the existing first floor to correct an existing accessibility issue and have modified a toilet room on the ground floor to provide handicap facilities. At the completion of this work the entire ground floor of the Chi Omega Sorority House will be accessible

## Issue

$\qquad$
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.
[X] The hardship is caused by a condition or set of conditions affecting the owner which does not affect owners in general.

This is an existing masonry structure and has no location inside the structure to install a vertical elevator to the second floor. To install such a device would require building an exterior vertical chase, which would imact/encroach on existing property line setbacks
[X] Substantial financial costs will be incurred by the owner if the waiver is denied.
_The additional burden of cost for an elevator to make the second floor accessible would be an undue financial burden and disproportionate cost for the 1,324 square foot addition.
[ ] 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.

$$
\mathbf{N} / \mathbf{A}
$$

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. _Please refer to attached cost breakdown for Accessibility improvements
b. N/A
c. N./A .
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.

The building is the Chi Omega Sorority House at Florida State University. The building consists of approximately 11,816 square feet in total, or 5,900 per/floor, for the existing two story structure. The original masonry structure was constructed in the 1950's. Our project consists of a 1,324 square foot addition on the ground floor of the existing facility. The addition expands the kitchen and dining space and requires some modification to comply with Florida ADA requirements. We have complied with the $20 \%$ rule as defined in Chapter 11 of the Florida Accessibility Code, please refer to attached cost breakdown. The building will remain the Chi Omega Sorority House.

We have provided an accessible route from the parking area. All new construction is accessible. We have added an additional lift to rectify an existing vertical accessibility problem on the first floor making the entire first floor accessible. We have modified an existing first floor toilet room to provide accessible facilities. Additionally we have provide lever actuated hardware for all doors affedted by this modification.


Bret D. Hammond, AIA, ASLA
Printed Name
Date Co.14.2011
Phone number 850-222-2092
(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 $14^{\text {th }}$ day of June, 2011


Gillian Stewart, Director Chi Omega Sorority House
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. This change of occupancy is an alteration under Section 11-4.1.6 (i) FBC-B. Therefore, the provisions of Section 11-4.1.6, including vertical accessibility, are
b. applicable. Section 553.509 Florida Statutes requires vertical accessibility in this building, unless waived by the Florida Building Commission. Only the Florida
c. Building Commission may grant waivers based upon disproportionate cost.

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 \$ 275,000 (current permitted project)

## Comments/Recommendation

Except for attesting to the accuracy of the cost estimates as presented, to the best of my knowledge, all information stipulated herein is true and accurate.

Jurisdiction $\qquad$
Building Official or Designee


Robert S. Tredik, CBO - Codes Review Manager City of Tallahassee Building Inspection Division Box B28-City Hall
Tallahassee, FL 32301
bob.tredik@talgov.com


ARCHITECTS

15 June 2011,
Department of Community Affairs
FLORIDA BUILDING COMMISSION
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

## RE: Chi Omega Sorority House, Tallahassee Florida, Waiver from FS 553, Part V

To Whom it May Concern:
We are submitting this waiver application package for the Chi Omega Sorority House located in Tallahassee Florida. We are requesting a waiver of vertical accessibility to the second floor of an existing structure. We were contracted by the owner to prepare documents for the small addition to the kitchen and dining area. This modification consists of 1,324 square feet of new space and some minor modifications to the interior to accommodate the accessibility and life safety. All new construction has been designed with accessibility incorporated. Additionally, we have made the necessary modifications to make the entire first floor accessible from the parking lot at the rear of the building and from the front of the building along Jefferson Street.

We have assembled our package based upon your check list and included information that we believe pertinent. We are requesting this waiver as it was identified by the City of Tallahassee Building Department. We have included their review comments.

The structure was originally constructed in the 1950's and did not at that time have an elevator nor has one been added since. We did no work on the second floor and none is anticipated.

Currently we have complied with the $20 \%$ rule identified in Chapter 11 of the Florida Building Code.

Again I request a waiver from FS 553, Part V, from making the second floor of the existing structure accessible.


Architecture / Landscape Architecture
AA \#0003346 LA \#0001313
ailing Address:
300 South Adams St., B-28
Tallahassee, Florida 32301

Overnight Address: 435 N Macomb St. Tallahassee, FL 32301

Date: Thursday, May 12, 2011

To: Rhonda Hammond / Hammond Design Group / rhonda@hdg-architects.com
$\begin{aligned} \text { City Project \#: } & \text { TBB110534 } \\ \text { Project Name: } & \text { Chi Omega Sorority Dining Room Expansion } \\ \text { Address: } & 611 \text { West Jefferson St. }\end{aligned}$
$\begin{array}{ll}\text { Copy: } & \text { Terrell Folsom / Renegade Construction, Inc. /tfolsomd@comcast.net } \\ & \text { Thomas Beitelman / Sound Structures Engineering/ beitelman@gmail.com }\end{array}$
From: Luther Gunter -
email: Luther.Gunter@talgov.com
Total \# of pages transmitted: $\mathbf{3}$ (includes cover sheet)
The above referenced project has been reviewed and placed on HOLD by the reviewers listed below. Please contact the individual plan reviewer with specific questions regarding their comments. AREA CODE: (850)

| Building |  | Electrical |  |
| :---: | :---: | :---: | :---: |
| Luther Gunter | $891-7059$ | Kenny Lockwood | 891-7091 |

## * APPLICANT NOTICE *

To streamline your plan review, provide all revised drawings and written response(s) in a "single submittal package" to Kathy Sands, Permit Tech (850) 891-7145. Make sure the City Project \# is indicated on your resubmittal
$d$ that all reviewer comments have been responded to. Responses sent through an Express Mail Service (example, redEx, UPS) shall be sent to the overnight address listed at top of this page, or delays in resubmittal may occur.

## Please provide all of the following information with vour resubmittal:

1.) Provide a written response letter that addresses all plan reviewer comments. The response letter shall be on the design professional's letterhead. Please reference the corresponding amended plan sheets and indicate all changes made on all plan sheets by clouding the amended plans Our plan review comments are transmitted electronically, such that the design professionai can cut and paste to their response letter and provide their response below the original review comment.
2.) Provide two (2) copies of any amended plan sheets, inclusive of any other amended sheets, such as civil, mechanical, electrical, and plumbing plans. All amended plans shall be on full size plan sheets, the same size as originally submitted. Attachments on reduced sized sheets will not be accepted.
3.) Provide two (2) sets of supporting documents, such as energy forms or letters
4.) All documents prepared or issued by a design professional licensed under Chapter 471 and 481 Florida Statutes, shall bear the original signature, date, and seal of the design professional as required by the corresponding professional board and State Laws.

Please be advised - resubmittal fees are assessed for each resubmittal after our $2^{\text {nd }}$ review. Resubmittal fees will be collected at the time of permit issuance. Additional penalty fees, in addition to resubmittal fees, may be assessed if the project is resubmitted more than two (2) times.

City Project \#: TBB110534
Project Name: Chi Omega Sorority Dining Room Expansion
Address: 611 West Jefferson St.

- LUMBING REVIEW: Previously approved DMJR.

ZONING, MECHANICAL, ENERGY, GAS, AND FIRE REVIEW: Approved

## 2nd PLAN REVIEW COMMENTS ARE SHOWN IN BOLD, ITALICS. Original numbering sequence used.

## ELECTRICAL REVIEW: Hold with comments KL

1.) Provide 2 sets of plans to the COT Utilities Department for approval due to the increase in service size. Contact Tina Drose (850) 891-5016 or Ray Mitchell (850) 891-5167. After plans have been completed, pick up and return to COT Building Division Inspection. Comment remains.
3.) Sheet E1.1 redlined to revise Work Notes A and C to indicate 2 - \# $\mathbf{4}$ Cu with 1 - \# $\underline{8}$ Cu gnd.

## BUILDING REVIEW: Hold with comments

Review based upon the 2007 Florida Building Code, Building (FBC-B) with 2009 Supplements.
PLEASE NOTE: The Building Official has approved architect's letter of equivalency for occupancy separation.

The following comments remain:
This alteration invokes Section 553.509 Florida Statutes. Provide vertical accessibility to all levels otherwise seek and obtain waiver for this requirement. Comment remains.
10) Revise Sections D/S2.0 and A/S3.0 to provide complete sections showing new and existing construction. Notes for Ledger Detail B/S3.0 indicate Titen HD bolts for wood construction; however these bolts are for masonry construction. Please provide another fastener.
14) Provide details for ALL new handrails, Ensure handrails meet Section 11-4.9.4 of the Florida Accessibility Code. The following shall be addressed for handrails at NEW stair to lower dining area:
a) Per $\S 1012.5$ FBC-B, handrails shall extend horizontally at least 12 inches beyond the top riser and continue to slope for the depth of one tread beyond the bottom riser.
b) Provide handrail detail specific to this stair showing handrail height, measured above stair tread nosings, not less than 34 inches and not more than 38 inches per Section 1012.2 FBC-B.
c) Per Section 1012.4 FBC-B, handrail-gripping surfaces shall be continuous, without interruption by newel posts or other obstructions. Provide detail specific to this stair and revise plans to clearly illustrate compliance with this section.
16) Provide details to illustrate accessibility for kitchen sinks; ensure sufficient detailing is provided to illustrated compliance with Section 11-4.24 "Sinks" of the Florida Accessibility Code. Indicate, per architect's conversation with staff, sink is onlv to be used by kitchen staff and not for use by the public or by the residents of the building. Also, provide a letter to this effect from Sorority management.

City Project \#: TBB110534
Project Name: Chi Omega Sorority Dining Room Expansion Address: 611 West Jefferson St.

- d) New comment: UL details shown on Sheet A-8 will not be legible, once scanned. Provide an additional sheet to illustrate these assemblies.

Upon resubmittal, please provide a signed and sealed letter response to all reviewer comments, referring readers to the revised plan sheets. Please delineate plan revisions by clouding on drawings.

END COMMENTS

$$
\text { Date: } \quad \text { May 19, } 2011
$$

| To: | Mr. Luther Gunter <br> City of Tallahassee Growth Management <br> 435 N. Macomb Street <br> Tallahassee, Florida 32301 |
| :--- | :--- |
| From: | Rhonda S. Hammond <br>  <br>  <br> Hammond Design Group, LLC Architects <br> 5032 Capital Circle SW, Suite 2 \#399 <br> Tallahassee, Fl 32305 |

Re: $\quad$ Response to $2^{\text {nd }}$ Plan Review Comments for Chi Omega Dining Room Expansion
611 West Jefferson Street
Tallahassee, Fl 32303
City
Project \#: TBB110534

## ELECTRICAL REVIEW: Hold with comments

1.) Provide 2 sets of plans to the COT Utilities Department for approval due to the increase in service size. Contact Tina Drose (850) 891-5016 or Ray Mitchell (850) 8915167. After plans have been completed, pick up and return to COT Building Division Inspection.

Response: Will comply. Approved plans have been provided to COT Building Inspection.

# 3.) Sheet E1.1 redlined to revise Work Notes $A$ and $C$ to indicate 2 - \# $\underline{C}$ Cu with 1 - \# $\underline{8}$ Cu gnd. 

Response: Redline acknowledged, no further action required.

## BUILDING REVIEW: Hold with comments

Review based upon the 2007 Florida Building Code, Building (FBC-B) with 2009 Supplements.

1) This alteration invokes Section 553.509 Florida Statutes. Provide vertical accessibility to all levels otherwise seek and obtain waiver for this requirement.

Response: Complied, owner's agent will apply for waiver.
10) Revise Sections D/S2.0 and A/S3.0 to provide complete sections showing new and existing construction. Notes for Ledger Detail B/S3.0 indicate Titen HD bolts for wood construction; however these bolts are for masonry construction. Please provide another fastener.

Response: Complied, see response provided per Sound Structures Engineering, Inc., and revised sheet S3.0, attached.
14) Provide details for ALL new stairs, ineluding exterior stairs. Ensure new stairs comply with Section 11-4.9 of the Florida Accessibility Code. The following shall be addressed for handrails at NEW stair to lower dining area:
a. Per $\S 1012.5$ FBC-B, handrails shall extend horizontally at least 12 inches beyond the top riser and continue to slope for the depth of one tread beyond the bottom riser.

Response: Complied, see revised sheet A-8 and detail 1/A-10, attached.
b. Provide handrail detail specific to this stair showing handrail height, measured above stair tread nosings, not less than 34 inches and not more than 38 inches per Section 1012.2 FBC-B.

Response: Complied, see detail 9/A-10, attached.
c. Per Section 1012.4 FBC-B, handrail-gripping surfaces shall be continuous, without interruption bv newel posts or other obstructions. Provide detail specific to this stair and revise plans to clearly illustrate compliance with this section.

Response: Complied, see revised sheet $A-8$ and A-10, attached.
16) Provide details to illustrate accessibility for kitchen sinks; ensure sufficient detailing is provided to illustrated compliance with Section 11-4.24 "Sinks" of the Florida Accessibility Code. Indicate, per architect's conversation with staff, sink is onlv to be used by kitchen staff and not for use by the public or by the residents of the building. Also, provide a letter to this effect from Sorority management.

Response: Sink indicated at Dishwashing is for dishwashing and does not serve public. See revised sheet $A-8$ and letter from Sorority management, attached.
18) New comment: UL details shown on Sheet A-8 will not be legible, once scanned. Provide an additional sheet to illustrate these assemblies.

Response: See revised sheet A-12, attached.
19) New Comment: Update Sheet FP-1 to be consistent with architect's letter.

Response: See plans and calculations from Dacar Fire, attached.

End of Responses

## DINING ROOM EXPANSION FOR:

GAMMA CHAPTER OF CHI OMEGA SORORITY FLORIDA STATE UNIVERSITY

Tallahassee,
Florida


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|  | ENERAL ARCH NOTES |
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| LIFE SAFETY <br> 2007 EXISTING BUILDING COD Use and Occupancy Classifica <br> Chapter 2: Work area to be in <br> Chapter 3: Alleration Level - <br> Chapter 5: Accessibilily - Con <br> Chapter 10: Occupancy - (T <br> R-2 <br> Ground Floor Existing Square <br> Altered Square Footage: 30 <br> New Addilional Square Footag <br> Total Ground Floor Square Fo | \& CODE NOTES <br> Mxed Use - R-2 Residential <br> A-2 Assembly <br> on drawings. <br> Chapter 112007 Bullding Code <br> 04.1.1) <br> 000 sq.it / occupant <br> 5 sq.if/ occupant <br> ge: Approximalely 5,920 <br> 24 <br> 7244 |
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Horizontal Structural Diaphragm Specifications


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## ELECTRICAL SPECIFICATIONS





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| CODES AND STANDARDS |
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| NFPA 70 NATHONAL ELECTRICAL CODE（NFR）， 2008 ED． <br> NFPA 72 NATIONAL FIRE ALARM CODE， 2 ： 5 ED． <br> FLORIDA FIRE PREVENTION CODE， 2007 EDITION． <br> FLORIDA BUILDING CODE， 2007 ED，2008／2009 SUPPLEMENTS． |

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## WORK NOTES:

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| Chi Omega Sorority House ( Costs Associated with H/C Improvements) |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Item | Elements Involved | Quantity | Cost | Total |
| Driveway Curb Cut |  |  |  |  |
|  | Demo Current Conc. (S.F.) | 36 | \$25.00 | \$900.00 |
|  | Labor to form, misc. materials and conc. (S.F.) | 36 | \$4.00 | \$144.00 |
|  |  |  |  |  |
| Sloped Sidewalk less than 5\% |  |  |  |  |
|  | Demo Current Conc. (S.F.) | 48 | \$25.00 | \$1,200.00 |
|  | Labor to form and Materials (L.F.) | 18 | \$450.00 | \$8,100.00 |
|  |  |  |  |  |
| Vertical Lift New Addition |  |  |  |  |
|  | Provide and Install (Lump Sum) | 1 | \$8,500.00 | \$8,500.00 |
|  | Electrical Modifications (Lump Sum) | 1 | \$1,000.00 | \$1,000.00 |
|  |  |  |  |  |
| Vertical Lift Exist. Structure |  |  |  |  |
|  | Demo Exist. Bldg. Components (Lump Sum) | 1 | \$750.00 | \$750.00 |
|  | Prep Prior to Install (Lump Sum) | 1 | \$750.00 | \$750.00 |
|  | Install Vertical Lift (Lump Sum) | 1 | \$8,500.00 | \$8,500.00 |
|  | Floor Repair, Trim \& Paint (Lump Sum) | 1 | \$500.00 | \$500.00 |
|  | Electrcal Modifications (Lump Sum) | 1 | \$1,800.00 | \$1,800.00 |
|  |  |  |  |  |
| Install new doors and Hardware |  |  |  |  |
|  | Provide and Install 3'-0" solid core Wood Doors | 6 | \$210.00 | \$1,260.00 |
|  | Provide H/C Compliant Hardware | 6 | \$545.00 | \$3,270.00 |
|  | Rated Mtl Frames | 6 | \$250.00 | \$1,500.00 |
|  | Provide and Install DBL 3'-0" Doors | 4 | \$425.00 | \$1,700.00 |
|  | Provide H/C Hardware w/panic devices | 4 | \$735.00 | \$2,940.00 |
|  | Rated Mtl Frames | 4 | \$285.00 | \$1,140.00 |
|  |  |  |  |  |
| Bathroom Modifications for H/C Compliance |  |  |  |  |
|  | Provide and Install Grab Bars | 2 | \$125.00 | \$250.00 |
|  | Wall Modifications L.F. | 24 | \$16.00 | \$384.00 |
|  | Repair floor, trim and Paint (Lump Sum) | 1 | \$500.00 | \$500.00 |
|  |  |  |  |  |
| Reverse the Swing of the Main Entry Door |  |  |  |  |
|  | Remove Existing 3-6 Inward Swinging Door | 1 | \$900.00 | \$900.00 |
|  | Prep for Install of new Door | 1 | \$500.00 | \$500.00 |
|  | New Door | 1 | \$2,675.00 | \$2,675.00 |
|  | New Hardware w/Panic Device | 1 | \$650.00 | \$650.00 |
|  | Trim and Paint (Lump Sum) | 1 | \$650.00 | \$650.00 |
|  |  |  |  |  |
| Install Handrails at Stairs |  |  |  |  |
|  | Exist. Stairs (MTL Rail 2 at Lift Stair 1 at Other Stair) | 3 | \$900.00 | \$2,700.00 |
|  | New Stairs | 2 | \$900.00 | \$1,800.00 |
|  |  |  |  |  |
| Removal of Construction Debris (Lump Sum) |  | 1 | \$2,000.00 | \$2,000.00 |
|  |  |  |  |  |
| Total Cost of Improvements Associated with H/C |  |  |  | \$56,963.00 |
|  |  |  |  |  |
| Total Projected Costs |  |  |  | \$275,000.00 |
|  |  |  |  |  |
| Percentage of H/C Improvements to Total Projected Costs = |  | \$56,963.00 | \$275,000.00 | 0.207138182 |
|  |  |  |  |  |
|  |  |  |  |  |

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