

**Department of Business and Professional Regulation
FLORIDA BUILDING COMMISSION
1940 North Monroe Street
Tallahassee, Florida 32399-0772
Form FBC 2012-01
Request for Waiver**

NOTICE TO WAIVER APPLICANTS

Please make certain you comply with the following:

- The person submitting the waiver request application as the Applicant **MUST** sign the application. Should you fail to do so, your application will be returned.
- If a licensed design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- Be as explicit as possible. The more information provided to the Florida Building Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree. Two estimates substantiating a claim for disproportionate cost must be included.
- Petitioners are strongly advised to participate in the Council's conference call, webinar or onsite meeting for application review. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your participation in the meetings to answer questions will enhance the possibility of the waiver being approved, since the Council and the Commission will receive the most complete information – from you. When we receive the completed application, we will send you a notice of the time, date, and place for both the Council and the Commission meetings.

Enclosed is a **List of Required Information** and the **Request for Waiver** application.

If you have any questions or would like additional information, please call the Codes and Standards Section at (850) 487-1824.

Please mail this application to the Department of Business and Professional Regulation at the address above. **Include a copy of the application, photos where appropriate and drawings or plans on a CD in PDF format. NOTE: Please do not send files in CAD format**

but rather provide the files in pdf format.

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 if pertinent to the application
 - 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 When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.

3. X If you feel photographs and/or renderings are necessary for your presentation, provide legible color copies of the photographs and/or renderings on the CD with the application and plans in jpeg, tif or pdf format.

4. X Please submit one hard copy of this application and attachments to the Florida Building Commission, Department of Business and Professional Regulation.

General Information:

- a. **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; where 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.

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: Kappa Delta Sorority House

Address: 555 West Jefferson Street, Tallahassee, FL 32301

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: Jeri Hunter

Applicant's Address: 117 Meadow Wood Court, Tallahassee, FL

Applicant's Telephone: 850-402-8342 FAX: 850-894-2229

Applicant's E-mail Address: hunter.jeri@ccbg.com

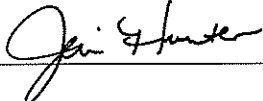
Relationship to Owner: House Corporation Treasurer

Owner's Name: Kappa Alpha Chapter Kappa Delta Sorority House Corporation

Owner's Address: 555 West Jefferson Street, Tallahassee, FL 32301

Owner's Telephone: 850-402-8342 FAX 850-894-2229

Owner's E-mail Address: hunter.jeri@ccbg.com

Signature of Owner: 

Contact Person: Jeri Hunter

Contact Person's Telephone: 850-402-8342 E-mail Address: hunter.jeri@ccbg.com

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.)

18,536 GSF- 3 Floors

Sorority House with Kitchen, Dining Room, Bedrooms, Living Room, TV Room, Chapter Room, etc. All levels are accessible.

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

\$22,107

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 Dining Area and the remainder of the house is ADA Compliant. The Owner wants to build a stage for Rush, that occurs once a year. The remainder of the time, this area will remain part of the Dining Area.

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

Issue

1: 201.1.1 Vertical Accessibility Section 553.501- 553.513, F.S. and the ADA Standards for Accessible Design do not relieve the owner of any building structure or facility governed by those sections from the duty to provide vertical accessibility to all levels above and below. The occupiable grade level regardless of whether the standards require an elevator to be installed in such buildings, structures, or facility.

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.

The cost of providing a lift to make this stage accessible is excessive and well above the threshold of 20% of the total cost of the alterations. The area is accessible from the existing exit door that will be accessible from this. There is an accessible route on the exterior of the building to this exit door if a disabled person needs/wants to be on the stage.

[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.

Please see attached cost estimates from Sperry & Associates (at \$22,107) and Childers Construction Company (at \$23,683).


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. Sperry & Associates- Attachment "A"

b. Childers Construction Company- Attachment "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.

 Richard R. Barnett
Signature Printed Name

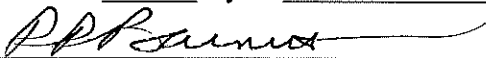
Phone number 850-224-6301

(SEAL)

CERTIFICATION OF APPLICANT:

I hereby declare 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 14TH day of JUNE, 2013



Signature

R.R. BARNETT

Printed Name

I understand that if I falsify, misrepresent, or omit any material information on this document, the Commission may revoke any order and will notify the building official of the permitting jurisdiction.

KNOWINGLY MAKING A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY IS A MISDEAMEANOR OF THE SECOND DEGREE PURSUANT TO SECTION 837.06 F.S. AND SECTION 775.083, F.S.

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 – Building Construction 2010, Section 201.1.1 – Vertical Accessibility and Florida Statutes 553.501-553.513

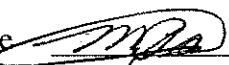
Has there been any permitted construction activity on this building during the past three years? If so, what was the cost of construction?

Yes Two building permits issued in 2011: TBB11 0743 – Cost of improvement = \$250,000 and TBB11 0955 = \$750,000.

Comments: Previous alterations and addition included construction and installation of a 3 story vertical shaft, elevator and elevator lobby. At this time the proposed altered area can be made accessible from a new accessible parking space.

Jurisdiction: City of Tallahassee

Building Official or Designee


Signature

Maria Rodriguez

Printed Name

BU 951

Certification Number

850-891-7067

Telephone/FAX

maria.rodriguez@talgov.com

Email Address

Address: (mailing address): 300 S. Adams St., B-28, Tallahassee, FL, 32301



- Planning
- Design
- Construction Services

Leading by Design

May 30, 2013

Kappa Delta Dining Room Stage Modifications

Sperry & Associates, Inc. proposes to provide labor and materials for the Kappa Delta Dining Room Stage Modifications as follows:

Base Proposal:

- \$500 allowance for permitting
- On site supervision
- Project Management
- Daily removal of debris to jobsite dumpster, fees associated with hauling construction debris to landfill
- Job site toilet
- Final cleaning of construction area prior to turning space over to owner
- Furnish and install fire retardant framing for stage
- New wall mounted handrail
- New floor mounted guardrail in closet
- Demo existing handrail and post as shown
- New (3) part base moulding around stage
- New vinyl plank flooring for stage and stairs
- Vinyl nosing for stairs
- (1) new 3060 door to match existing doors
- New metal stud framing and finished drywall around closet wall
- Paint new wood work and drywall.
- Extend duct work per the plan.

Total Base Proposal:

\$22,107

Add Alternate Proposal:

- \$500 allowance for drywall patching
- Furnish and install a Harmar 4' residential vertical platform lift
- Provide dedicated receptacle for vertical platform lift

Total Add Alternate Proposal:

ADD \$ 10,003

4495 Capital Circle NW Tallahassee, Florida 32303 (T) 850-562-1101 (F) 850-562-2797
#CG C054428



To: Mr. Rick Barnett

Barnett Fronczak Barlowe Architects

225 So. Adams Street

Tallahassee, FL 32301

REF: Kappa Delta Stage Modifications

Rick:

Childers Construction Company proposes to construct the Stage Addition and Modifications at the Kappa Delta Sorority House in accordance with your plans dated 25 April 2013. Our proposal includes all labor, material and equipment.

BASE BID: \$23,683.00

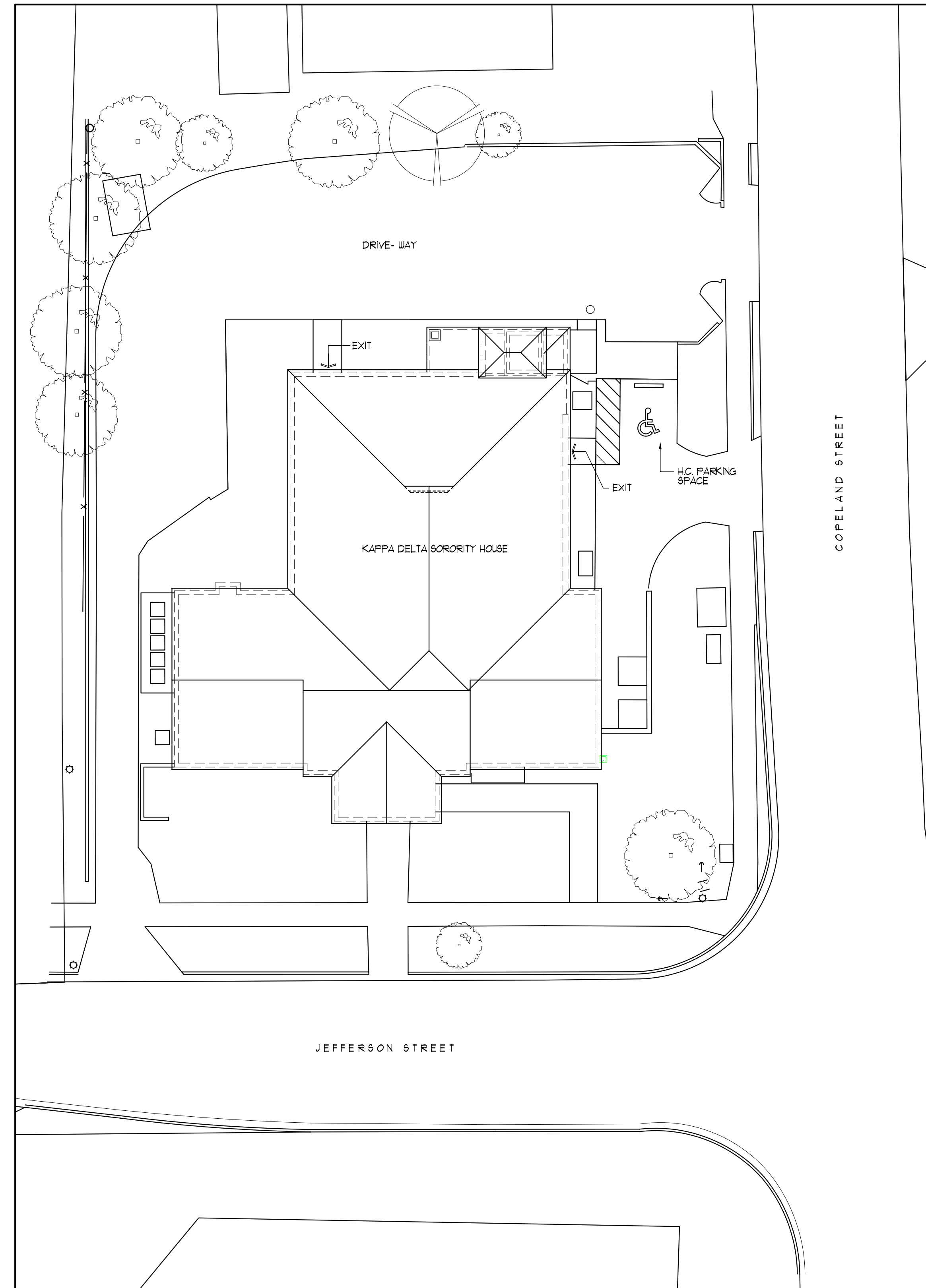
ADD ALTERNATE #1: Add vertical platform lift, (including electrical). ADD \$10,800.00

Thank you for this opportunity to offer our proposal.

A handwritten signature in cursive script, appearing to read 'Sam Childers', is written over a horizontal line.

Sam Childers

Childers Construction Company



14130
PROJECT CODE

18 JUNE 2013
DATE

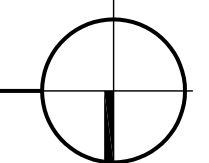
REVISED

△	△
△	△
△	△
△	△
△	△
△	△

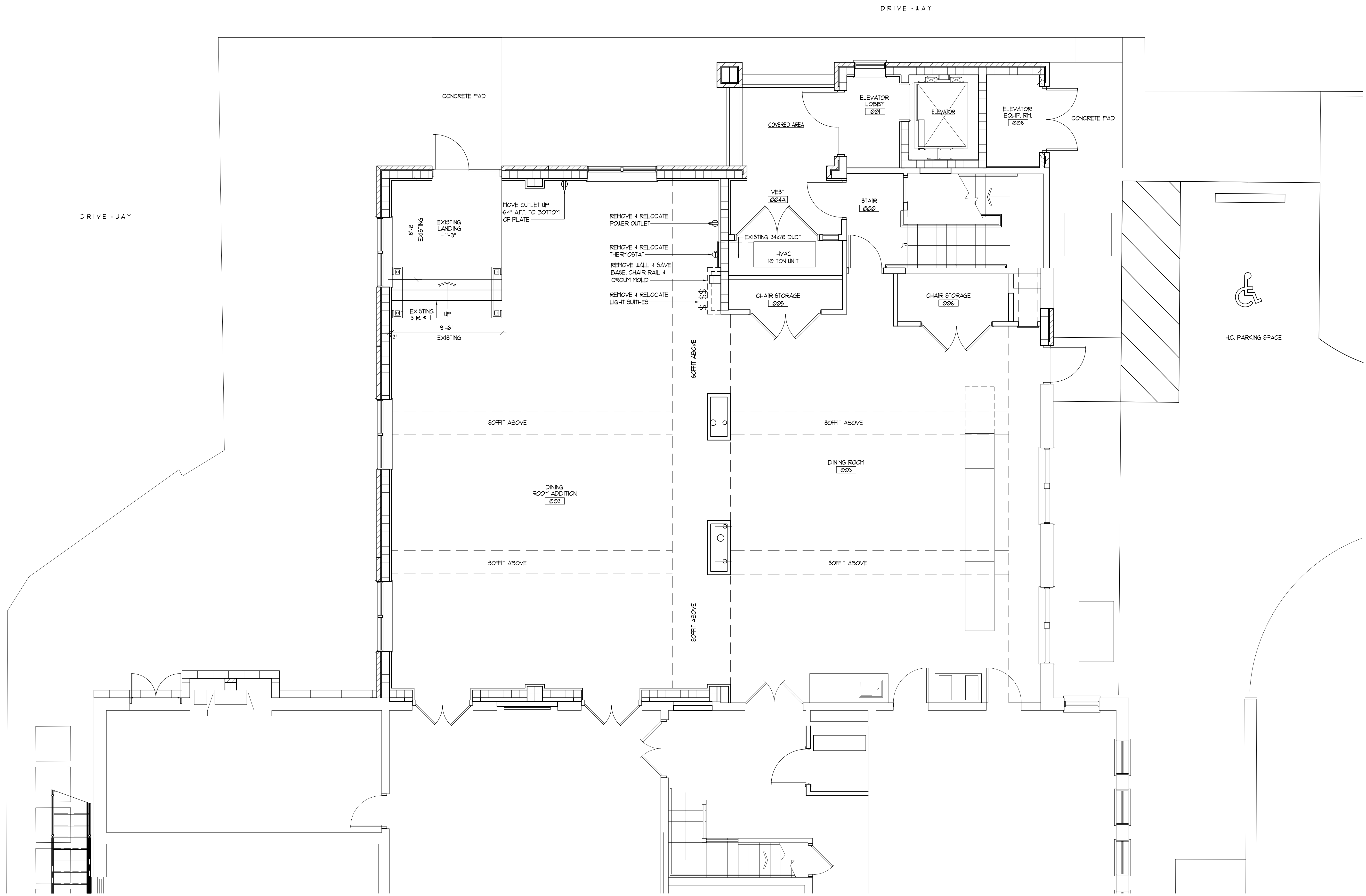
Kappa Delta Sorority House
Ground Floor - Dining Room
Stage Modifications

Tallahassee Florida

1 ARCHITECTURAL SITE PLAN - EXISTING
A0 SCALE 1/16"=1'-0"



A0



**BARNETT
FRONCZAK
BARLOWE
ARCHITECTS**

14130
PROJECT CODE

18 JUNE 2013
DATE

REVISED

▲	▲
▲	▲
▲	▲
▲	▲
▲	▲

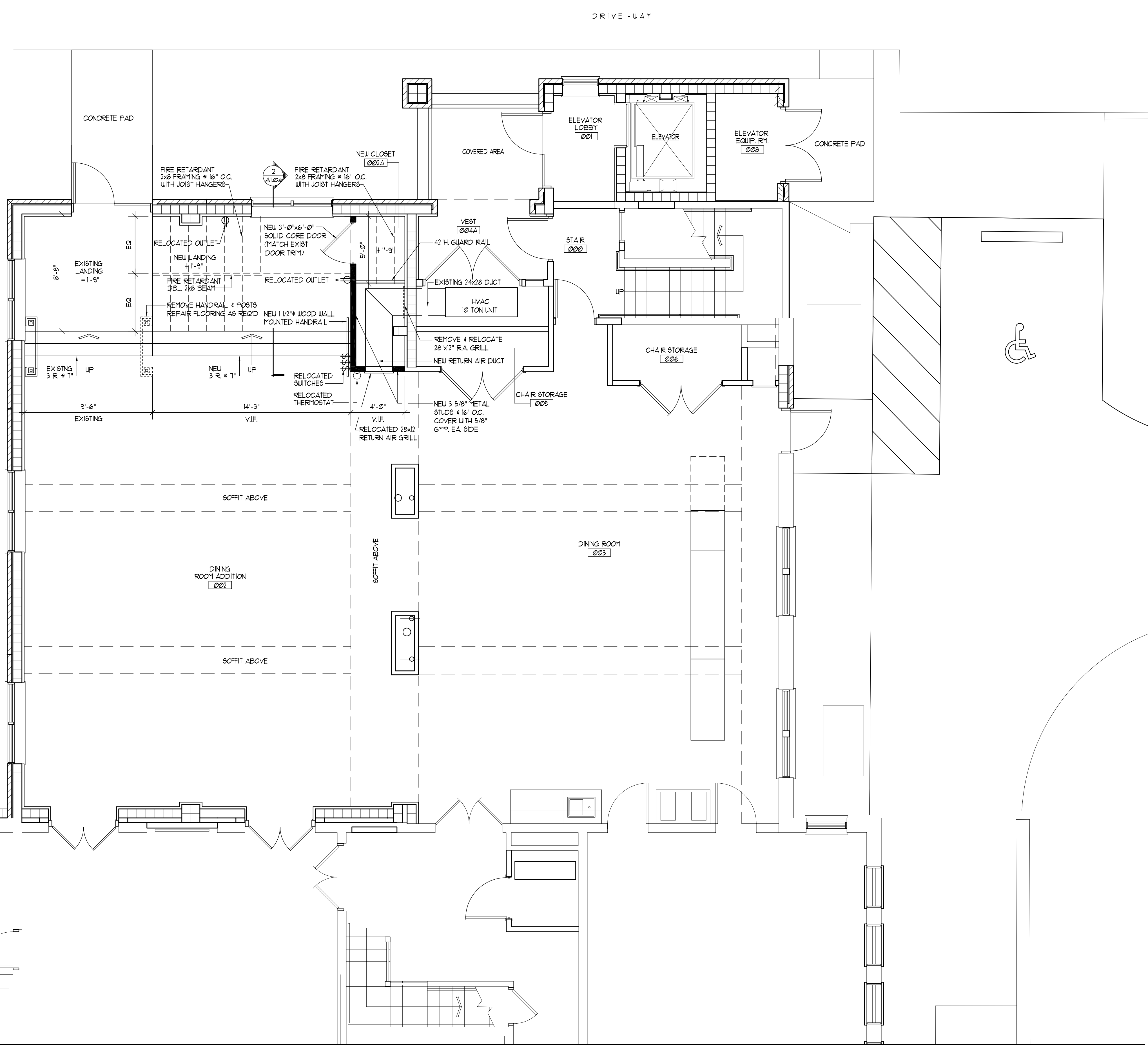
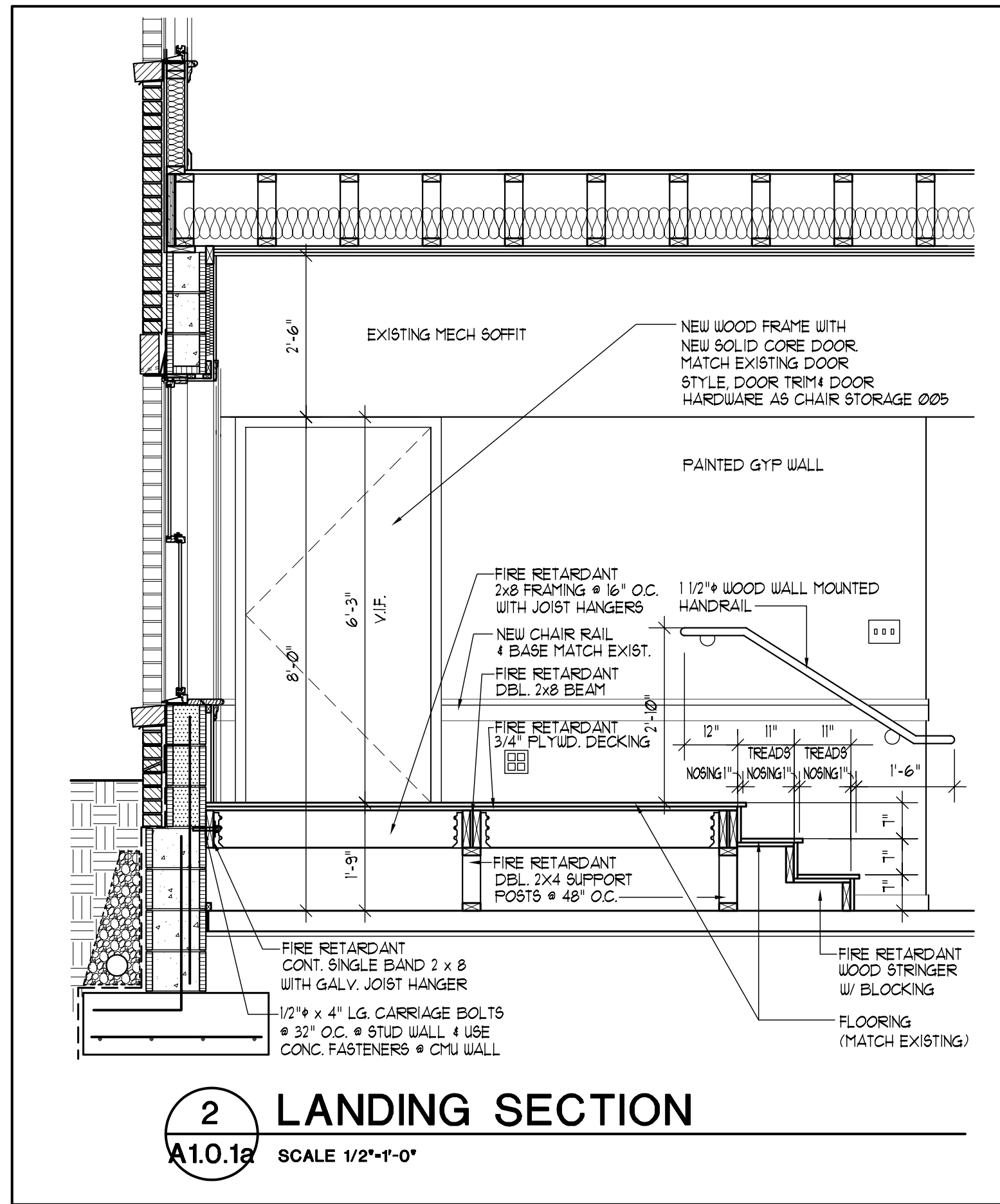
**Kappa Delta Sorority House
Ground Floor - Dining Room
Stage Modifications**

Tallahassee Florida

EX1.01

225 SOUTH ADAMS ST., TALLAHASSEE, FLORIDA 32301
PHONE 850 224-6301 FAX 850 561-6978

1 ENLARGED GROUND FLOOR PLAN (Existing)
EX1.01 SCALE 1/4"=1'-0"



**BARNETT
FRONCZAK
BARLOWE
ARCHITECTS**

14130
PROJECT CODE

18 JUNE 2013
DATE

REVISED

▲	▲
▲	▲
▲	▲
▲	▲
▲	▲

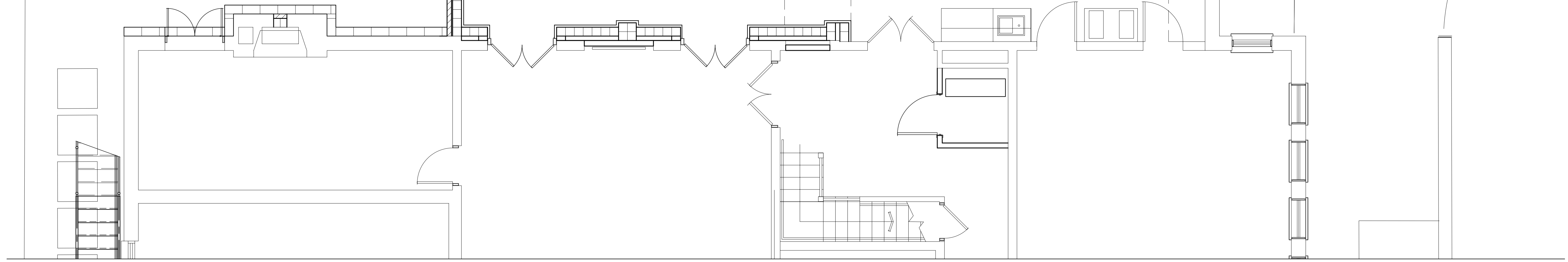
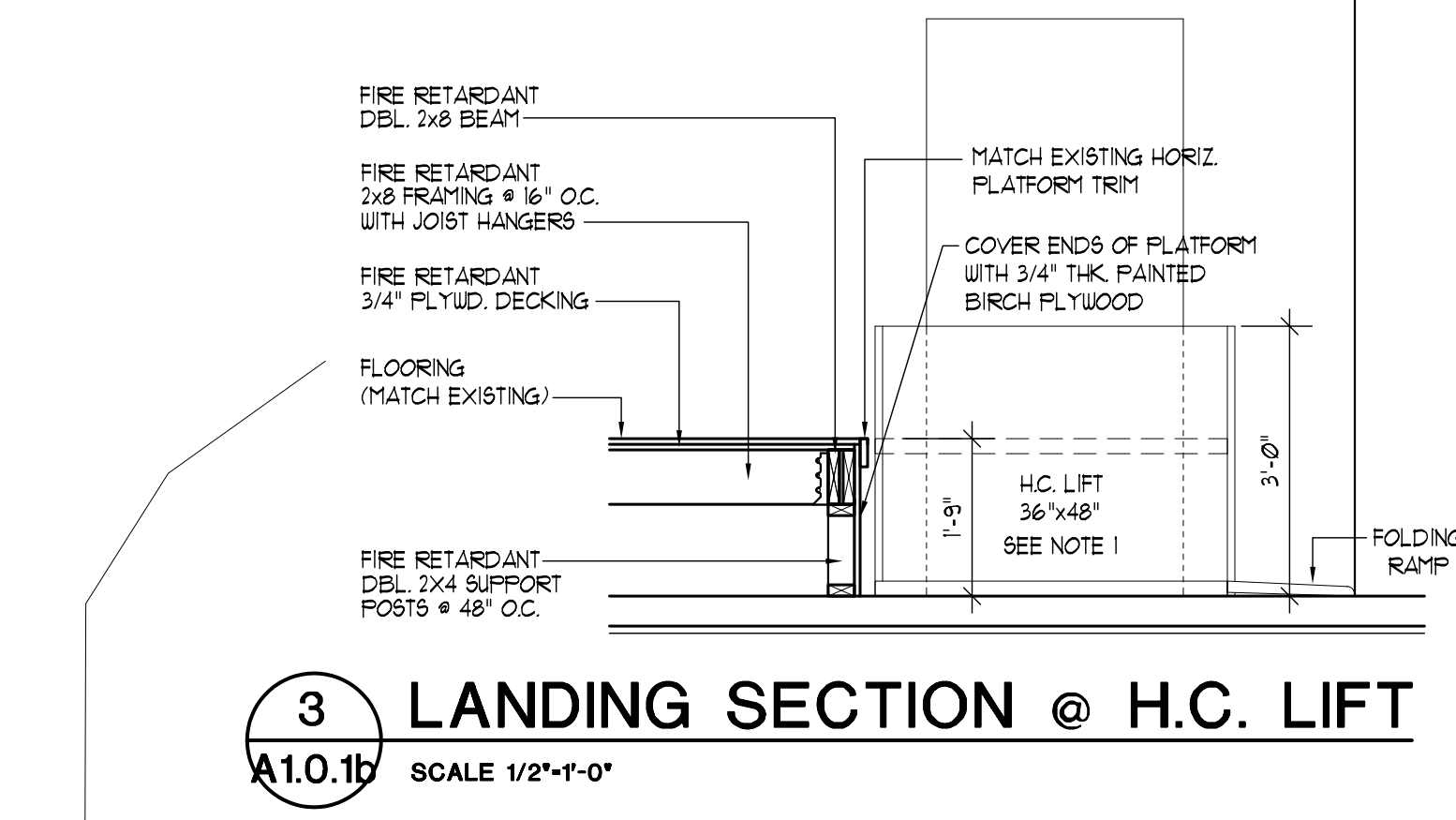
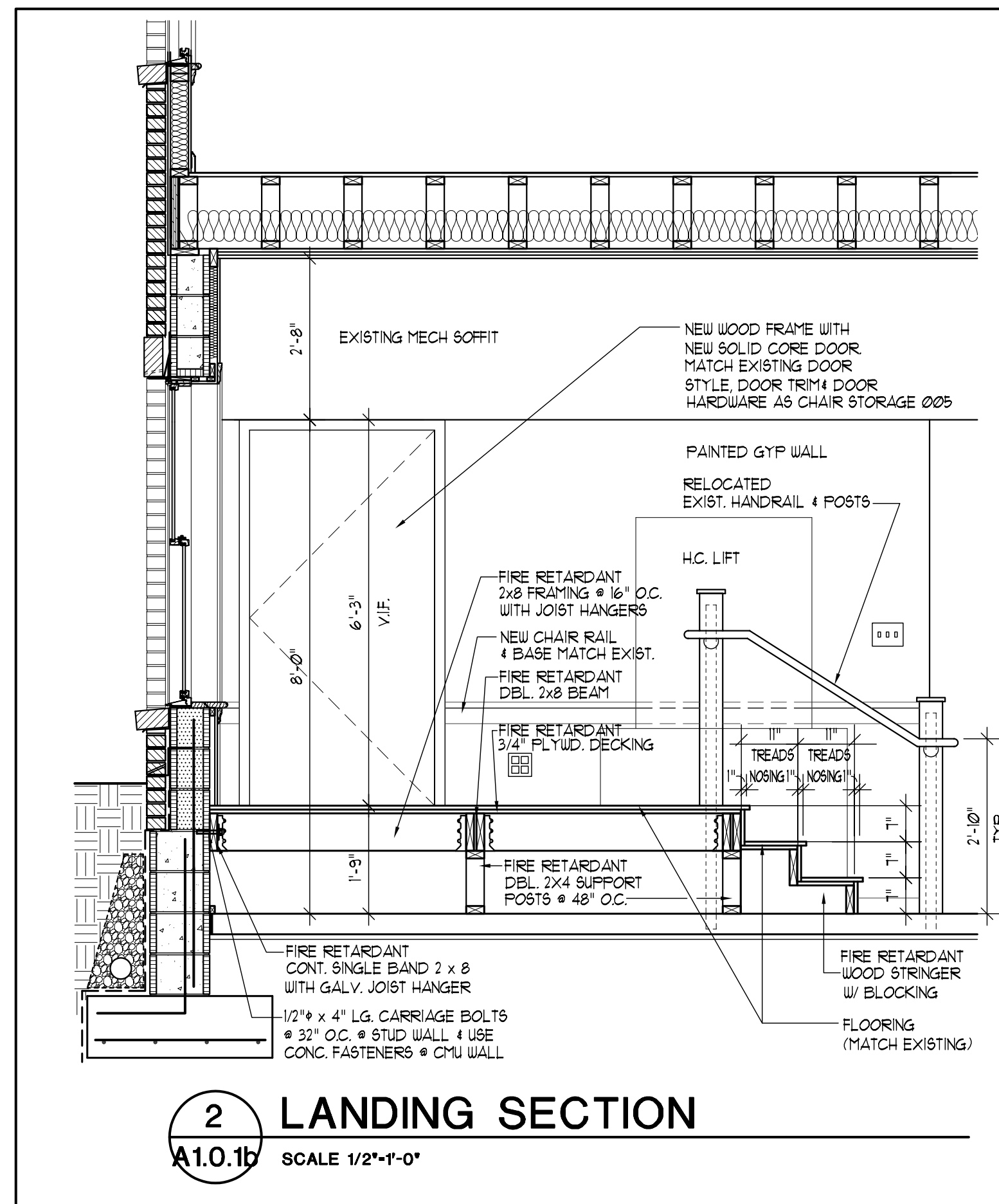
**Kappa Delta Sorority House
Ground Floor - Dining Room
Stage Modifications**

Tallahassee Florida

A1.01a

225 SOUTH ADAMS ST., TALLAHASSEE, FLORIDA 32301
PHONE 850 224-6301 FAX 850 561-6978

NOTES
 1. HANDICAP WHEEL CHAIR LIFT, BASIS OF DESIGN: HARMAR 4' RESIDENTIAL VERTICAL PLATFORM LIFT, MODEL RPL-400 WITH STANDARD PLATFORM SIZE (36"x48") AND FOLDING RAMP.



**BARNETT
 FRONCZAK
 BARLOWE
 ARCHITECTS**

14130
 PROJECT CODE
 18 JUNE 2013
 DATE

REVISED

▲	▲
▲	▲
▲	▲
▲	▲
▲	▲

**Kappa Delta Sorority House
 Ground Floor - Dining Room
 Stage Modifications**

Tallahassee Florida

A1.01b

225 SOUTH ADAMS ST., TALLAHASSEE, FLORIDA 32301
 PHONE 850 224-6301 FAX 850 561-6978



EXIT













