NOTICE TO WAIVER APPLICANTS

Please make certain you comply with the following:

X 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.

X 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.

X 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.

X 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. ______ 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:
   Project site plan if pertinent to the application
   24" x 36" minimum size drawings
   Building/project sections (if necessary to assist in understanding the waiver request)
   Enlarged floor plan(s) of the area in question

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

3. ______ 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. ______ 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.

REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS OF CHAPTER 553, PART II, 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: FRESHAVELI
Address: 20 NE 41 ST # 3
        MIAMI, FL 33137

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: MANUEL SOTO
Applicant's Address: 20 NE 41 ST # 3 MIAMI, FL 33137
Applicant's Telephone: (786) 396 8274
                      FAX: (786) 364 7121
Applicant’s E-mail Address: FRESHAVELI@LIVE.COM
Relationship to Owner: TENANT

Owner's/Tenant’s Name: ______________________________________
Owner's Address: __________________________________________
Owner's Telephone: (305) 498 1227
Owner’s E-mail Address: _____________________________________

Signature of Owner: _________________________________________

3. Please check one of the following: N/A

[ ] 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.)

**Commercial Building, 2 Floors, 4 Units**

2877 SQ. FT. Our Unit #3 640 SQ FT.

**Styling Office (Barbershop 1 Chair)**

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*

[X] In Plan Review [ ] Completed*

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

  **REQUESTING WAIVER FOR ACCESSIBILITY**
  **LIFT (ELEVATOR)**

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

**Issue**

1: 

**Issue**

2: 


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.

COSTS EXCEEDING BUDGET.

[ ] 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. $31,500. DOES NOT INCLUDE REQUIRED PIT

b. ________________________________
10. **Licensed Design Professional**: Where a licensed design 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.

________________________
Signature

________________________
Printed Name

________________________
Phone number

(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 5 day of July, 2013

Signature

MANUEL SOTO

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 MISDEMEANOR 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. 

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 

Comments/Recommendation

Jurisdiction

Building Official or Designee 

Signature

Printed Name

Certification Number

Telephone/FAX

Email Address

Address: 


Certification of Licensed Design Professional for Replicated Designs to be Placed on Consent Agenda

Note: Fill out pages ______ only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda.

I, ____________________________, a licensed architect/engineer in the state of Florida, whose Florida license number is ________________, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project) ____________________________, 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) ____________________________, 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), ____________________________, prepared the design documents for the project known as ____________________________, 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: ____________________________ Affix certification seal below:

Address: ____________________________

____________________________________

Telephone: ____________________________

Fax: ____________________________

E-Mail Address: ____________________________
WALL SCHEDULE

AS BUILT OF A NEW STYLE OFFICE.
CHANGE OF USE APPLICATION: PRIOR OCCUPANCY RESIDENTIAL.

TOTAL AREA = 602 SQ. FT.
ADD TWO NEW ELECTRICAL CIRCUIT CONNECTION FOR NEW FIXTURES LIGHTS, SIGN AND EMERGENCY LIGHTS TO BE CONNECTED TO THE EXISTING ELECTRICAL PANEL SHOWN.
EXISTING EMERGENCY LIGHT
EXISTING EXIT SIGN

A SIGN WITH "PUSH FOR ASSISTANCE" TO BE PROVIDED AT THE STAIR
ACCORDING WITH ADA REGULATIONS 2010, SMALL BUSINESS.

In some instances, especially in older buildings, it may not be readily
achievable to remove some architectural barriers. For example, a restaurant
with several steps leading to its entrance may determine that it cannot
afford to install a ramp or a lift. In this situation, the restaurant must provide
its services in another way if that is readily achievable, such as providing
takeout service. Businesses should train staff on these alternatives and
publicize them so customers with disabilities will know of their availability and
how to access them.

When barrier removal is not possible, alternatives such as curbside service
should be provided.

APPLICABLE CODES
FLORIDA BUILDING CODE 2010 AND SUPPLEMENTS 2009
NFPA 101 (2009)
FLORIDA ACCESSIBILITY CODE 2010

CONSTRUCTION TYPE
TYPE V A
RELOCATED TANK LESS

3/4" C.W 3/4' H.W -EXISTING.

EXISTING 2" SEWER LINE

AAV c.o 2"

EXISTING 3" SEWER LINE

(EXISTING) MOP SINK IN COMMUN AREA AT STORAGE AT THE REAR

WATER HEATER
AMERICAN HEAT MANUFACTURER
MODEL M-14

(EXISTING) 8 F.U. TO REMAIN

HAMMER ARRESTOR TO BE INSTALLED TO HOT AND COLD WATER.

PLUMBING NOTES:

SCOPE OF WORK:
EXTEND THE 2" EXISTING DRAIN TO THE NEW SINK LOCATION.
NOTE: HAIR WASH ONLY NOT TINT.

SEWER RISER DIAGRAM
July 10, 2013

REF: Commercial project located at: 20 NE 41 ST UNIT 3. Miami Fl.

Exterior New Wheelchair Lift Installation

Dear MANUEL SOTO

We hereby propose to furnish the following work:

- **WHEELCHAIR LIFT**: Commercial 2 stops custom size to meet ADA, Cap type selection handing front and rear with auto door operator, hall call stations: flush mounted in frame, power supply of 110 VAC 60 hz. All electrical connections required.
- **PIT, FOUNDATION AND ENCLOSURE**: Exterior enclosure, include foundation, required pit, walls with reinforcing where required and roof. Finish to match exterior building appearance.
- **PERMIT AND INSPECTIOS REQUIRED BY CITY AND DIFFERENT ENTITIES**.

**NOTE**: OWNER TO PROVIDE APPROVED SET OF PLANS WITH LOCATION AND SPECIFICATIONS OF JOB

**TOTAL**: $41,697.00

**Payments**:

50% when signed the contract

20% with progress at job

10% due completion and permit is closed

Contractor shall diligently pursue and substantially complete all work to be performed under this proposal within a reasonable period of time, taking into consideration delays that are beyond the control of the Contractor, including, but not limited to, weather conditions, delays in selection or delivery of materials and change orders requested by Client. The above price, specification and condition are satisfactory and are hereby accepted. You are authorized to perform the work as specified under this proposal. Payment shall be made as outlined above. In the event that litigation arises, here under the prevailing party, shall be entitled to reasonable attorney's fees and costs through final appeal. Venue shall lie exclusively in Miami Dade County, Florida and the parties shall waive trial by jury.

**Note**: This proposal may be withdrawn by us if not accepted within 15 days.

Accepted By (Owner): Date:

________________________________________  ________________________________

By ARQBUILT INC:

________________________________________
To: Amelia Granados  
20 NE 41 St #3  
Miami, FL, 33137

From: South Shore Elevator Service.  
Roger Villamont  
Ph(305)878-9102  
Fax(305)603-9268

Reference: Proposal for New Wheelchair Lift Installation.  
Proposal Number: 14505

SCOPE OF WORK:

New Wheelchair Lift Installation

South Shore Elevator Service Corp would furnish you with one wheelchair lift with the following specifications:

1. Type: Inclinator not to exceed 144" vertical travel with clear plexiglass inserts
2. Project Type: Commercial
3. Power Supply: 110 VAC 60 hz
4. Number of Stops: 2-Stop
5. Outdoor Options: Yes
6. Pit Required: Yes (By others)
7. Floor to Floor Travel: Approx. 138"
8. Ramp: N/A
9. Underpan Sensor: Not Required
10. Cab Type Selection and Handing: Front and Rear
11. Landing Door Locations/Swing: Lower Level : RH; Upper Level RH
12. Cab Size: Custom Size to meet ADA
13. Car Station: Keyless
14. Lower Landing Entrance: Standard 80" High Door with plexiglass insert in door and WR500 locks with Auto Door Operator (commander)
15. Intermediate Landing 1 Options: N/A
16. Intermediate Landing 2 Options: N/A
17. Upper Landing Entrance Options: 42" x 80" Pro Swing Door with Prolocks and Auto Door Operator (commander)
18. Locks: N/A
19. Hall Call Stations:
   a. Bottom Landing: Flush mounted in frame
   b. Upper Landing: Flush mounted in frame
20. Enclosure Extension above top landing: 83" enclosure extension above top landing
21. Enclosure Roof: Yes
22. Light Screen: N/A
23. Telephone: None
24. Elevator Contractor to use Stainless Steel 304 for anchoring where practicable.
25. Color: Standard Beige
26. Touch up Paint: No
27. Misc: N/A

PRICE: $31,500.00 (Thirty one Thousand Five Hundred)

South Shore Procedure Payment and Scheduling:

We will not perform work, order material until down payment is received of 75% for all jobs over $5,000.00 with 25% balance to be paid in full at job completion & 100% down-payment for all jobs under $5,000.00-No exceptions. South Shore Elevator Service Corp may not release the elevator for public use until final payment and or any past due amounts have been received in full. We will not start on the job until the customer has completed all work by others and any code requirements the building would have to adhere to. We will not be responsible for any building fines by city for late inspections due to past due inspections.

This proposal #14505 when accepted by you below and approved by our authorized representative, constitute the entire contract between us.
CUSTOMER
Approved by an Authorized Representative

Date: 

Signed: 

Print Name: 

Title: 

Name of Company: 

South Shore Elevator Service Corp
Approved by an Authorized Representative

Date: 

Signed: 

Print Name: 

Title: 

Message: Thank you for your business