

**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.        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:** DeVine Wine + Grill  
**Address:** 15 Alafaya Woods Blvd, Suite 117  
Oviedo, FL 32765

**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:** Michael DiAlexander  
**Applicant's Address:** 7660 University Blvd Winter Park, FL 32792  
**Applicant's Telephone:** 954-448-4850      **FAX:** 407-679-6600  
**Applicant's E-mail Address:** mkconcepts954@gmail.com

**Relationship to Owner:** Owner

**Owner's/Tenant's Name:** Same as above

**Owner's Address:** \_\_\_\_\_

**Owner's Telephone:** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Owner's E-mail Address:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

**3. Please check one of the following:**

New construction.

Addition to a building or facility.

FBC 2012-01  
Request for Waiver

Rule 61G20-4.001  
effective 4/25/2013

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.)

This project is for a tenant improvement of a one story tenant space (Suite 117) which contains a mezzanine. The ground floor has a total area of 3,031 SF with a 448 SF mezzanine.

The primary use will be a restaurant and the ground floor will contain completely accessible dining areas, bar area, and wine area, and existing restrooms. If waiver is granted the mezzanine, which is designated for storage, will change use to provide overflow seating.

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

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**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 cost of adding an elevator to the existing space will be disproportionate to the overall alternation costs. A waiver of FAC 201.1.1 is requested.

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

**Issue**

**1: FAC 201.1.1**

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.

This is an interior tenant improvement project; there isn't sufficient height in the existing building to add an elevator without significant alterations to the existing roof structure and slab-on-grade.

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

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

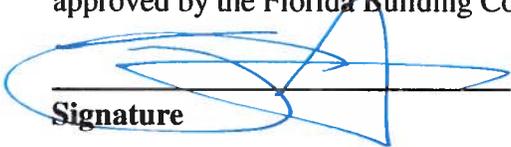
\_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_

**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.

As the project architect, I feel that due to the cost of adding an elevator to the existing space and the required modifications that would be required to the existing structure, this waiver shall be approved by the Florida Building Commission Associability Board.



 \_\_\_\_\_  
**Signature**

**Francisco Alvarado**  
**Printed Name**

**Phone number:** 321-210-0255  
**(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 2nd day of July, 2014

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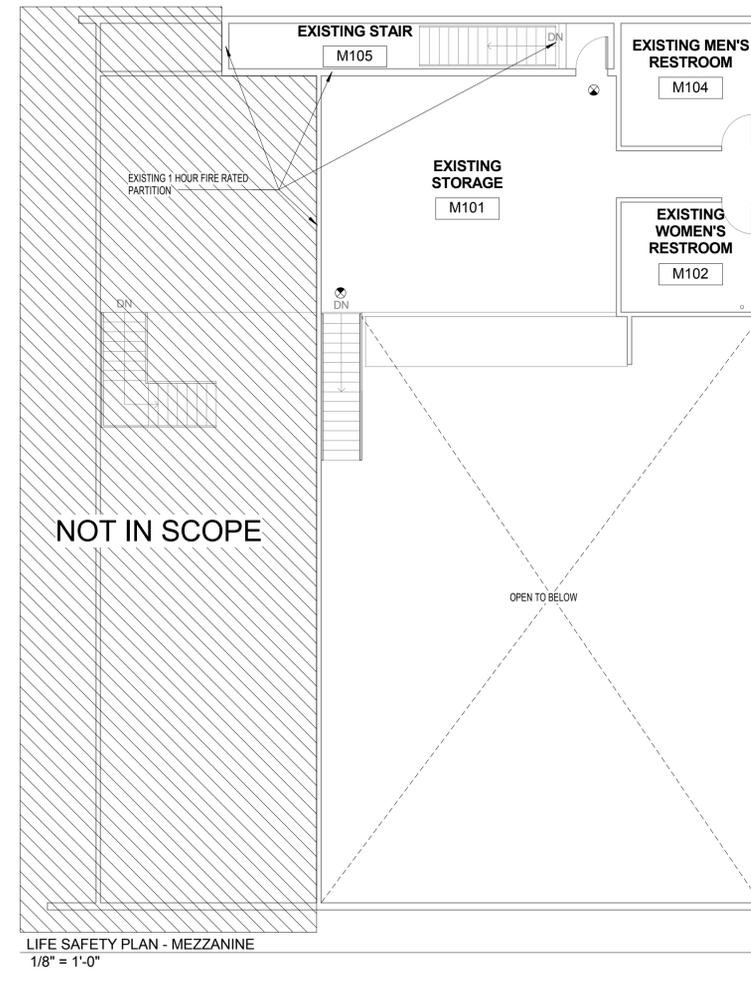
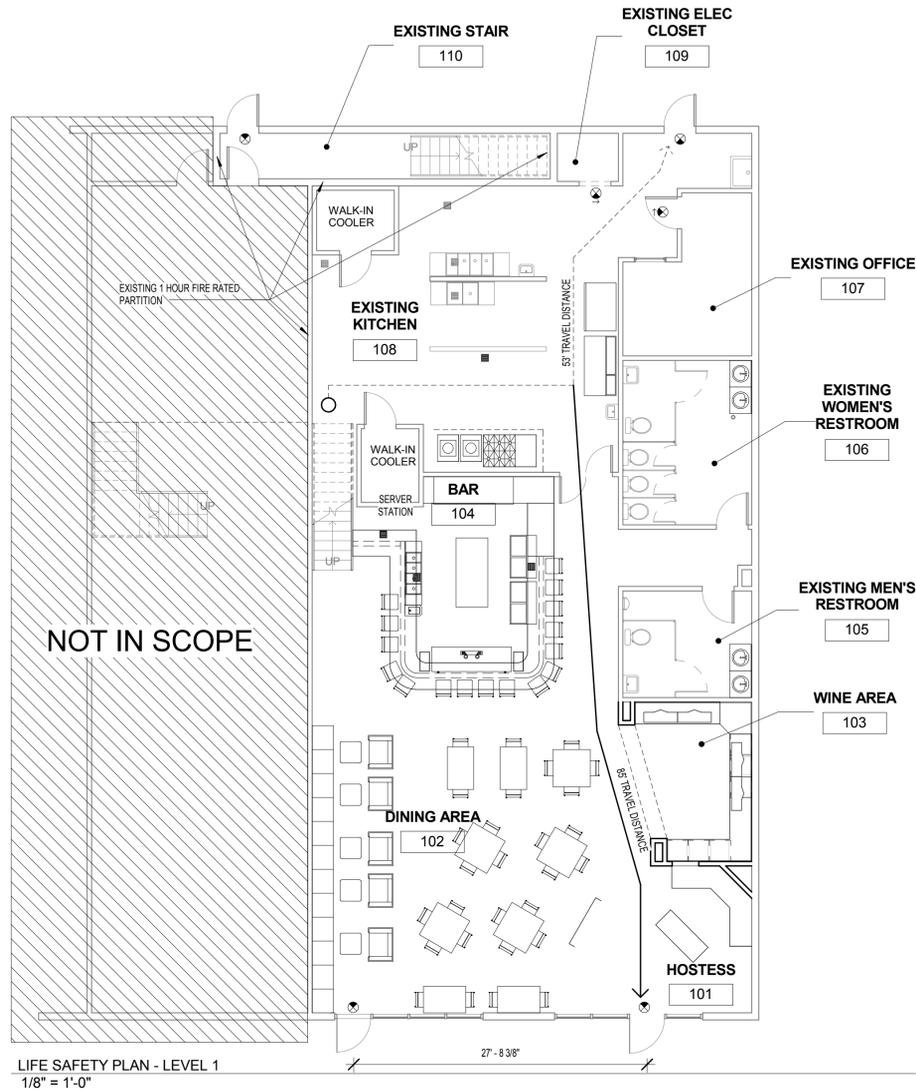
Signature

Michael DiAlexander

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.



**BUILDING CODE/LIFE SAFETY CODE ANALYSIS**

**REVIEW QUALIFICATION**

THIS REVIEW, WHICH INCLUDES ARCHITECTURAL ISSUES ASSOCIATED WITH THE BUILDING AND LIFE SAFETY CODES, IS BASED ON THE CODE INTERPRETATIONS BY THE AUTHOR. NOTE THAT NO CONFIRMATION OF THE INFORMATION HEREIN HAS BEEN OBTAINED BY THE REVIEW AGENCIES, WHICH AS STATED IN THE CODES, HAVE THE AUTHORITY TO DIRECT MORE STRINGENT REQUIREMENTS

**PROJECT LOCATION/GOVERNING AGENCY JURISDICTION**

CITY OF OVIEDO, FLORIDA

**APPLICABLE CODES**

- A. FLORIDA BUILDING CODE, 2010 EDITION W/ 2012 SUPPLEMENTS
- B. FLORIDA EXISTING BUILDING CODE, 2010 EDITION
- C. FLORIDA FUEL CODE, 2010 EDITION
- D. FLORIDA MECHANICAL CODE, 2010 EDITION
- E. FLORIDA PLUMBING CODE, 2010 EDITION
- F. FLORIDA ENERGY CONSERVATION CODE, 2010 EDITION
- G. NATIONAL ELECTRIC CODE, NFPA 70, 2018 EDITION
- H. FLORIDA ACCESSIBILITY CODE, 2012 EDITION
- I. FLORIDA STATUTES CHAPTER 471, ENGINEERING
- J. FLORIDA STATUTES CHAPTER 481, ARCHITECTURE & LANDSCAPE ARCHITECTURE
- K. FLORIDA STATUTES CHAPTER 489, CONTRACTING
- L. FLORIDA STATUTES CHAPTER 553, BUILDING CONSTRUCTION STANDARDS
- M. FLORIDA FIRE PREVENTION CODE, 2010 EDITION
- N. NFPA 101, LIFE SAFETY CODE, 2009 EDITION
- O. NFPA 1, UNIFORM FIRE CODE, 2009 EDITION
- P. FLORIDA STATUTES CHAPTER 633, FIRE PREVENTION AND CONTROL
- Q. CITY OF OVIEDO CODE OF ORDINANCES

**TENANT IMPROVEMENT AREA**

FIRST FLOOR	3,627 SF
MEZZANINE	1,041 SF

**BUILDING USE**

ASSEMBLY: A-2 FBC SECTION 303  
CONSTRUCTION TYPE: II-B, SPRINKLERED

**FIRE-RESISTANCE RATING REQUIREMENTS FOR BUILDING ELEMENT (HOURS) - FBC TABLE 601**

CONSTRUCTION TYPE II-B

FIRE-RESISTANCE RATING REQUIREMENTS FOR BUILDING ELEMENT (HOURS)	
PRIMARY STRUCTURAL FRAME (SEE SECTION 202)	0
BEARING WALLS:	
EXTERIOR	0
INTERIOR	0
NONBEARING WALLS AND PARTITIONS	
EXTERIOR	SEE TABLE 602
INTERIOR	0
FLOOR CONSTRUCTION AND SECONDARY MEMBERS (SEE SECTION 202)	0
ROOF CONSTRUCTION AND SECONDARY MEMBERS (SEE SECTION 202)	0

**PORTABLE FIRE EXTINGUISHERS - FBC SECTION 906**

FBC TABLE 906.3(1) - PORTABLE FIRE EXTINGUISHERS SHALL BE INSTALLED AS FOLLOWS:

- ORDINARY HAZARD:  
MINIMUM 2-A RATED SINGLE EXTINGUISHER  
MAXIMUM 11,250 SF COVERAGE PER EXTINGUISHER  
75' MAXIMUM TRAVEL DISTANCE TO EXTINGUISHER
- EXTRA HAZARD HAZARD:  
MINIMUM 4-A RATED SINGLE EXTINGUISHER  
MAXIMUM 11,250 SF COVERAGE PER EXTINGUISHER  
75' MAXIMUM TRAVEL DISTANCE TO EXTINGUISHER

**FIRE ALARM AND DETECTION SYSTEMS**

FIRE ALARM SYSTEM IS REQUIRED AND PROVIDED PER FBC 907.2.1 (GROUP A)

**MEANS OF EGRESS**

MEANS OF EGRESS COMPONENTS

SHAFT ENCLOSURES	WALLS AND COMPONENTS	OPENING PROTECTION
CORRIDOR FIRE-RESISTANCE RATING - FBC TABLE 1018.1, ASSEMBLY, BUSINESS, AND STORAGE OCCUPANCY W/ OCCUPANT LOAD > 30, WITH SPRINKLER SYSTEM	0	0
EXIT PASSAGE WAY - FBC 1023.1	1 HOUR	1 HOUR
EXIT ENCLOSURES - LESS THAN 4 STORIES (FBC 1022)	1 HOUR	1 HOUR

**MAXIMUM FLOOR AREA ALLOWANCES PER OCCUPANTS - FBC TABLE 1004.1.1**

**OCCUPANT LOAD - LEVEL 1**

- ASSEMBLY WITH FIXED SEATING  
ASSEMBLY WITHOUT FIXED SEATING  
STANDING SPACE  
UNCONCENTRATED (TABLES AND CHAIRS)
- KITCHENS, COMMERCIAL BUSINESS AREAS  
ACCESSORY SPACE  
TOTAL OCCUPANT LOAD - LEVEL 1

**OCCUPANT LOAD - MEZZANINE**

- STORAGE AREAS  
TOTAL OCCUPANT LOAD - MEZZANINE

**NUMBER OF EXITS AND CONTINUITY - FBC 1021**

- MINIMUM NUMBER OF EXITS FOR OCCUPANT LOAD - (FBC TABLE 1021.1)  
OCCUPANT LOAD: 1-500 2 EXITS

**EGRESS WIDTH - FBC 1005.1**

- 0.3 INCHES PER PERSON FOR STAIRWAYS  
0.2 INCHES PER PERSON FOR OTHER EGRESS COMPONENTS
- MINIMUM WIDTH OF EXIT CORRIDOR: 36 INCHES (FBC 1018.2, EXCEPTION 2)  
MINIMUM WIDTH OF STAIRS: 36 INCHES (FBC 1009.1, EXCEPTION 1)

**EXIT ACCESS TRAVEL DISTANCE - FBC TABLE 1016.1**

B OCCUPANCY WITHOUT SPRINKLER SYSTEM - 200 FEET MAXIMUM

COMMON PATH OF EGRESS TRAVEL - FBC 1014.3  
MAXIMUM 75 FEET

DEAD ENDS - FBC 1018.4  
20 FEET MAXIMUM WITHOUT SPRINKLER SYSTEM

**MINIMUM NUMBER OF REQUIRED PLUMBING FIXTURES - FBC PLUMBING TABLE 403.1**

	REQUIRED PLUMBING FIXTURES						
	MALE		FEMALE		OTHER		
	WC	LAV	UR	WC	LAV	DF	SERV. SINK
OCCUPANT LOAD = 208	1/75	1/200		1/75	1/200	1/500	1
104 MALE AND 104 FEMALE							
FIXTURES REQUIRED	2	1		2	1	NA	1
FIXTURES PROVIDED	1	3	1	4	3	0	1

NOTE:  
DRINKING FOUNTAIN NOT REQUIRED PER FBC 410.1

SHEET NUMBER:

LS1

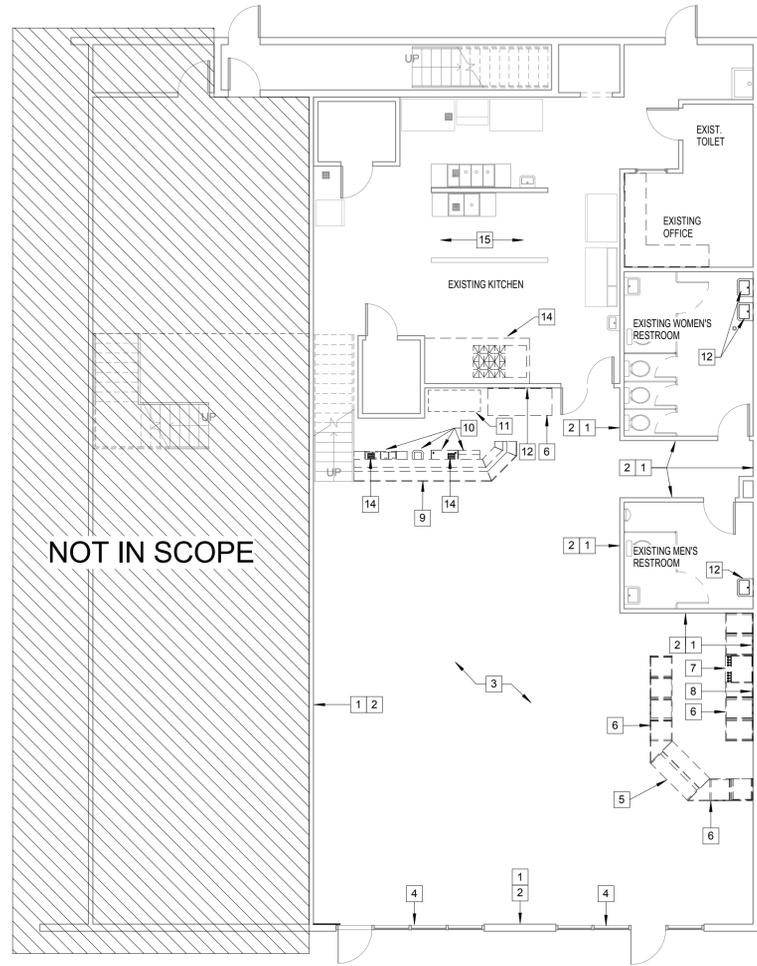
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LIFE SAFETY PLAN

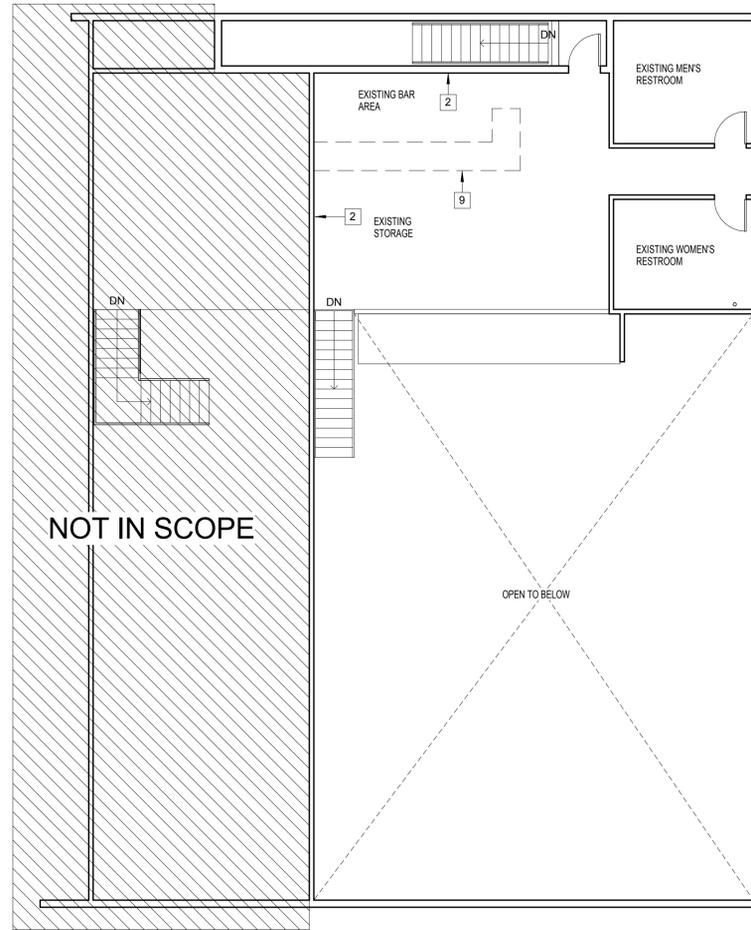
ISSUE DATE:

07.02.2014

**DEVINE WINE AND GRILL**  
15 ALAFAYA WOODS BLVD - OVIEDO, FL 32765



DEMOLITION FLOOR PLAN - LEVEL 1  
1/8" = 1'-0"



DEMOLITION FLOOR PLAN - MEZZANINE  
1/8" = 1'-0"

**GENERAL DEMOLITION NOTES**

G.C. TO REMOVE AND DEACTIVATE ALL ELECTRICAL AND TELEPHONE OUTLETS IN PARTITIONS TO BE DEMOLISHED. VERIFY WITH ELECTRICAL DRAWINGS

G.C. SHALL MAKE ARRANGEMENTS FOR ALL REQUIRED TEMPORARY PROTECTION (TO INCLUDE PROTECTION OF EXISTING ADJACENT ACTIVITIES PRIOR TO START OF DEMOLITION. BARRICADE AS PER OWNER.

DEMOLITION SERVICES AND TEMPORARY WORK PLANNED BY G.C. SHALL NOT IN ANY WAY INTERFERE WITH DAY-TO-DAY OPERATIONS WITHIN THE AFFECTED AND / OR ADJACENT AREAS.

TEMPORARY WORK SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:  
A. TEMPORARY LIGHT AND POWER  
B. TEMPORARY WALLS AND / OR FLOORING  
C. PLASTIC PROTECTION (FINISHES & FURNITURE)  
D. TEMPORARY CEILINGS / HVAC

G.C. SHALL COORDINATE ALL DEMOLITION AND TEMPORARY WORK WITH ALL TRADES AND OWNER AS REQUIRED, AND SHALL MAKE ARRANGEMENTS FOR REMOVAL OF DEBRIS AND HAULING FROM PREMISES ON A REGULAR BASIS WITH A MINIMUM OF DISTURBANCE TO THE DAY-TO-DAY OPERATIONS.

G.C. SHALL KEEP THE AFFECTED AREAS CLEAR AT ALL TIMES AND SHALL BE RESPONSIBLE FOR DAILY CLEANUP AND VACUUM OF AFFECTED AREAS AS REQUIRED BY THE OWNER OR THE STAGE OF CONSTRUCTION.

G.C. SHALL PROVIDE TEMPORARY BARRIERS TO PROTECT ADJACENT AREAS AND PERSONAL PROPERTY FROM DAMAGE CAUSED BY THE WORK.

G.C. SHALL ENSURE THE CAREFUL REMOVAL OF ALL EXISTING WALL MOUNTED FIRE EXTINGUISHERS AND CABINETS FOR RESUE. RE-CERTIFY AS REQUIRED.

CONTRACTOR SHALL VERIFY WITH OWNER ALL ITEMS MARKED FOR RELOCATION OR DISPOSAL PRIOR TO PERFORMING WORK.

THE DRAWINGS DO NOT MEAN TO SHALL ALL OBJECTS EXISTING AT THE SITE. THE CONTRACTOR MUST VERIFY AT SITE ALL OBJECTS TO BE PRESERVED AND REPORT TO ARCHITECT IN WRITING ANY DISCREPANCIES OR QUESTIONABLE ITEMS.

USE ALL MEASURES NECESSARY TO PROTECT EXISTING OBJECTS DESIGNATED TO REMAIN AND IN THE EVENT OF DAMAGE, IMMEDIATELY MAKE ALL REPAIRS AND REPLACEMENTS NECESSARY TO MEET APPROVAL OF THE ARCHITECT AT NO ADDITIONAL COST

PRIOR TO COMMENCEMENT OF WORK, G.C. SHALL CAREFULLY INSPECT THE ENTIRE SITE OF ALL OBJECTS, UTILITIES AND STRUCTURES TO BE REMOVED AND OR PRESERVED TO DETERMINE REQUIREMENTS FOR PROTECTION OR DISCONNECTION AND CAPPING OF SUCH WORK IN ACCORDANCE WITH REQUIREMENTS OF THE UTILITY COMPANY, OWNER, OR GOVERNMENT AGENCIES INVOLVED.

THE CONTRACTOR SHALL REROUTE AND / OR CAP OFF ALL UNUSED UTILITIES COMING INTO THE SPACE AFTER CHECKING WITH THE ARCHITECT AS REQUIRED BY CODE AND IN ACCORDANCE WITH MEP DRAWINGS.

G.C. SHALL NOTIFY OWNER AT LEAST SEVEN CALENDAR DAYS PRIOR TO COMMENCEMENT OF DEMOLITION WORK.

REMOVE ALL EXISTING WALL COVERINGS, LOOSE PAINT OR PLASTER, PATCH EXISTING WALLS AS REQUIRED TO RECEIVE NEW WALL FINISHES AS SPECIFIED.

G.C. SHALL PERFORM ALL PATCH WORK TO FLOORS, WALLS AND CEILINGS RESULTING FROM THE DEMOLITION CONTRACTOR'S WORK.

DEMOLITION CONTRACTOR SHALL COORDINATE WITH FINISH PLAN, AS WELL AS MEP DRAWINGS FOR DEMOLITION WORK RELATED TO THE INSTALLATION OF NEW FINISHES AND MECHANICAL, ELECTRICAL AND PLUMBING SYSTEMS.

**DEMOLITION NOTES**

1	REMOVE AND DEMOLISH EXISTING WAINSCOT PANELING. PREP WALL TO RECEIVE NEW FINISH
2	REMOVE EXISTING PAINT AND PREPARE WALL TO RECEIVE NEW FINISH
3	REMOVE AND DEMOLISH EXISTING TRACK LIGHTS
4	EXISTING EXTERIOR ALUMINUM STOREFRONT SYSTEM TO REMAIN. CONTRACTOR TO PROTECT DURING CONSTRUCTION
5	REMOVE EXISTING FOOD DISPLAY. COORDINATE WITH OWNER FOR STORAGE
6	REMOVE AND DEMOLISH EXISTING MILLWORK
7	REMOVE EXISTING SODA/ICE MACHINE. COORDINATE WITH OWNER FOR STORAGE.
8	REMOVE AND DEMOLISH EXISTING GYPSUM BOARD ARCH. PATCH AND REPAIR PARTITION AS REQUIRED TO ACCEPT NEW FINISH
9	REMOVE AND DEMOLISH BAR MILLWORK AND ASSOCIATED PLUMBING. DE-ENERGIZE CIRCUITS AND REMOVE ASSOCIATED RECEPTACLES.
10	REMOVE 4-COMPARTMENT SINK, HAND SINK, AND DRAINBOARD. REFER TO FLOOR PLAN FOR RE-USE
11	REMOVE EXISTING GLASS DOOR REFRIGERATOR. COORDINATE WITH OWNER FOR STORAGE
12	REMOVE AND DEMOLISH EXISTING LAVATORY.
13	EXISTING GREASE HOOD AND ASSOCIATED EQUIPMENT TO REMAIN.
14	REMOVE AND DEMOLISH FLOOR SINK. CAP EXISTING PIPE AND PATCH AND REPAIR SLAB ON GRADE.
15	EXISTING KITCHEN EQUIPMENT TO REMAIN. CONTRACTOR SHALL PROTECT DURING CONSTRUCTION

SHEET NUMBER:

**A1**

SHEET NAME:

**DEMOLITION PLAN**

ISSUE DATE:

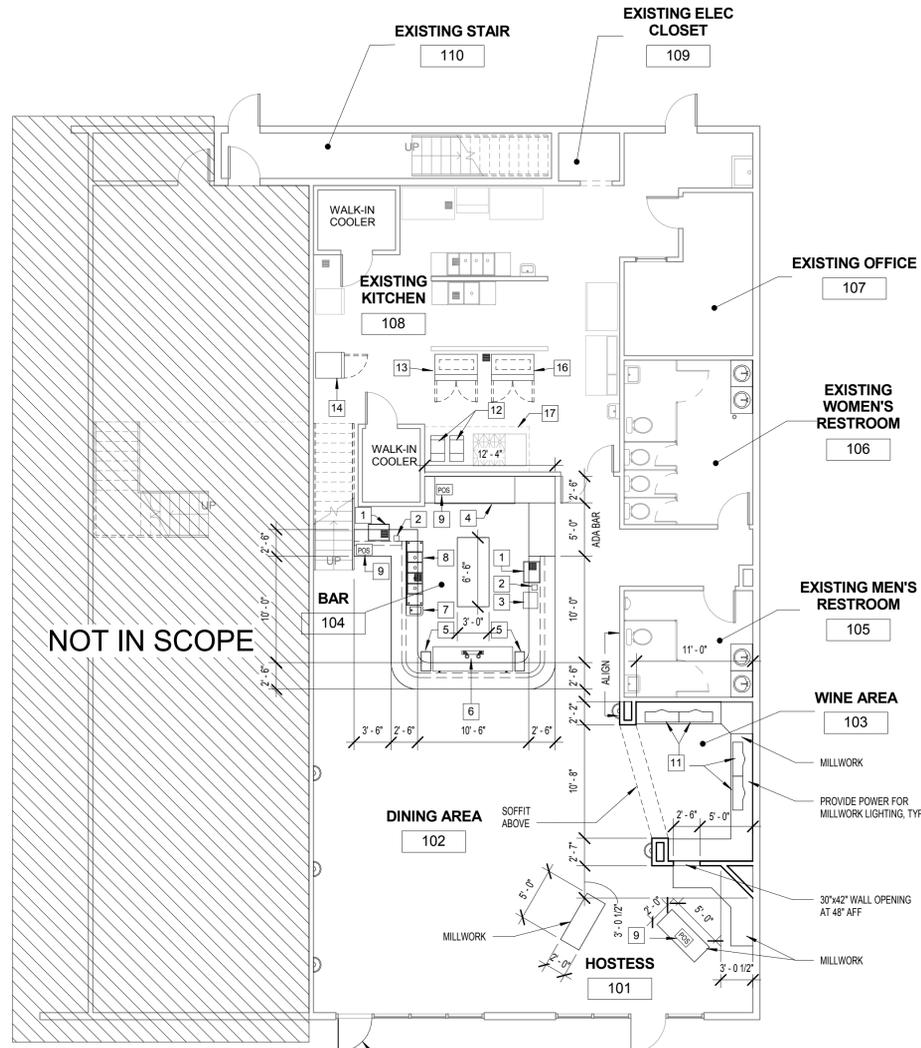
07.02.2014

DEVINE WINE AND GRILL  
15 ALAFAYA WOODS BLVD - OVIEDO, FL 32765

LEGEND	
	NEW PARTITION
	EXISTING PARTITION TO REMAIN
	EXISTING 2 HOUR RATED PARTITION TO REMAIN

EQUIPMENT SCHEDULE	
1	UNDERBAR ICE BIN
2	SODA GUN
3	SODA BOX STORAGE
4	BACK BAR COOLER
5	TRASH CAN
6	UNDERBAR REFRIGERATION: DIRECT DRAW BEER DISPENSER
7	HAND SINK
8	FOUR COMPARTMENT SINK (RELOCATED)
9	POS STATION
10	UNDERBAR REFRIGERATION: PASS-THRU BACK BAR COOLER
11	WINE SERVING MACHINE
12	FRYER
13	COLD PREP TABLE
14	FREEZER
15	TELEVISION
16	HOT PREP TABLE
17	EXISTING EXHAUST HOOD WITH ANSUL R-102 FIRE SUPPRESSION SYSTEM PER UL 3470

GENERAL NOTES	
1.	MEANS OF EGRESS SHALL BE A MINIMUM OF 44" EVERYWHERE AND CONTINUOUSLY MAINTAINED FREE OF ALL OBSTRUCTIVE OR IMPEDIMENTS TO FULL INSTANT USE IN THE CASE OF FIRE OR OTHER EMERGENCY.
2.	DURING ITS SWING ANY DOOR IN A MEANS OF EGRESS SHALL LEAVE NOT LESS THAN ONE-HALF OF THE REQUIRED WIDTH OF ANY AISLE, CORRIDOR, PASSAGEWAY, OR LANDING UNOBSTRUCTED AND SHALL NOT PROJECT MORE THAN 7 INCHES INTO THE REQUIRED WIDTH OF AN AISLE CORRIDOR PASSAGEWAY OR LANDING WHEN FULLY OPEN AS PER FBC 1005.2
3.	GENERAL CONTRACTOR IS RESPONSIBLE FOR PROVIDING ALL WOOD BLOCKING REQUIRED FOR WALL HUNG CABINETS, COUNTERTOPS, ETC. TO INSURE ADEQUATE SUPPORT.
4.	ALL WOOD IN CONTACT WITH MASONRY TO BE PRESSURE TREATED.
5.	PROVIDE MOISTURE RESISTANT TYPE GYPSUM BOARD AT ALL WET WALL.
6.	GENERAL CONTRACTOR SHALL PROVIDE ACCESS PANELS AS REQUIRED BY PLUMBING, AIR CONDITIONING AND OTHER TRADES AND AS REQUIRED BY CODES. LOCATIONS AND TYPE OF PANEL TO BE REVIEWED AND APPROVED BY THE ARCHITECT.
7.	ALL PENETRATIONS PASSING THROUGH FIRE RATED PARTITION ASSEMBLIES ARE TO BE PROTECTED.
8.	COORDINATE ALL CORING AND FLOOR PATCHING WITH OWNER.
9.	GENERAL CONTRACTOR IS RESPONSIBLE FOR PATCHING CONCRETE SLAB AS REQUIRED TO ACHIEVE A SMOOTH FINISH, FLUSH TRANSITION FOR NEW FLOORING.
10.	NO TOXIC OR COMBUSTIBLE MATERIALS TO BE USED ABOVE FINISH CEILING LINE.
11.	THE GENERAL CONTRACTOR TO COORDINATE ALL INTERIOR BUILT-INS AND INTERIOR FINISHES (FLOORING, CEILING, PAINT, PLASTIC LAMINATE, ETC.) TYPE, COLOR AND STYLE WITH TENANT PRIOR TO FABRICATION AND / OR INSTALLATION.
12.	ALL NEW FLOOR FINISHES NOT TO EXCEED 1/2" MAX. VERTICAL OFFSET.
13.	FLAMMABLE AND COMBUSTIBLE MATERIALS IF USED DURING CONSTRUCTION SHALL BE HANDLED AND STORED IN ACCORDANCE WITH NFPA 30.
14.	ALL MATERIAL AND WORKMANSHIP SHALL BE GUARANTEED FOR THE PERIOD OF (1) ONE YEAR.
15.	REFER TO MECHANICAL & ELECTRICAL PLANS FOR MOUNTING HEIGHTS, LOCATIONS AND DETAILS.
16.	ALL DIMENSIONS ARE TO THE FACE OF STUD UNLESS OTHERWISE NOTED.
17.	OWNER/CONTRACTOR TO TEST THE HOODS CAPTURE CONTAINMENT PERFORMANCE IN THE FIELD. TEST SHALL BE VERIFIED VISUALLY BY BUILDING INSPECTOR.
18.	THE FIRE SPRINKLER CONTRACTOR SHALL SUBMIT FOR AND OBTAIN A PERMIT PRIOR TO INSTALLATION OR MODIFICATION OF THE SYSTEM
19.	CONTRACTOR SHALL VERIFY EXISTING ANSUL SYSTEM IS TIED INTO THE BULKHEADS FIRE ALARM CONTROL PANEL.
20.	FIRE ALARM AND ANSUL SYSTEM CONTRACTORS SHALL APPLY FOR AND OBTAIN A PERMIT PRIOR TO INSTALLATION OR MODIFICATION OF THEIR RESPECTIVE SYSTEMS.



NEW FLOOR PLAN - LEVEL 1  
1/8" = 1'-0"

NEW 36" EGRESS DOOR IN EXISTING STOREFRONT WITH HARDWARE HAVING THE SHAPE THAT IS EASY TO GRASP WITH ONE HAND AND DOES NOT REQUIRE TIGHT GRASPING, TIGHT PINCHING, OR TWISTING OF THE WRIST TO OPERATE. MILLWORK

<p>PARTITION TYPE 1 3/8" 20 GA METAL STUDS AT 16" O.C MAX WITH ONE LAYER OF 1/2" GYPSUM WALL BOARD ON BOTH SIDES.</p>	<p>PARTITION TYPE 2 3/8" 20 GA METAL STUDS AT 16" O.C MAX WITH ONE LAYER OF 1/2" GYPSUM WALL BOARD ON ONE SIDE.</p>
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SHEET NUMBER:

A2

SHEET NAME:

FLOOR PLAN

ISSUE DATE:

07.02.2014