

**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: Centennial Middle School**

**Address: 38505 Centennial Rd., Dade City, Florida 33525**

**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: Harvard Jolly, Inc., Project Architect Ronald Zajac**

**Applicant's Address: 5201 W. Kennedy Blvd. Suite 515, Tampa, FL 33609**

**Applicant's Telephone: 813-286-8206                      FAX: 813-287-1830**

**Applicant's E-mail Address: r.zajac@harvardjolly.com**

**Relationship to Owner: Project Architect**

**Owner's Name: District School Board of Pasco County, Superintendent Heather Fiorentino**

**Owner's Address: 7227 Land O' Lakes Blvd., Land O' lakes, FL 34638**

**Owner's Telephone: 727-724-2000**

**Owner's E-mail Address: hfiorent@pasco.k12.fl.us**

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



**Contact Person: John Petrashek – Director**

**Contact Person's Telephone: 727-774-7950    E-mail Address: jpetrash@pasco.k12.fl.us**

**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.)

**The facility is a 204,757 square foot Middle School consisting of two, two story Classroom Buildings a one story Administration, Cafeteria and Gymnasium Buildings around a central Courtyard.**

**5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): \$11,500,000.00**

**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\*
- In Plan Review  Completed\*

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

**Need a waiver for vertical accessibility to all levels of bleacher seating at gymnasium.**

**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 Statue 53.509 Vertical Accessibility**

**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 necessary in order to provide facilities for public use within the bounds of the budget. Providing accessibility to all levels of the collapsible seating in the gymnasium is not feasible and would incur unnecessary cost and cause an extreme hardship in complying. We believe that the proposed design includes adequate accessible seating arrangements. This condition affects all owners of this type of facility.**

[x] 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.

**We have dispersed and integrated the accessible seating areas in the bleachers at the floor of the gym. Vertical accessibility to all levels (every row of seating) through design and/or cost is impractical.**

**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. All accessibility features described above and in the attached drawings are already included in the projects guaranteed maximum price and are not separate line items.**

**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.

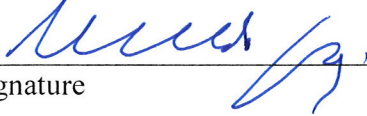
**Centennial Middle School has been designed to provide the maximum accommodations to accessibility within the difficult constraints of the project budget. All of the educational spaces are fully accessible in compliance with state statues. The gymnasium seating presents an extreme hardship to achieve compliance.**

**In the gymnasium, the bleachers are of a telescoping variety to maximize the primary use of the space for physical education as well as their supplemental use for games and assemblies. Providing full accessibility would require a fixed seating system type and much larger space requirements to accommodate the assemblies or games.**

**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 10 day of AUGUST, 20 11

  
Signature

**Ronald Zajac**  
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 STATUTE 553.509, VERTICAL ACCESSIBILITY – Request for waiver of vertical accessibility requirements to all levels of the telescoping gymnasium seating

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:** Recommend waiver request be approved due to hardship.

Jurisdiction: Building Official – School Board of Pasco County

Building Official or Designee \_\_\_\_\_

Signature

Joseph A. Scudiero, Jr.

Printed Name

BU1296

Certification Number

727-774-7950/Fax Number 727-774-7992

Telephone/FAX

Address: School Board of Pasco County  
11835 Treebreeze Drive  
New Port Richey, FL 34654