

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: BIOMEDICAL INTERNATIONAL CORP.

Address: 4896 SW 74TH COURT
MIAMI, FL 33155

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: JUAN BORGES

Applicant's Address: 4896 SW. 74TH COURT

Applicant's Telephone: 305-669-1010 FAX: 305-669-1011

Applicant's E-mail Address: jborges@biomedical.com

Relationship to Owner: OWNER

Owner's Name: JUAN R. BORGES

Owner's Address: 4896 SW 74TH COURT MIAMI FL 33155

Owner's Telephone: 305-669-1010 FAX 305-669-1011

Owner's E-mail Address: jborges@biomedical.com

Signature of Owner: _____

Contact Person: BETANDO HERNANDEZ

Contact Person's Telephone: 786-556-9405 E-mail Address: BUILDINGPLANS INC
@GMAIL.COM

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Form No. 2001-01

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.)

A 3,200 SQ. FT. - 2 STORY EXISTING OFFICE

(BIOMEDICAL INTERNATIONAL)

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* / RENOVATION

In Plan Review Completed*

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

OWNER IS FINANCIALLY UNABLE TO PROVIDE VERTICAL
ACCESSIBILITY AS CALLED FOR IN APPROVED CONSTRUCTION
DOCUMENTS.

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

Issue

1: VERTICAL ACCESSIBILITY (SEE ATTACHED LETTER OF
HANDSHIP BY OWNER

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.

SEE HANDSHIP LETTER BY OWNER

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. SEE ATTACHED COST ESTIMATE

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.

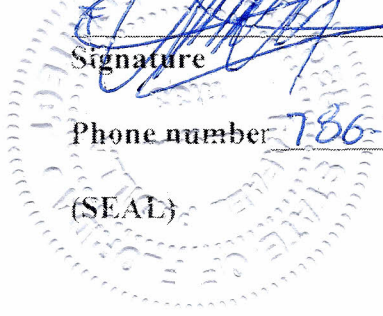
IN THE PROCESS OF DESIGN, OWNER THOUGHT TO BE ABLE TO MEET THE COST OF CONSTRUCTION. THE BUDGET WAS OVERBUNKED & HE IS FINANCIALLY UNABLE TO
RAPHAEL PADILLA

Signature

Printed Name

Phone number 786-2365203

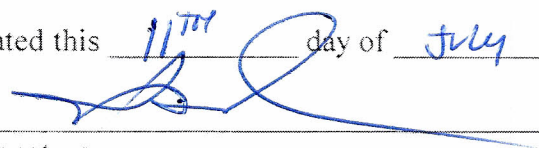
(SEAL)



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 11TH day of July, 20 12



Signature

JUAN R. BORGES

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.

