

**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: Joseph Serpico Realty, Inc. / Covenant Hospice

Address: 1921 Capital Circle NE, Tallahassee, FL 32308

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: Ram Construction & Development, LLC

Applicant's Address: 20 Ram Blvd., Midway, FL 32343

Applicant's Telephone: (850) 671-7267 **FAX:** (850) 671-2773

Applicant's E-mail Address: hannin@ramflorida.com

Relationship to Owner: Agent/Contractor

Owner's Name: Joseph Serpico

Owner's Address: 1921 Capital Circle NE, Tallahassee, FL 32308

Owner's Telephone: (850) 942-0500 **FAX** (850) 942-0169

Owner's E-mail Address: serpico@serpicorealty.com

Signature of Owner: _____

Contact Person: Heath Annin

Contact Person's Telephone: (850) 671-7267 **E-mail Address:** hannin@ramflorida.com

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.)

Two (2) story office building (+/- 8,000 s.f.) currently used by a real estate company.

New tenant to be Covenant Hospice new administration office. No change of building

Usage expected.

5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): \$35,107.00

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.

After speaking with the local (COT) plans examiner about the proposed construction, he referred us to the commission for the waiver application. The owner would incur significant cost expense if he is required to install a two (2) stop elevator with related enclosure. Cost of elevator and enclosure would be double the cost of remodel/alteration.

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: _____

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 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 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.

N/A

Signature

Printed Name

Phone number _____

(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 22ND day of AUGUST, 20 12

Robert H. Annin
Signature

ROBERT H. ANNIN
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.