

**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:** The Palm Beach County Convention Center Hotel & Garage

**Address:** 901 Florida Ave, West Palm Beach, FL 33401

**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:** James Wurst

**Applicant's Address:** 161 Almeria Avenue Coral Gables, Florida 33134

**Applicant's Telephone:** 305.443.5206 **FAX:** 305.443.3168

**Applicant's E-mail Address:** jwurst@nbww.com

**Relationship to Owner:** Architect

**Owner's/Tenant's Name:** Gopal Rajegowda CityPlace Hotel, LLC / Lease Hold Owner

**Owner's Address:** 60 Columbus Cr 19th Floor, New York NY 10023

**Owner's Telephone:** (212) 801-1128 **FAX** \_\_\_\_\_

**Owner's E-mail Address:** GRajegowda@related.com

**Signature of Owner:** 

**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 2-story 132,118 sf open Parking Garage, serving the Palm Beach Convention Center Hilton Hotel, which is located diagonally across the street from the Hotel arrival drive and entry. The Garage is an S2 occupancy & is to be operated as a valet only facility with a dedicated aisle for ADA self parking spaces on the ground floor. No ADA parking is provided beyond the dedicated aisle on the ground entry level. Valet attendants can access the second level via 2 exterior stairs or a park-on ramp.

5. **Project Construction Cost (Provide cost for new construction, the addition, or the alteration):** \$3,000,000.00

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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.

Current Level III Planning and Zoning approvals to the project are based on a Valet only facility w/ ADA self parking solely on the ground floor. The second floor will only be access by Valet attendants.

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

**Issue**

1: FBC 201.1.1 Vertical Accessibility. Sections 553.501-553.13, F.S., waiver not to provide vertical accessibility to the 2nd level of the garage. The 2nd level is for valet attendants only.

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**Issue**

FBC 2012-01  
Request for Waiver

Rule 61G20-4.001  
effective 4/25/2013

Per 2010 FBC-B 406.3.8 Means of egress. Open parking garages

Where persons other than parking attendants are permitted, open parking garages shall meet the means of egress requirements of Chapter 10. Where no persons other than parking attendants are permitted, there shall not be less than two 36-inch-wide (914 mm) exit stairways. Lifts shall be permitted to be installed for use of employees only, provided they are completely enclosed by noncombustible materials.

**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.

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

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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.

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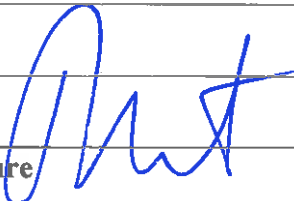
**9. Provide documented cost estimates for each portion of the waiver request and identify any additional supporting data which may affect the cost estimates.** For example, for vertical accessibility, the lowest documented cost of an elevator, ramp, lift or other method of providing vertical accessibility should be provided, documented by quotations or bids from at least two vendors or contractors.

a. Refer to attached cost estimates.

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.

\_\_\_\_\_  
\_\_\_\_\_  
**Signature**  **Printed Name** James Wurst

**Phone number** 305.443.5206

**(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 4<sup>th</sup> day of August, 2014

Signature

James P. Wurst

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.

**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. Section 201.1.1 Vertical Accessibility
- b. Exception (3) Occupiable spaces not open to the public
- c. Upper floors will be accessed only by rated staff as needed.

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** To the best of my knowledge, all information stipulated herein is true and accurate. I recommend approval of the request

Jurisdiction City of West Palm Beach

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

Signature

Robert Brown

Printed Name

BU1574

Certification Number

(561) 805 6652

Telephone/FAX

Email Address

rbrown@wpb.org

Address:

Development Services Department, City of West Palm Beach,  
401 Clematis St, West Palm Beach, FL 33401

**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: \_\_\_\_\_



## Palm Beach County Convention Center Hotel

West Palm Beach, Florida

August 7, 2014

<b>Parking Garage Elevator ROM Analysis</b>					
DESCRIPTION	ESTIMATE				
	UNIT	UOM	UNIT \$\$	ITEM \$\$	
Foundations & Elevator Pit	1.0	ls	\$10,000.00	\$10,000	
Reinforced CMU - Elevator Shaft	1.0	ls	\$20,000.00	\$20,000	
Misc Metals - Hoist Beam, Pit ladder, Sump Cover	1.0	ls	\$4,000.00	\$4,000	
WP Elevator Pit/Deck Coating/Roofing	1.0	ls	\$5,000.00	\$5,000	
HM DFH	1.0	ls	\$1,000.00	\$1,000	
Storefront & Doors	1.0	ls	\$16,500.00	\$16,500	
Stucco & Paint	1.0	ls	\$40,000.00	\$40,000	
ACT & Flooring	1.0	ls	\$2,500.00	\$2,500	
Hydraulic Elevator, 2-stop 3500 lb x 125 fpm	1.0	ls	\$75,000.00	\$75,000	
HVAC	1.0	ls	\$20,000.00	\$20,000	
Electrical	1.0	ls	\$25,000.00	\$25,000	
				<b>SUBTOTAL</b>	<b>\$219,000</b>
General Conditions/General Requirements					\$35,000
GL Insurance					\$3,700
Subcontractor Default Insurance (SDI)					\$3,000
				<b>SUBTOTAL</b>	<b>\$260,700</b>
Overhead & Fee					\$9,200
				<b>SUBTOTAL</b>	<b>\$269,900</b>
Payment & Performance Bond					\$2,000
Warranty & Quality Assurance					\$300
Construction Contingency					\$5,400
				<b>TOTAL</b>	<b>\$277,600</b>



GARAGE PERMIT SET

06-27-14



AUG 07 2014

12078

GA1.00

For accessibility waiver application:



Building Official

GARAGE PERMIT SET

06-27-14



AUG 07 2014

12078

GA1.01

*For accessibility waiver application.*

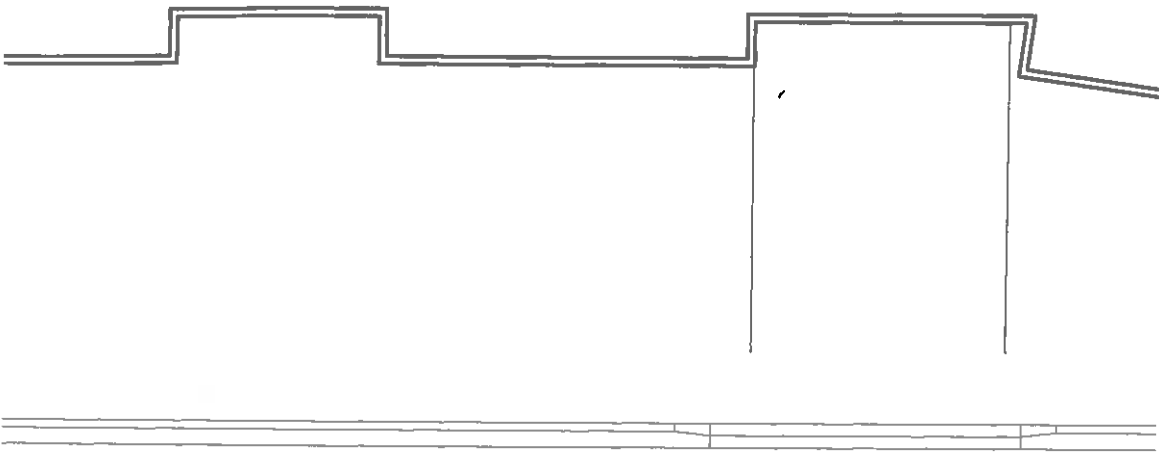


*Building Official*

INDICATES FACES OF FIXTURES).

EXIT LIGHT FIXTURE WALL  
MOUNTED, DIRECTION ARROWS  
AS SHOWN (SHADED QUADRANT  
INDICATES FACES OF FIXTURES).

GARAGE PERMIT SE  
06-27-14



**L100 - 200 spaces**

*For accessibility waiver application:*  
*[Signature]* Building Official

*[Signature]*  
AUG 07 2014

1  
GA3.00

**0100 LEVEL**

1/16" = 1'-0"



12078

**GA3.00**

INDICATES FACES OF FIXTURES).

EXIT LIGHT FIXTURE WALL  
MOUNTED, DIRECTION ARROWS  
AS SHOWN (SHADED QUADRANT  
INDICATES FACES OF FIXTURES).

GARAGE PERMIT SET  
06-27-14

L200 - 247 spaces

*For accessibility application:*

*[Signature]*

*Building Official*

*[Signature]*  
AUG 27 2014

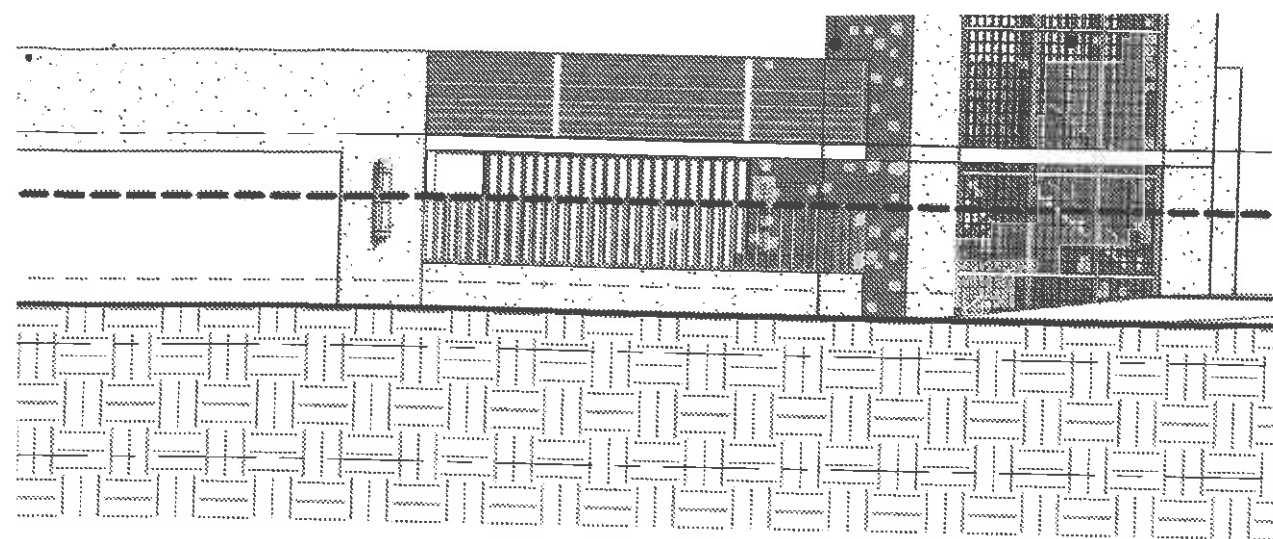
12078

1  
GA3.01  
0200 LEVEL

1/16" = 1'-0"



GA3.01



GARAGE PERMIT SET  
06-27-14

**GARAGE NORTH ELEVATION**

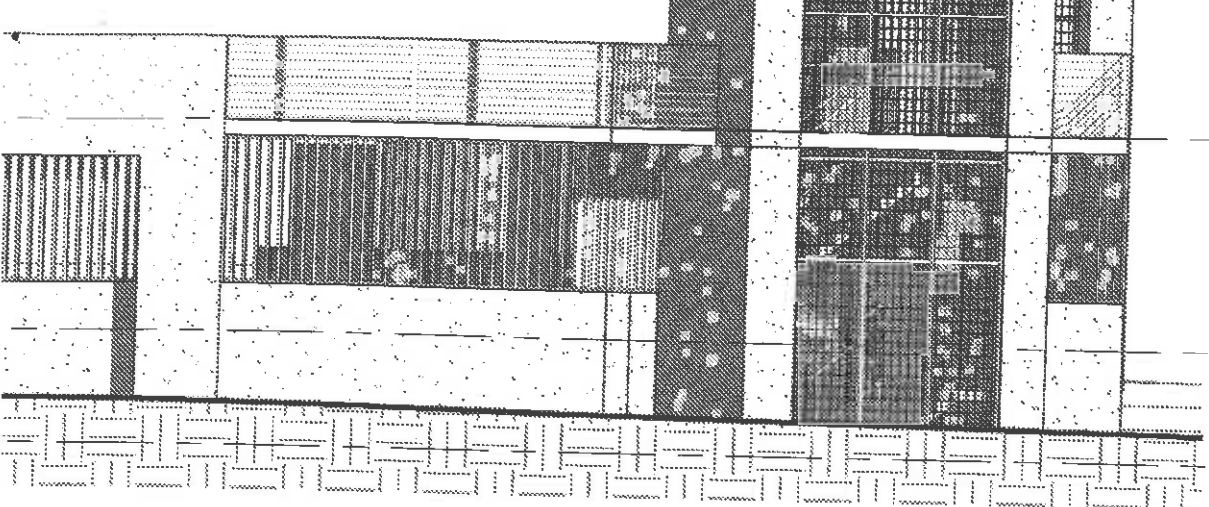
1'-0"

*For accessibility waiver application:*  
*[Signature]* Building Official.

*[Signature]*  
AUG 07 2014

12078

GA8.00



GARAGE PERMIT SE  
06-27-14

AGE SOUTH ELEVATION

*For accessibility waiver application:*

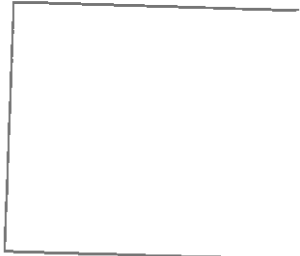
*John Brown*

*Building Official*

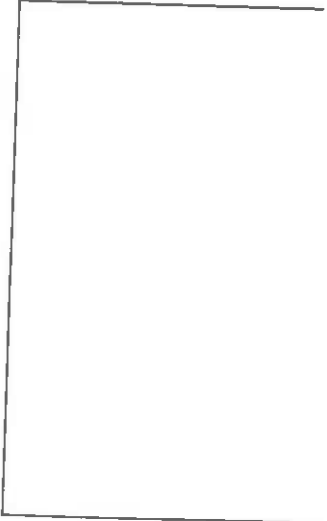
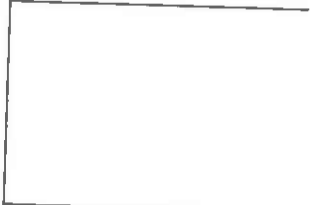
*Ant*  
AUG 07 2014


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GA8.01



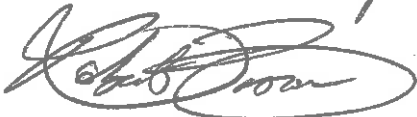
GARAGE PERMIT SET  
06-27-14



  
AUG 07 2014

12078

GA10.00

For accessibility waiver application:  
 Building Official