BRIAN AND LINDA LENEAVE

Issue: Vertical accessibility to the second floor.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to the second floor of 2,300 square foot historic house that is being converted to a beauty salon/office. The applicant indicates that is undergoing a $5,800 alteration to provide a wheelchair ramp, larger exterior door, plumbing alterations to accommodate salon requirements and smoke and alarm systems. The renovations are necessary because of zoning changes; otherwise, no modifications to the building would be considered. Estimates of $22,410 and $32,000 were submitted to install a chair lift to the second floor.

Project Progress: The project is in plan review.

Items to be Waived:

Vertical accessibility to the second floor, as required by Section 553.509, Florida Statutes.

553.509 Vertical accessibility. Nothing in Sections 553.501-553.513 or the guidelines shall be construed to relieve the owner of any building, structure or facility governed by those sections from the duty to provide vertical accessibility to all levels above and below the occupiable grade level regardless of whether the guidelines require an elevator to be installed in such building, structure or facility, except for:

(1) Elevator pits, elevator penthouses, mechanical rooms, piping or equipment catwalks and automobile lubrication and maintenance pits and platforms;

(2) Unoccupiable spaces, such as rooms, enclosed spaces and storage spaces that are not designed for human occupancy, for public accommodations or for work areas; and

(3) Occupiable spaces and rooms that are not open to the public and that house no more than five persons, including, but not limited to, equipment control rooms and projection booths.

Waiver Criteria: There is no specific guidance for a waiver of this requirement in the code. The Commission’s current rule, authorized in Section 553.512, Florida Statutes, provides criteria for granting waivers and allows consideration of unnecessary or extreme hardship to the applicant if the specific requirements were imposed.
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: BRIAN AND LINDA LENEAVE
Address: 2633 HERSHEL STREET
JACKSONVILLE FL 32204

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: BRIAN AND LINDA LENEAVE
Applicant's Address: 11032 ROYAL COUNTY DRIVE SOUTH JAX FC 32221
Applicant's Telephone: 904 5350922 FAX: 904 783 9893
Applicant's E-mail Address: LCGREMODEL@COMCAST.NET
Relationship to Owner: SAME

Owner's Name:
Owner's Address:
Owner's Telephone:
Owner’s E-mail Address:
Signature of Owner:

Contact Person: BRIAN LENEAVE
Contact Person’s Telephone: 904 535 0922 E-mail Address: LCGREMODEL@COMCAST.NET
This application is available in alternate formats upon request.
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).
[X] 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 story brick historic house that is approximately 2300 sq.ft. It's intended use is commercial. Office/ hair salon.

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*

[X] In Plan Review [ ] Completed*

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

I am going through certificate of use requirements. Fire safety and zoning have been satisfied. This was brought up for the building requirement. Concerned about accessibility to the second floor.
7. **Requirements requested to be waived.** Please reference the applicable section of Florida law. Only Florida-specific accessibility requirements may be waived.

**Issue**

1: **Chapter 553.509 Vertical Accessibility**

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**Issue**

2: 

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**Issue**

3: 

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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.

*The financial costs to provide accessibility to the second floor would be vastly disproportionate to the other minor required alterations*

[ ] 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.

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.


[Signature]

[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. FURNISH BUILDING CODE 11-4.1.6(1)

b. 

c. 

Has there been any permitted construction activity on this building during the past three years? If so, what was the cost of construction?

[ ] Yes [X] No Cost of Construction

Comments/Recommendation: RECOMMEND APPROVAL BASED ON DISPROPORTIONATE COST OF THE PROJECT.

Jurisdiction: CITY OF JACKSONVILLE

Building Official or Designee: Sanford Rosenblatt

Signature: Sanford Rosenblatt

Printed Name: Sanford Rosenblatt

Certification Number: PK-1527

Telephone/FAX: (904) 255-8515 / (904) 255-8542

Address: 214 North Hogan St. 2nd Floor, JACKSONVILLE, FLORIDA 32202
November 7, 2010

Brian Leneave
LCG Remodel
lcgremodel@comcast.net

RE: 2633 Herschel St. - Vertical WCL

Dear Brian:

ThyssenKrupp is pleased to quote $26,344.00 Twenty Six Thousand Three Hundred Forty Four and no/100 dollars to provide and install the following described vertical wheel chair lift:

<table>
<thead>
<tr>
<th>Quantity</th>
<th>One</th>
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<tbody>
<tr>
<td>Manufacturer</td>
<td>National Wheel Chair Elevator</td>
</tr>
<tr>
<td>Model</td>
<td>BC 168</td>
</tr>
<tr>
<td>Type</td>
<td>Vertical Wheel Chair Lift</td>
</tr>
<tr>
<td>Construction</td>
<td>Steel tower for installation in enclosure by others.</td>
</tr>
<tr>
<td>Lift Height</td>
<td>up to 168&quot;</td>
</tr>
<tr>
<td>Speed</td>
<td>9 fpm</td>
</tr>
<tr>
<td>Dimensions</td>
<td>36&quot; X 48&quot; X 42&quot;</td>
</tr>
<tr>
<td>Capacity</td>
<td>750 lbs</td>
</tr>
<tr>
<td>Drive</td>
<td>110 VAC</td>
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Alternate: We can provide a 2 stop hydraulic elevator with standard finishes and features for $32,000 to $34,000 price range.

BID QUALIFICATIONS
The schedule shall be agreed to in writing by both parties before becoming effective.
ThyssenKrupp Elevator will not be liable for liquidated or consequential damages.
ThyssenKrupp Elevator’s price is valid for sixty (60) days from the date of bid submission.
ThyssenKrupp Elevator’s quotation is contingent upon all of our work being performed during the normal working hours of the elevator trade.
All related work as included on the attached work not included form shall be performed by other trades.
ThyssenKrupp Elevator will proceed with manufacturing of the equipment only after complete approvals have been returned, as well as the fully executed contract.
If re-inspection is required due to deficiencies by other trades, ThyssenKrupp Elevator will be reimbursed $1,280 for re-inspection per elevator, as well as the cost of the additional inspector fees.
ThyssenKrupp Elevator’s price is based on the understanding that, other than delays caused solely by ThyssenKrupp Elevator, ThyssenKrupp Elevator’s work will be completed in its entirety during the calendar year of 2010 unless mutually agreed to in writing by both parties.

If I can provide more Information, please don’t hesitate to call. A disconnect with in sight of the unit must be provided by others. Telephone line to the lift must be provided by others. This proposal includes the installation of the lift only.

NEW INSTALLATION & EXISTING BUILDING
WORK NOT INCLUDED

ThyssenKrupp Elevator Corporation
6942 Phillips Plwy, Dr. S.
Jacksonville, FL 32256
Telephone: (904) 280-4856 / (800) 683-8802
Fax: (904) 280-3608
A legal hoistway, properly framed and enclosed, and including a pit of proper depth provided with ladder, sump pump, lights, access doors and waterproofing, as required. De-watering of pits. Legal machine room, adequate for the elevator equipment, including floors, trap doors, gratings, foundations, lighting, ventilation and heat to maintain the room at an ambient temperature of 50 degrees Fahrenheit minimum 90 degrees Fahrenheit maximum, non-condensing. Adequate supports and foundations to carry the loads of all equipment, including support for guide rail brackets. A hoist beam with a capacity of 6,000 lbs suitably located. Adequate bracing of entrance frames to prevent distortion during wall construction. When required, divide beams at suitable points shall be provided for guide rail bracket support.

It is agreed that in the event asbestos material is knowingly or unknowingly removed or disturbed in any manner at the job site, you will notify our workperson and prior to and during our working of the job, you will certify that asbestos in the environment does not exceed .01 fibers per cc as tested by NIOSH 7400. In the event our employees or those of our subcontractors are exposed to an asbestos hazard, PCB’s, lead or other hazardous substances, you agree to indemnify, defend, and hold us harmless from all damages, claims, suits, expenses, and payments resulting from such exposure. Identification, notification, removal and disposal of asbestos containing material, PCB’s lead or other hazardous substances is the responsibility of the contractor.

All sill supports, including steel angle work required, and sill recesses (if all angles not supplied by Elevator Contractor) and the grouting of door sills. Provide OSHA compliant removable temporary enclosures or other protection (handrails and kickboards) from open hoistways during the time the elevator is being installed (protection must allow clearance for installation of entrance frames). The Contractor agrees to indemnify, defend and hold us harmless from any OSHA citations we may receive as a result of contractor’s non-compliance with OSHA standards. Provide trenching and backfilling for any underground piping and/or conduit. Cutting and patching of walls, floors, etc., and removal of such obstructions as may be necessary for proper installation of the elevator. Setting anchors and sleeves. Pockets or blockouts for signal fixtures. Structural steel door frames with extensions to beam above if required on hoistway sides and eills for freight elevators, including finish painting of these items.

Suitable connections from the power main to each controller and signal equipment feeders as required, including necessary circuit-breakers and fused mainline disconnect switches per NEC. Wiring to controller for car lighting. (Per N.E.C. Articles 620-22 and 620-51). Electric power without charge, for construction, testing and adjusting of the same characteristics as the permanent supply. A means to automatically disconnect the main line and the emergency power supply to the elevator prior to the application of water to the elevator machine room will be furnished by the electrical contractor. This means shall not be self-resetting. Wiring and conduit from the safety panel or any other monitor station to elevator machine room or suitable connection point in hoistway. The contractor will provide a temporary 220 VAC - 30 amp single phase terminal with disconnect for each traction elevator in the machine room(s) at the start of the job for temporary operation of work platforms.

Heat and smoke sensing devices at elevator lobbies on each floor, machine room, and hoistways (where applicable), with normally open dry contacts terminating at a property marked terminal in the elevator controller. Telephone connection to elevator controller (must be a dedicated line and monitored 24 hours - instrument in cab by others). One additional telephone line per group of elevators for diagnostic capability wired to designated controller.

Emergency power supply with automatic time delay transfer switch and auxiliary contacts with wiring to the designated elevator controller. Electrical cross connections between elevator machine rooms for emergency power purposes is to be provided by others. Any governmentally required safety provisions not directly involved for elevator installation. All piping, except as otherwise specified, Temporary elevator service prior to completion and acceptance of complete installation. Furnishing, installing and maintaining the required fire rating of elevator hoistway walls, including the penetration of fire wall by elevator fixture bases, is not the responsibility of the elevator contractor. Flooring and/or installation of flooring by others.

Owner/General Contractor to provide a bonded ground wire, properly sized, from the elevator controller(s) to the primary building ground.

Remove wiring to outside alarm bell as requested by the Safety Code for Elevators and Escalators (ASME 17.1) (where applicable).

Costs for additional inspections of the elevator equipment by code authorities after the initial one falls due to items that are the responsibility of the contractor, or for assisting others inspecting equipment installed by others.

The contractor agrees to provide a dry and secure area adjacent to the hoistway(s) at ground level for storage of the elevator equipment at the time of delivery. Adequate ingress and egress to this area will also be provided. Any relocation of the equipment as directed by the contractor after the initial delivery will be at contractor’s expense.

The contractor agrees to provide at no cost a crane to hoist elevator equipment as needed.

Sincerely,

Ben Garrett

ThyssenKrupp Elevator Corporation
8942 Philips Hwy. Dr. S.
Jacksonville, Fl 32256
Telephone: (904) 280-4856 / (800) 863-8802
Fax: (904) 280-3508
Email: ben.garrett@thyssenkropp.com
11032 Royal County Drive South, Jacksonville FL 32221  
Phone: (904) 535 0922  Fax: (904) 783 9893

ESTIMATE FOR CONSTRUCTION SERVICES

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>CONTRACTED AMOUNT</th>
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<tr>
<td></td>
<td>General contracting services to include providing the two story brick enclosure for the chair lift. Provide 110 electrical service. Install two doors, one exterior and one interior. Provide lighting for enclosure.</td>
<td>12,000.00</td>
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Total $12,000.00

Terms and Conditions

All materials will be new unless otherwise specified and all labor shall be performed in a workmanlike manner in accordance with industry acceptable standards and practices. Workplace will kept clean and free of unreasonable accumulation of debris. Although every effort will be made to make your project run smoothly, Leneave Construction Group cannot be responsible for delays caused by suppliers or other subcontractors, including product unavailability or "lead time" issues. No changes will be made to this proposal, including the scope of work hereunder, absent a written change order signed by contractor and client which describes the changes to be made and corresponding adjustment. This proposal is subject to the additional standard terms and conditions.

Acceptance

My signature below is my acknowledgement that I've have read this proposal, understand the terms and conditions of this proposal and agree to be bound thereby. I understand my acceptance of this proposal forms a binding contract between myself and Leneave Construction Group, Inc.

Accepted and agreed:  

Date:  

Proposal # 6201011  
Proposal Date 11/7/2010
Property Address: 2633 Herschel Street, Jacksonville Florida 32204

I, Brian Leneave (owner of the property) am requesting a waiver from the accessibility requirements of Chapter 553.509 Vertical Accessibility. The building is a two story brick house that was built in the 1920’s. It is located in a historically protected area of Jacksonville Florida. The property is zoned commercial, residential, or office.

In 2004 the former owners applied for and received an administrative deviation (AD-04-261) to wave the zoning requirements for parking and set backs. The property has been operating as an office since 2005. In 2008 a new zoning overlay was introduced to help protect the historical integrity of the area. The city wants me to bring the building up to full commercial compliance. The three areas are zoning, building, and fire safety. To meet fire safety and building requirements I applied and received a variance through their Building Code Adjustment Board.

The conditions for approval were a smoke and fire alarm system for the entire building and a ramp for accessibility to the first floor. These required minor changes to the building’s historical integrity and did not present disproportionate costs.

There are several reasons for the request of waiver from the accessibility requirements. First is the vast disproportionate cost to add accessibility to the second floor. The cost to add an exterior chair lift and install an exterior shaft would cost between $35,000 and $40,000. The fire and smoke detection system costs $3350.

Secondly, the historical integrity would be compromised by adding an exterior structure to the building.

Thirdly, I will be providing ramp access to the first floor as well as providing a fire safety notification system for anyone upstairs or down to get people out of the building in a timely manner. The hair salon services will be provided for guests on both floors. So there is no need for accessibility to the second floor.

Thank you for your consideration in this matter.

Brian and Linda Leneave

[Signatures]
Date: November 8, 2010

To: Brian Leneave  
2633 Herschel St.  
Jacksonville, Florida 32204

From: John DeVincentis  
Coastal Elevator Service Corp.

Re: ADA Hydraulic Wheel Chair Vertical Platform Lift

Mr. Leneave

In accordance with the your request, Coastal Elevator Service Corp. is pleased to quote 14420-Hydraulic Wheel Chair Platform Lift for this project. Our quote includes all material, labor, permits, and supervision for the following:

1. One (1) Hydraulic Wheel Chair Lifts manufactured by National Wheel-O-Vator
2. Capacity: 750 lbs
3. Speed: 26 fpm
4. Platform: 36” X 54”
5. Number of landings: 2
7. Travel: 12’
8. Operation: Constant pressure
9. Power Supply: 110 volt, 15 amp, 1 phase 60 Hz
10. Drive system: 2:1 Roller chain hydraulic
11. Painted: Powder coat finish
12. Emergency Power: Battery operation in down direction
13. Controller: Electronic-free relay logic
14. Motor/Pump: 110 VAC 1.6 HP
15. Color: Almond Beige

Price for the above: $22,410
All work shall be done in first-class workmen like manner and in accordance with any applicable codes including ADA. If you should have any questions or need clarifications, please contact me at your convenience.

Please allow six (6) weeks following execution of this contract for material procurement.

Others to supply the landing doors and build the hoistway. The hoistway size would be per our plans in order to maintain the code required clearances. Others to supply 110 Volt AC power disconnect to the unit.

The payment terms of this contract shall be as follows: 25% down-payment upon execution of contract, 50% upon material delivery, and 25% upon completion.

Respectfully submitted:
Coastal Elevator Service Corp.

John DeVincentis
Field Operations Manager

Acceptance

Coastal Elevator Service Corp.

By ____________________________  By ____________________________

Title ____________________________  Title ____________________________

Date ____________________________  Date ____________________________
Brian, I was preparing the analysis of your application before posting on the Commission's website. You have submitted the appropriate cost estimates for installation of an elevator, but there is nothing that specifies the construction cost for the remainder of your project. I assume you are deocumenting disproportionate cost, but to verify that I need to know the cost of the alteration before the elevator is considered. Thank you and if you have any questions, please let me know. MK
Mary Kathryn

We are going to make four changes to the property. Two of which fall under accessibility. The first is a wheelchair ramp which I have at $1000. Second we are widening the exterior door at the rear that is now accessible by the ramp. It's cost is $450. Thirdly (not accessibility related) installing some plumbing for the salon wash bowls. It's cost is $1000. Lastly we are installing a smoke and fire alarm system that will cost $3350 to be installed.

Let me know if you need any other information.

Thanks

Brian Leneave
904 535 0922

----- Original Message ----- 
From: "Mary-Kathryn Smith" <Mary-Kathryn.Smith@dca.state.fl.us>
To: lcgremodel@comcast.net
Sent: Friday, November 19, 2010 2:49:45 PM
Subject: Waiver Application

Brian, I was preparing the analysis of your application before posting on the Commission's website. You have submitted the appropriate cost estimates for installation of an elevator, but there is nothing that specifies the construction cost for the remainder of your project. I assume you are deocumenting disproportionate cost, but to verify that I need to know the cost of the alteration before the elevator is considered. Thank you and if you have any queotions, please let me know. MK

We are committed to maintaining the highest level of service and we value your feedback. Please complete our Customer Service Survey. If you require direct assistance or a response, please visit our Contact Page.

Florida has a broad public records law and all correspondence, including email addresses, may be subject to disclosure.