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:** __Sanctuary 7 Pilates

**Address:** __1700 S.W. 3rd Avenue, Miami, Florida

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:** __Robert S. Fine, Esq., AIA______________________________

**Applicant's Address:** __Greenberg Traurig, PA, 333 Avenue of the Americas, Miami, FL 33131

**Applicant's Telephone:** __305-579-0826 ______ FAX: __305-961-5826 _____________________

**Applicant’s E-mail Address:** __finer@gtlaw.com______________________________

**Relationship to Owner:** __Legal Counsel ________________________________

**Owner's Name:** __Nicole Perkovitch______________________________

**Owner's Address:** __1700 S.W. 3rd Avenue, Miami, FL______________________________

**Owner's Telephone:** __305-794-2825 ______ FAX ________________________________

**Owner’s E-mail Address:** __perkyperky17@aol.com______________________________

**Signature of Owner:** __[Signature] as attorney in fact to Owner

**Contact Person:** __Robert S. Fine, Esq., AIA______________________________

**Contact Person’s Telephone:** __305-579-0826 ______ E-mail Address: __finer@gtlaw.com__

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.

[X] 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.)

Fitness center including spinning classroom at approximately 5200sf.

5. **Project Construction Cost (Provide cost for new construction, the addition or the alteration):** Approximately $125,000

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 [X] Completed*

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

Part of the project was completed and undergoing subsequent fire-related repairs. As part of the project, some new elements are being added such as accessible toilet facilities.

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

**Issue**

1: § 553.509, Fla. Stat. (Vertical Accessibility); § 11-4.1.6(1)(k)(iii), Florida Building Code (2007). Request to waive vertical accessibility to all levels requirement in three-level spinning class room.

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.

There is a three level spinning room with each level for spinning bikes. The lowest level, closest to the instructor/leader is wheelchair accessible.

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

If vertical accessibility is required to each level, then significant area for spinning bikes will be lost-- in addition to the cost of vertical transportation.

[ ] 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. Hardship basis for this waiver request is based primarily on loss of use of space in a limited area, multi-level small spinning class room. Please see design professional statement.

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
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.

Sanctuary 7 Pilates is a small fitness center whose services are primarily Pilates and spinning classes. The facility was damaged when a motorcycle crashed through the front door of the facility and exploded. Because rebuilding after such an event is considered to be an alteration, the Florida requirement for vertical accessibility to all levels has been triggered.

There are other areas of the facility that have level changes that are not subject to this request because vertical accessibility has been able to be provided. The original spinning room contains 26 positions. In the proposed spinning room, an accessible route to the spinning area as been provided in the proposed design causing a loss of between three and six spinning positions. Because of operations clearances and radii of lift equipment itself, as well as the required area for a wheelchair to load and unload the lift platform, no fewer than another six spinning positions would be lost. Such a loss of revenue producing area would constitute an extreme financial hardship on this small business. Accordingly, I respectfully request that this waiver application be granted.

Signature: 
Printed Name: 
Phone number: 750-307-4640

(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 28 day of October, 2011

[Signature]

Robert S. Fine, Esq., AIA, as counsel to owner.
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. 

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 [ ] No Cost of Construction

Comments/Recommendation

Jurisdiction

Building Official or Designee

Signature

Printed Name

Certification Number

Telephone/FAX

Address: