

**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: Space D

Address: 1471 Capital Circle NW, Unit D, Tallahassee, Florida 32303

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: Tasuku Ohazama

Applicant's Address: 1713 Old Fort Drive, Tallahassee, Florida, 32301

Applicant's Telephone: 850-942-2009 **FAX:** 850-942-2009

Applicant's E-mail Address: toarchitect@comcast.net

Relationship to Owner: Architect retained by owner

Owner's/Tenant's Name: Lane P. Smith, President

Owner's Address: LPS Rentals, Inc., 241 John Knox Road, Suite 200

Owner's Telephone: 850-386-4455 **FAX** 850-422-1329

Owner's E-mail Address: lane@pricecommercial.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.)

This retail facility is 2,898 square feet tenant space with 611 square feet of mezzanine, total 3,509 square feet. This is a portion of 400 feet by 80 feet (32,000 square feet) one story metal building. Please see attached drawing

The use of the tenant space is mercantile.

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

\$43,800 for alteration excluding a platform lift(\$20,303)

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.

When a building permit was issued, mezzanine was classified as business with exception 201.1.1(3). During alteration, the mezzanine's classification changed to mercantile due to tenant's intended use of the space. This change of classification requires vertical accessibility waiver.

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

Issue

1: Section 201.1.1 Vertical accessibility

Issue

2: 202.4.1 Disproportionate cost

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.
Total construction cost for the alteration excluding a platform lift: \$43,800.
This includes demolition, alteration of an existing toilet room, replacement of existing stairs to mezzanine, replacement of mezzanine guard rail, structural reinforcement of existing mezzanine floor and a partition, alteration of fire-rated partiton and a new office space.
Alteration cost of primary function area: \$40,400
Accessible features required for this alteration: Cost for alteration of an existing toilet room to accessible toilet room: \$3,400.
The alteration cost was obtained from Tim Riordon, general contractor for this alteration project.

A low platform lift quotation is \$20,303. Total cost of a platform lift (\$20,303) and alteration to accessible toilet room (\$3,400) is \$23,703, and it is 58.7% of the total construction cost of primary function area (\$40,400). Additional expense of a platform lift will be substantial and disproportionate.

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. Quote 1: Accessibility Lifts Inc: \$25,000. See attachment.
- b. Quote 2: ThyssenKrupps Elevator Americas: \$20,303 See attachment .

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.

Although an elevator is more desirable, I consider a platform lift is economical to achieve vertical accessibility to mezzanine.

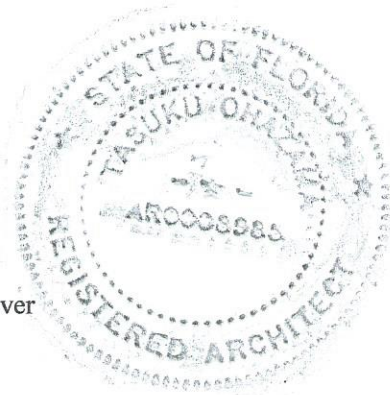
As defined by Section 202.4.1, alterations to provide a platform lift to the mezzanine alone will be deemed disproportionate to the overall alteration, which is 49.5% of the cost of the alteration to the primary function area. The owner will face significant financial costs if the waiver is denied.


Signature

Tasuku Ohazama
Printed Name

Phone number 850-942-2009

(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 17th day of October, 2013



Signature

Tasuku Ohazama

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. The proposed alteration to the primary function area is regulated under Section 202.4, 2012 Florida Accessibility Code. The provisions of Section 202.4, including vertical accessibility, are applicable. Based upon 553.512 Florida Statutes, only the Florida Building Commission may grant waivers to the accessibility code.

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 A review of City records indicates no building permit activity within the last three years at Suite D, 1471 Capital Cir NW, Tallahassee FL

Comments/Recommendation Except for attesting to the accuracy of the cost estimates as presented, to the best of my knowledge, all information stipulated herein appears to be true and accurate.

Jurisdiction City of Tallahassee

Building Official or Designee Robert S Tredik 10/21/13

Signature

Robert S Tredik

Printed Name

BU230

Certification Number

850-891-7071

Telephone/FAX

Address: City Hall Box B28 Tallahassee FL 32301



PO Box 219
Wildwood, Florida 34785
www.accessibilitylifts.com

Quote 1

ACCESSIBILITY LIFTS, INC.

REVISED PROPOSAL AND SALES AGREEMENT- 7:34 pm

Date: 9/25/13
Attn: Tock Ohazama
RE: SPACE D, ADA LIFT

Accessibility Lifts, Inc. respectfully submits the following proposal to furnish and install:

One, hydraulic vertical platform lift by Garaventa, as specified, travel to 108" (max 120"), straight thru configuration, pitted, push button call send controls with courtesy lighting, keyed operation, standard color, in steel/bronze plexi enclosure by manufacturer, full height bronze Plexi non-fire rated door at lower landing, 42" H plexi gate at upper landing, ADA interlocks/hardware, electrical disconnect, two year parts warranty, standard platform, illuminated ES&A, illuminated platform, indoor package, disconnect

PRICE: \$26,000

OPTION: Lift in all steel, in lieu of steel and plexi, is \$25,000.

NOTE: Pricing includes material, shipping, installation, Bureau of Elevator Safety permitting, and B.E.S inspection. All commercial accessibility lifts require installation by a registered elevator company, such as ALI, and an inspection by a representative of the Bureau of Elevator Safety.

VERY IMPORTANT! - WORK BY OTHERS:

Electrician: Must bring the wiring to unit and call-send controls and provide Minimum 5 ft candle lighting with 2 four hour emergency bulbs, at each landing for emergency lighting back-up as required by code in order to pass inspection. (Ambient lighting may be sufficient)

General Contractor: Must provide concrete pad/base and modify the upper conditions to receive our gate. Pit/pad dimensions on manufacturer's drawings are critical in order to pass the inspection by the Bureau of Elevator Safety. Exact finished floor to finished floor is critical to lift to be release for production.

AT THIS DATE, lead time 60 days for Bureau of Elevator Safety permitting process, concurrent with 6-8 weeks production/installation/inspection of product, after approved drawings and receipt of deposit.

All materials are warranted to be as specified above. All work shall be completed in a workmanlike manner according to local industry standards and shall comply with all applicable building codes. Any alteration or deviation from the above specifications and/or "work by others" which requires or involves additional labor or materials must be requested in writing by the purchaser and will be performed by the Seller as an extra. The Purchaser agrees to pay the charges for such extras and such charges shall be in addition to the above contract price. **Storage charges that may be incurred by A.L.I. due to delay of site readiness, as scheduled by the G.C. will be subject to a back -charge. Additional installation time required by A.L.I. due to lack of site readiness may be back charged as well as site condition.**

QUOTES VALID FOR 60 DAYS: After acceptance, price remains valid only if goods are shipped within 180 days from acceptance. Any changes or manufacturers price increases will affect the original quoted price.

TERMS:

- 50% deposit before release for production of this custom equipment,**
- 40% material delivery to site.**
- 10% at completion of successful State Bureau of Elevator Safety inspection for turnover.**
- 10% cancellation fee after signed proposal received, 75% after order released to production.**
- Add 5% surcharge for credit card payments.**

WARRANTY:

- Two (2) year manufacturer's warranty on parts.**
- Labor is included 90 days after installation from installer or Seller.**
- Warranty becomes effective the day of successful inspection by the Bureau of Elevator Safety.**
- Manufacturer will extend parts only up to 5 years with a PM contract for \$500/yr additional.**

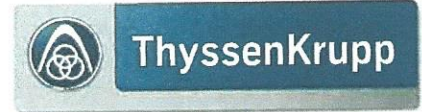
ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Purchaser: _____ Date: _____

Submitted by: *Accessibility Lifts, Inc. rep: Jeanne Martin, President*
Phone: 352-633-3501 Fax: 352-633-3977
www.accessibilitylifts.com

Accessibility Lifts, Inc.



ThyssenKrupp Elevator Americas

September 30, 2013

Ohazama Tock Architects
1713 Old fort Dr
Tallahassee, FL 32301

Regarding: **BUILDING D**
VERTICAL PLATFORM LIFT

Dear Tock :

ThyssenKrupp Elevator Company is pleased to quote the sum of Twenty Thousand three Hundred Three (\$20,303) for the complete installation of one V-108 Vertical Platform lift made by Savaria.

The following quote is based on the list of Clarifications listed below

1. Travel distance has been based on 108" of total travel
2. Lift will be Type two lift straight through model
3. A Indoor application has been quoted.
4. Power supply will be by owner. (115volt with a 15 amp, single phase)
5. 20fpm speed 750 lb capacity
6. Steel frame, Steel panels powder coated beige color.
7. Cab size 36" wide x 54" deep
8. A telephone will be provided. Note phone line to lift by owner.
9. All State Permits, and State inspections have been included.
- 10 Taxes, shipping cost have been included.

Thank you for the opportunity to quote this project. If you should have any questions please do not hesitate to call me at 850-574-3485 Ext 1961.

Sincerely,

A handwritten signature in blue ink that reads 'Matt Ellinor'.

Matt Ellinor
Branch Manager

ThyssenKrupp Elevator Corp.
850 Blountstown Hwy
Tallahassee, FL 32304
Phone: 850-576-0161
Fax: 866-785-5907



Home Elevators

Gearless Elevator

Infinity Elevator

Eclipse Elevator

Telecab Elevator

Wheelchair Lifts

Multilift Vertical Platform Lift

V-1504 Vertical Platform Lift

Prolift Vertical Platform Lift

Delta Inclined Platform Lift

Omega Inclined Platform Lift

Commercial Elevators

Orion Elevator

Stairlifts

SL-1000 Stairlift

Van Conversions

Savaria Dual Entry Van

Savaria Side Entry Vans

Savaria Rear Entry Vans

Demo Stock Available

Other Products

Roby

Automatic Slim Doors

August 07, 2013

[Savaria Reports Best Quarterly](#)

[Results in its History](#)

May 15, 2013

[Savaria Reports Best Q1 Results in](#)

[its History](#)

May 15, 2013

[Savaria Changes Its Dividend](#)

[Policy and Moves from an Annual](#)

[to a Quarterly Dividend](#)


May 14, 2013

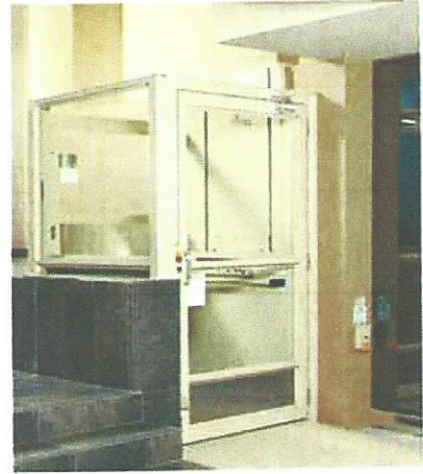
[Savaria: 2013 Annual](#)

[Shareholders Meeting](#)

V-1504 Vertical Platform Lift

The Savaria V-1504 lift is built to carry a wheelchair and passenger safely up and down one or more levels. Suitable for installations in public and commercial buildings, as well as private homes, this Savaria lift features an extremely versatile design that can be configured and customized to suit virtually any project requirements and aesthetic needs. From the rugged outdoors, to the most luxurious office tower lobbies, the Savaria V-1504 lift is ready to serve with its reliable performance, ease of use and range of finish options.

Driven by our reliable hydraulic system the lift travels up and down a rail system enclosed in the lift tower so no machine room is needed. See the options tab to read more about the many configurations available for the Savaria V-1504. Visit our [photo gallery](#) or watch our [video](#) 



Flexible design and feature options: Can be built to suit virtually any home or commercial project from basic to the ultimate in luxury.

Quiet and reliable hydraulic drive: Smooth start, stop and overall ride that works dependably.

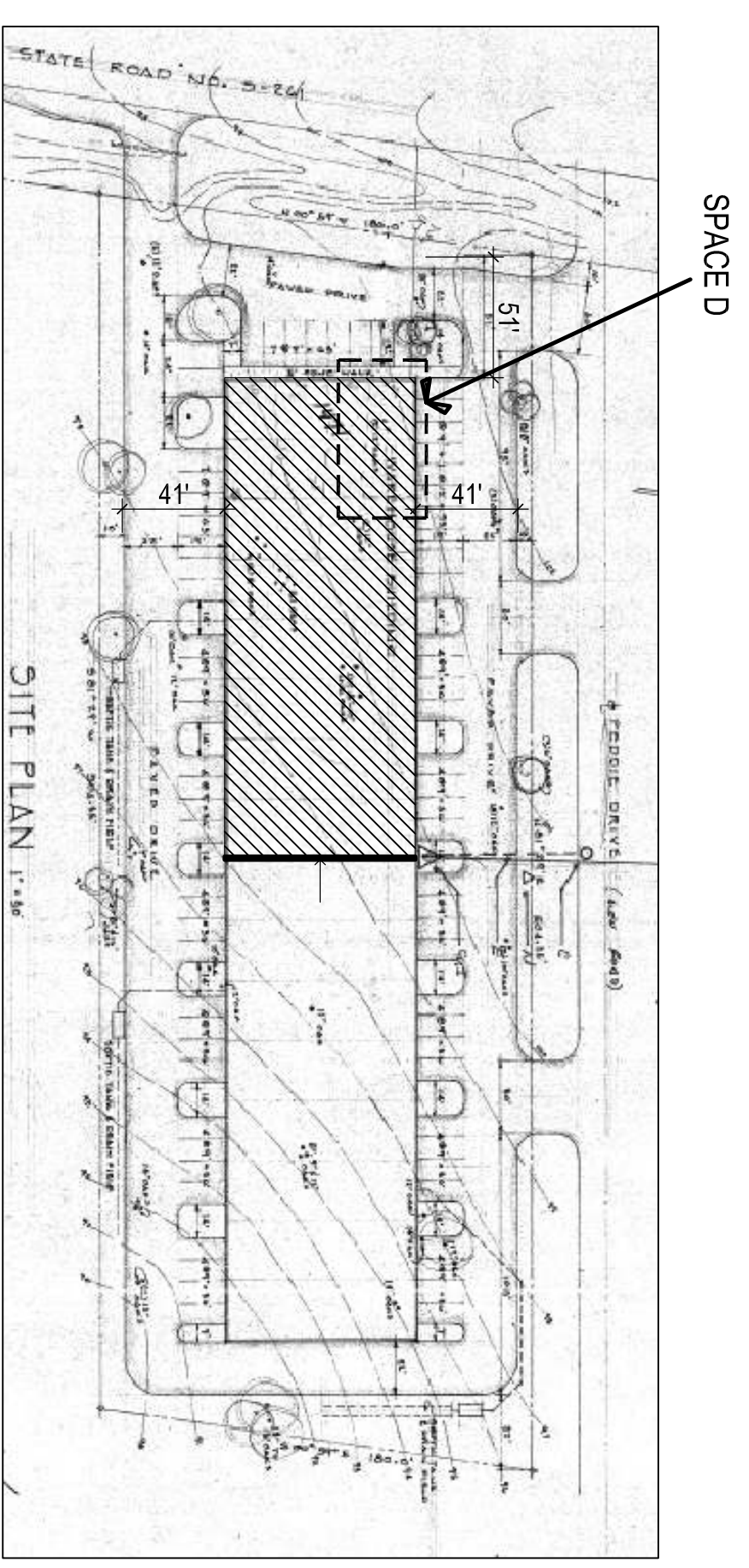
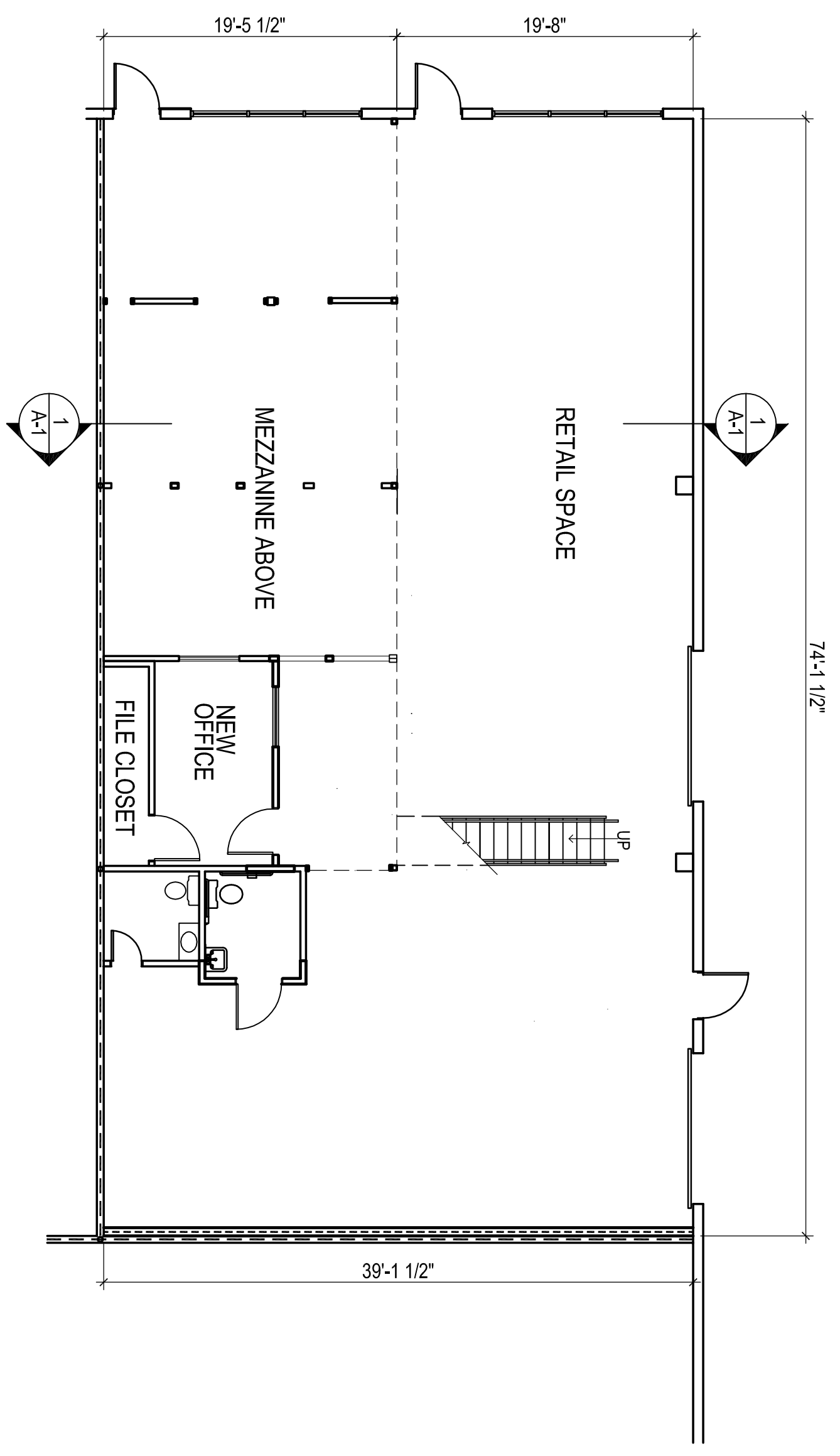
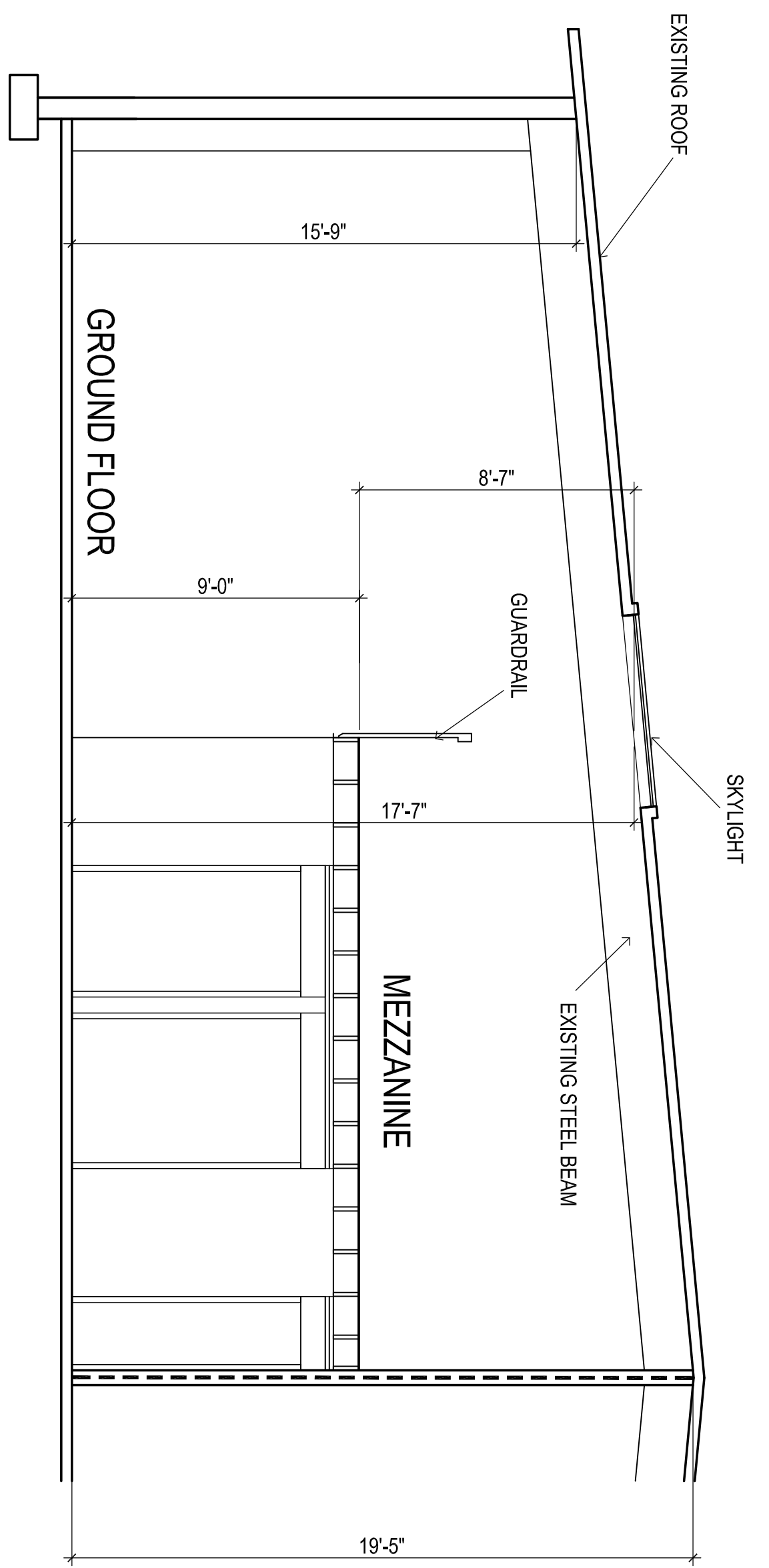
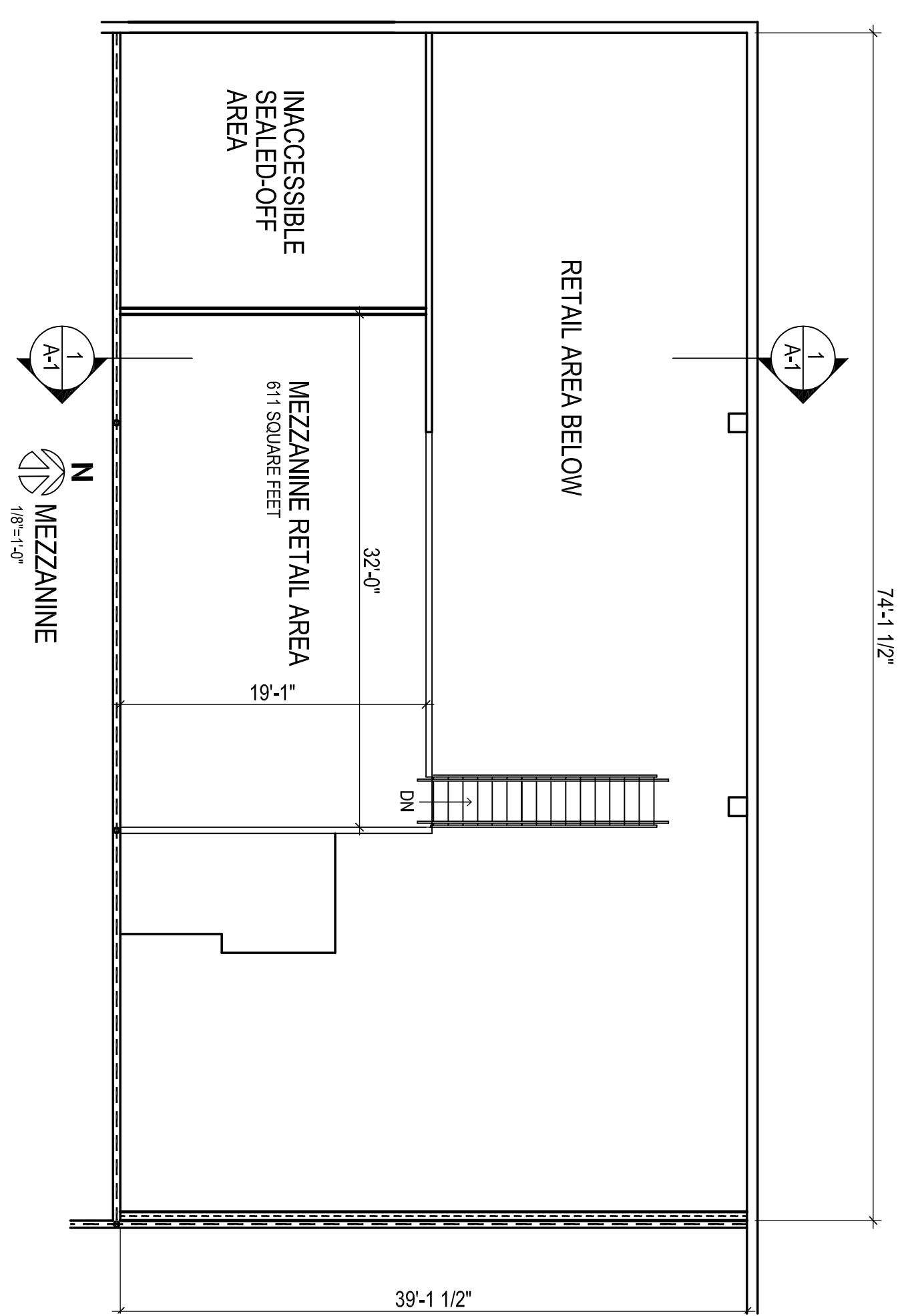
Machine roomless: Enclosed drive system means no machine room is required, making the installation process easier.

Other standard features: Large ADA-compliant platform, continuous pressure button operation, modular rail construction for easy construction, handrail, automatic battery recharging system.

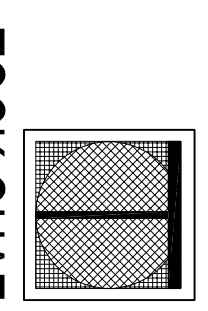
Standard finishes: Beige powder-coat paint.

Safety features: Emergency stop button on car, underpan obstruction sensors, non-skid platform, manual lowering device, 42 1/8" (1070 mm) side panels, keyed car buttons and keyed call stations, safety brake, door locks, platform gate.

Warranty: 36 months parts. Please see complete details [here](#).



REVISION



**TOCK OHAZAMA
ARCHITECT**

1713 OLD FORT DRIVE
TALLAHASSEE, FLORIDA
32310
PHONE & FAX
850-942-2009
LICENSE NO. AR8985

DATE	10/14/13
DRAWN BY	
TO	
PROJECT NO.	1304

TITLE	FLOOR PLANS, BUILDING SECTION FOR WAIVER APPLICATION
PROJECT	SPACE D RETAIL STORE 1471 CAPITAL CIRCLE NW, TALLAHASSEE, FLORIDA

A-1

SPACE D