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: DEWEY'S INDOOR GOLF & SPORTS GRILL_____

Address:______7720 TURKEY LAKE ROAD, Orlando, FL 32819_____

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:	Mark Nasrallah
Applicant's Address:_	3920 Edgewater Drive, No. 101, Orlando, FL 32804
Applicant's Telephone:	_(407) 647 0938 FAX :(407) 647 2499
Applicant's E-mail Addr	ess:Mark@Nasrallah.com
Relationship to Owner: _	Architect
Owner's/Tenant's Name	Dewey Tomko
Owner's Address:	2054 Southern Dunes Blvd, Haines City, FL 33844
Owner's Telephone:	863-207-2539 FAX 863-421-4311
Owner's E-mail Address	:beautyonesa@hotmail.com
Signature of Owner:	Duare Dafa 11/6/13

FBC 2012-01 Request for Waiver Rule 61G20-4.001 effective 4/25/2013

[X] 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.)

Indoor golf with dining facilities.

5. Project Construction Cost (Provide cost for new construction, the addition, or the alteration): ______\$1,400,000___land and improvements______

6. **Project Status:** Please check the phase of construction that best describes your project at the time of this application. Describe status.

[] Under Design [X] Under Construction*

[] In Plan Review [] Completed*

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

The project has been referred to the Commission because of a code conflict in the Florida Accessibility Code at the direction of Orange County Building Department.

This project has a mezzanine for the support of the building operations and is used by employees of the business. The mezzanine is not open to the public. The mezzanine provides the following functions: refrigerated beverage and food storage, food preparation, liquor storage, general storage, computer server, and office for management.

Code Conflict:

Florida Accessibility Code 2012 (FAC) requires buildings to have vertical accessibility in accordance with "FAC 201.1.1 Vertical Accessibility". This section of the code has two conflicting exceptions (as directed by Orange County):

- a. FAC 201.1.1 Exception (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.
- b. FAC 201.1.1 Exception (6) All employee areas as exempted by 203.9.

The project was designed with a platform lift using the exception FAC 201.1.1 Exception (6) because the mezzanine is for employee use only and the mezzanine meets the accessibility requirements of FBC 2012-01
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FAC 203.9.

It is the opinion of Orange County that the mezzanine is required to have an elevator installed because the occupant load is greater than five persons per architectural sheet "A LS1.1"

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

Issue

- **1.** :We request that the following code section be waived:
 - a. FAC 201.1.1 Exception (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.

8. **Reason(s) for Waiver Request:** The Florida Building Commission may grant waivers of Floridaspecific 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.

The architect and Building Official have different opinions in the code interpretation. It is the opinion of the Architect's that because the mezzanine is designed to be accessible in accordance with FAC 203.9, then FAC 201.1.1 Exception (6) this is the applicable exception to use.

If the mezzanine was not compliant with FAC 203.9 then FAC 201.1.1 Exception (3) would apply.

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

The mezzanine business functions include the following: (1) refrigerated food and beverage which is to be prepared and sold at the main level; (2) liquor storage; (3) general supplies; (4) computer server room; (5) accounting office, and (6) owner and general manager office.

These functional elements and their proximity to the preparation of food and support of the business operation are critical for the business to function. The business will not be able to go forward without them.

[X] 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.

This waiver request is submitted in a short time frame and we are not able to procure appropriate bids which typically take 2-3 weeks. The following is a list of elements that will be required to be modified to add an elevator in the current constructed condition:

The construction is well underway. The requirement to install an elevator would have a significant cost impact for the project and would extend the budget beyond the bank loan amount.

The associated cost to add an elevator at this point would include the following scopes of work:

- a. Platform Lift: this equipment has been purchased but not installed. The cost is \$23,750. See "Appendix A" for the cost from the subcontractor.
- b. Elevator: the cost for the elevator including installation is \$70,000. See "Appendix A" for the cost from the subcontractor.
- c. Modification of the existing building:
 - a. Concrete Foundation: Installation of a 4-foot depth elevator pit, removal of concrete for a new foundation for the elevator shaft.
 - b. Modification of the 80-foot span roof bar joist: The roof truss bottom chord is 10'-8" above the mezzanine floor. The elevator requires a minimum clear height (over-travel) of 12'-2" and additional room for the hoist beam and shaft cap. The roof trusses are spaces at four feet on center and will conflict with the elevator and therefore require modification.
 - c. New Elevator Shaft: A new shaft could be constructed from either masonry or metal.
 - d. Mezzanine Floor Structure: the existing mezzanine floor is framed with four steel columns that are at the four corners of the platform lift. These columns align with beams and the beams have bar joist supporting the mezzanine floor with an existing concrete floor slab on a metal deck system. The elevator shaft is larger and the floor system including beams and bar joist will require removal and replacement with a new system.
 - e. Electrical: it is not known if the building has the capacity for a hydraulic elevator
- d. Plan configuration the elevator and equipment room is larger than a platform lift with integrated motorization.



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. Platform Lift: the cost for the platform lift is \$23, 750 and documentation is located at Appendix A.
- b. Elevator: the cost for the elevator is \$70,000 and documentation is located in Appendix A
- c. Building modification Cost: the total cost of the modification of the building for the addition for an elevator is not known.

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

Phone number (407) 619-3043

(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 7 day of November, 2013

Signature

Mark Nasrallah

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	
b	
с	
Has there been any page 10 so, what was the cos	permitted construction activity on this building during the past three years? If st of construction?
[] Yes [] No Cost o	of Construction
Comments/Recom	mendation
Building Official or	-
	Signature
	Printed Name
	Certification Number
	Telephone/FAX
	Email Address
Address:	

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, ____ Mark Nasrallah______, a licensed architect/engineer in the state of Florida, whose Florida license number is _____ AR0008136_______, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project DEWEY'S INDOOR GOLF & SPORTS GRILL, 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 DEWEY'S INDOOR GOLF & SPORTS GRILL 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), Mark Nasrallah, prepared the design documents for the project known as DEWEY'S INDOOR GOLF & SPORTS GRILL, 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: ____ Mark Nasrallah Affix certification seal below:

Address: _____3920 Edgewater Drive, Suite 101, Orlando, FL 32804

Telephone: _____office (407) 647-0938, Cel (407) 619-3043

Fax: ____(407) 647-2499

E-Mail Address: Mark@Nasrallah.com





Rule 61G20-4.001 effective 4/25/2013

APPENDIX A

SOUTHEAST ELEVATOR, INC.

811 EDWARDS ROAD FT. PIERCE, FL. 34982 PHONE (772) 461-0030 FAX (772) 461-9008 www.seelevator.com

November 7, 2013

John Brandies

Nasrallah Design Group 3920 Edgewater Drive Orlando, FL 32804 (407)647-0938ext208

RE: Dewey Golf Elevator

John,

The cost to install a 2100Lb elevator for this project would be \$70,000.00. It would require a custom corner post elevator with adjacent opening which is not a product that is pre-engineered and will require custom fabrication to achieve.

Currently the owner has already purchased a wheelchair lift for this project. The cost for the wheelchair lift is \$23,750.00 and is non-refundable.

Sincerely,

Charles S McGee President, Southeast Elevator, Inc.



		OCCUPANT LOA	AD CALCULAT										
REV	ITEM	DESCRIPTION	AREA	FACTOR AREA / LENGTH									
	TENANT-A												
		LEVEL-01& LEVEL-02											
	A1-01	FOYER	380.8 SQ. FT.	5									
	A1 - 02	TABLES & CHAIRS	570.6 SQ. FT.	15									
	A1-03	ASSEMBLY GAMING FLOOR	1169.1 SQ. FT.	11									
	A1-04A	PUTTING GREEN	480.4 SQ. FT.	11									
	A1-04B	FOUNTAIN SEAT	35'-3"	18" PER OCC.									
	A1-05A	TABLES & CHAIRS		BY COUNT									
	A1-05B	TABLE & CHAIRS		BY COUNT									
	A1-06A	GOLF GAME		BY COUNT									
	A1-06B	GOLF GAME		BY COUNT									
	A1-06C	GOLF GAME		BY COUNT									
	A1-07A	GAME SEATS	358.9 SQ. FT.	15									
	A1-07B	GAME SEATS	358.9 SQ. FT.	15									
	A1-07C-1	GAME SEATS	521.1 SQ. FT.	15									
	A1-07C-2	FOYER	82.3 SQ. FT.	5									
	A1-08A	BUSINESS OFFICE	207.4 SQ. FT.	100									
	A1-08B	BUSINESS OFFICE	207.4 SQ. FT.	100									
	A1-09	TABLES & CHAIRS	471.5 SQ. FT.	15									
	A1-10	WORK & PASSAGE	170.2 SQ. FT.	100									
	A1-11A	BAR STANDING	246.0 SQ. FT.	5									
	A1-11B	BAR SEATS	27'-4"	18" PER OCC.									
	A1-11C	COUNTER SEAT	36'-2"	18" PER OCC.									
	A1-11D	TABLES & CHAIRS	505.9 SQ. FT.	15									
	A1-11E	BAR SERVICE	115.9 SQ. FT.	100									
	A1-12A	KITCHEN	476.1 SQ. FT.	200									
		LEVEL-03 MEZZANINE											
	A2-01.A	BUSINESS (OPEN TO BELOW)	672.2 SQ. FT.	100									
	A2-01.B	(ENCLOSED) BUSINESS	166.3 SQ. FT.	100									
	A2-01.C	(ENCLOSED) BUSINESS TOILET	225.3 SQ. FT.	100									
	A2-02	(ENCLOSED) KITCHEN	852.1 SQ. FT.	200									
		MEZZANINE OCCUPANTS IN ENCLOSED SPACES = 8.5											
		TOTAL OCCUPANT LOAD											
			TENANT D										
			TENANT-B										
		1st Floor											
	B-01	NOT IN BUILDING PERMIT SC	OPE										









	SCALE: 3/16" = 1' - 0"											
06	07	08	09	10								



PL-1 NOTES: LEVEL-01 & LEVEL-02 PL-1.01 NOT USED

PL-1.02 [REV-01] LINE OF FABRIC CEILING SEE ROOM FINISH SCHEDULE - MATERIAL SPEC IS PER "ABOUTGOLF"; SEE ATTACHED TESTING DATA SUBMITTED WITH **REVISION--01** PL-1.03 [REV-01] EXTERIOR CANOPIES: (1) METAL STRUCTURAL SYSTEM COVERED WITH CANVAS-NYLON MATERIAL MEETING THE FLAME PROROGATION PERFORMANCE CRITERIA OF NFPA 701; (2) THE CONTRACTOR IS REQUIRED TO SUBMIT DIGITAL PDF SHOP DRAWINGS AND MATERIAL TEST DATA TO THE ARCHITECT'S OFFICE FOR REVIEW AND SUBMISSION TO THE AHJ.

PL-2 NOTES: LEVEL-03 MEZZANINE PL-1.01 SUB-SLAB CHASE - SEE SHELL BUILDING PERMIT DOCUMENTS

- S STRUCTURAL SEE STRUCTURAL SPECIFICATION S-01 STEEL COLUMN
- S-02 STEEL BEAM
- S-03 METAL STUD WALL S-04 CONCRETE SLAB ON METAL DECK
- S-05 MTL. JOISTS & FRAMING S-06 FOUNDATION
- S-07 CONCRETE SLAB ON GRADE -CLEAN, COMPACTED, TERMITE TREATED FILL S-08 CONCRETE TILT-UP WALL PANEL A. ¹/₂"X¹/₂" REVEAL IN THE TILT-UP PANEL - UNLESS NOTED OTHERWISE
- B. 1" ÉXPANSION JOINT
- S-09 STEEL BAR JOIST / ROOF TRUSS S-10 METAL DECK ON BAR JOIST
- S-11 MECHANICAL SCREEN STRUCTURE S-12 STRUCTURAL ATTACHMENT CLIP





(INST**PL;2-NOTES:** PL-2-01

14

) THEIR OJECT MILLWORK ∖T, STORAGE,

ITECT'S OFFICE A

FROOMS, ETC.)





	01			02			03 FINIS	BH SCHED	04 ULE		05	
					F	INISHES		DOORS	HARDWARE	CLASS B: FLAM	ME SPREAD 00-25; SMOKE ME SPREAD 26-75; SMOKE ME SPREAD 76-200; SMOKE	-DEVELOPED 0-450
REVISION	ROOM #	SPACE	FIRE RATING CLASS (A, B, C)	FLOOR	BASE	WALLS	CEILING	DOOR SYMBOL	H.W. NO	FINISH SC	CHEDULE GENERAL NOTE	ES / REMARKS:
										NFPA 101 ED. 2009		
		EQ-01 GOLF SIMULATOR	A OR B							FOR BUILDING MA (2) THE GENERAL	PA 703 STANDARD FOR FI ATED WOOD AND FIRE-RE ATERIALS. CONTRACTOR SHALL SUE FICE IN WRITING FIRE-RET	TARDANT COATINGS
										TEST DATA FOR A	PPROVAL PRIOR TO FABE MATERIALS FOR THE EQ	RICATION OR
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				130				_ C					
lten No		/ Manufacturer	Model Number	Volts	Cycle	Phase	Amps	NEMA	- H	MBTUH	Gas Size (in)	Cold Water Size (in)	Hot Water Size (in)
1B	1	Glastender	ND52-L	120	60	1	8.8	5-15P	0.33				
2	1	Captive Aire	Hood - TBD										
3	2	Bakers Pride	BPF-4050										
4	1	Select Stainless	18SUB-32										
4B	1	Glastender	ND52-R	120	60	1	8.8	5-15P	0.33				
5	1	AccuTemp Products	GGF1201A3600-T1	120	60	1	4.0	5-15P		70	0.75		<u> </u>
5B	1	Select Stainless	BE-DB-36										<u> </u>
6	1	Bakers Pride	BPCM-36							30	0.75		<u> </u>
6B	1	Select Stainless	BE-CS-30										
7	1	Bakers Pride	L-36R			-				120	0.75		
7B	1	Select Stainless	BE-BS-18S	 									-
8	1	Continental Refrigerator	DL72G	120	60	1	6.1	5-15P					
8B		Select Stainless	BE-2TCB-24-GS-T										
9		Bakers Pride	36-BP-6B-S30										0.75
9B 10	1	Electrolux Professional North America Captive Aire	a 502315 - WT30H208DU Hood - TBD	208	60	1	33.0						0.75
10 10B		Select Stainless	BE-HS-12										+
11	1	Ansul	Fire Suppresion System										
11B	1	Select Stainless	BE-2TCB-24-GS-T										
12	1	Continental Refrigerator	DL1F-SA-HD	115	60	1	7.6	5-15P	0.33				
12B	1	Select Stainless	BE-CS-30	110		·	7.0		0.00				
13	1	Continental Refrigerator	2RES-SA	115	60	1	6.5	5-20P	0.33				+
13B	1	Select Stainless	BE-BS-18S										+
14	1	Select Stainless	SHS-1-ST-SK										
15.1	1	APW Wyott	SHFWEZ-3D	208	60	1	18.0					0.375	-
15.2	2	APW Wyott	FDD-48H	120	60	1	21.1						
15.3		APW Wyott	SM-50-7D	120	60	1	6.7		1			1	1
15.4	1	Continental Refrigerator	CPA60	120	60	1	11.0	5-15P					1
15.5	1	APW Wyott	HDDS-2B	120	60	1	10.8	5-15P					1
15B	1	Select Stainless	BE-CS-30	 									
16	1	Continental Refrigerator	CPA93	120	60	1	15.2	5-15P					
16.1	1	Select Stainless	12TCD-30										
16.1	1	Select Stainless	DS-12-93-CUS										
19	1	AccuTemp Products	S32081D060	 208		1	29.0	L6-30P					_
21	1	Select Stainless	Custom						<u> </u>				
23	1	Lancer Corp	85-2308C-122	 115	60	1	4.4	5-15P					
24	1	Bloomfield	8748	120	60	1	12.5	5-15P				0.25	
24 25		Bloomfield	1082	 120	60	1	12.5	5-15P 5-15P				0.25	-
25		Select Stainless	CD-R-CS-CUS	120		+'	10.0					0.20	+
20		CMA Dishmachines	AH	115	60	1	16.0						0.75
30	1	Select Stainless	SD-L-CS-CUS			+-							+
30.1	1	Select Stainless	606298			+							+
32	1	Select Stainless	3CD-CUS			+							+
33	1	Select Stainless	3GLB-30										1

			EQUIPMI	ENTSC	ΗE	EC		.E						
Item No	Qty	Manufacturer	Model Number	Volts	Cycle	Phase	Amps	NEMA	НР	MBTUH	Gas Size (in)	Cold Water Size (in)	Hot Water Size (in)	
2	12	Advance Tabco	EC-1848											
3	3	Advance Tabco	EC-1842											ſ
4	3	Advance Tabco	EC-1836											ſ
7	1	Select Stainless	PL-6KDWT-30-G											
8	1	Waring Commercial	WFP16SCD	120	60	1	6.0							
9	1	Globe Food Equipment	3600N	115	60	1	7.0	5-15P	0.5					ſ
9.1	1	Select Stainless	PL-2.5KDWT-24G											
10	1	Cres Cor	CO-151-H-189-STK	208	60	1	23.0	6-30P						
				208	60	1	22.6	6-30P						
11	1	MVP Group	AX-M30	200-240	60	3	2.8		0.75					
12	1	Select Stainless	4GL-30											
14	1	Select Stainless	SHS-1-ST-SK											
15	1	Select Stainless	3BC1824-2D18											
23	1	Manitowoc Ice	F-1300											[



Mark P. Nasrallah Fla. Reg. AR 0008136



