

**Department of Community Affairs
FLORIDA BUILDING COMMISSION
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100**

NOTICE TO WAIVER APPLICANTS

Please make certain you comply with the following:

- ☞ The person submitting the waiver request application as the Applicant **MUST** sign the application. Should you fail to do so, your application will be returned.
- ☞ If a licensed design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- ☞ Be as explicit as possible. The more information provided to the Florida Building Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree.
- ☞ If at all possible, **PLAN TO ATTEND the Accessibility Advisory Council and the Florida Building Commission meetings**. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your attendance at the meetings to answer questions will enhance the possibility of the waiver being approved, since the Council and the Commission will receive the most complete information – from you. When we receive the completed application, we will send you a notice of the time, date, and place for both the Council and the Commission meetings.

Enclosed is a **List of Required Information** and the **Request for Waiver** application.

If you have any questions or would like additional information, please call the Codes and Standards Section at (850) 487-1824.

Please mail this application to the Department of Community Affairs at the address above. **As well as a hard copy, please include a copy of the application and drawings or plans on a CD in PDF format. NOTE: Please do not send CAD files, but rather scan the CAD files and save as a pdf. Must be in Microsoft Compatible format.**

NOTE: Failure to submit electronically will not have any bearing on whether your petition is heard by the Commission, however, electronic filing will facilitate the Commission's movement toward utilizing CD technology to display the waiver application and attached floor plans to the Counsel and Commission.

This application is available in alternate formats upon request.

LIST OF REQUIRED INFORMATION:

1. _____ Drawings that will clearly present your project and that identify the issue(s) that relate to the waiver you are requesting. As a minimum, the following drawings must be submitted:
 - a. Project site plan
 - b. 24" x 36" minimum size drawings
 - c. Building/project sections (if necessary to assist in understanding the waiver request)
 - d. Enlarged floor plan(s) of the area in question

2. _____ One set of reduced scale (11" x 17") versions of the drawings submitted in item one above.

3. _____ One set of overhead transparencies (8 ½" x 11") of the drawings submitted in item one above. When numerous features are shown on the drawings, please designate the location of the waiver items by highlighting or outlining in color the affected areas.

4. _____ When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.

5. _____ If you feel photographs and/or renderings are necessary for your presentation, provide 40 legible color photocopies of the photographs and/or renderings. If color photocopies of photographs are provided, use a minimum size of 4" x 6" photographs with a maximum of two photographs per photocopied page.

6. _____ Please submit a hard copy of this application to the Department of Community Affairs. PLEASE NOTE: Although not required by Rule 9B-7, F.A.C., in addition to the hard copy please include a copy of the application and drawings or plans on a CD in PDF format.

General Information:

- a. **Equipment:** A CD projector is provided at the Accessibility Advisory Council and Florida Building Commission meetings. Any other equipment necessary for your presentation, such as an overhead projector, TV/VCR, slide or LCD projectors, etc., is the responsibility of the applicant.

- b. **Verbal Descriptions:** Presentations may be to sight or hearing impaired persons; visual presentations should consider adequate verbal and text descriptions of charts and pictures.

Your application will be reviewed by the Accessibility Advisory Council. You will have the opportunity to answer questions and/or make a short presentation **not to exceed 15 minutes**. The Council will provide recommendations to the Florida Building Commission. The Commission will review the application. You will have another opportunity to answer questions and /or give a short presentation **not to exceed 15 minutes**. The Commission will consider all information and the Council's recommendation before voting on the waiver.

This application is available in alternate formats upon request.

**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: ___ WILDSIDE BBQ BAR & GRILL RESTAURANT (UPPER DECK ADDITION)_____

Address: _ 700 EAST WASHINGTON STREET, _____

_____ _ORLANDO, FLORIDA 32801_____

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: _Mr. Rosario Poma, Owner_____

Applicant's Address: _ 700 E. Washington Street _____

Applicant's Telephone: _407-239-1134___(Cell: 407-765-9630)___ **FAX:** _____

Applicant's E-mail Address: _RPoma@aol.com_____

Relationship to Owner: _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____ **FAX** _____

Owner's E-mail Address: _____

Signature of Owner: _____

Contact Person: _Michael Looney (michael keith looney, architect)_____

Contact Person's Telephone: _321-527-9559_____ **E-mail Address:** _michael.k.looney@gmail.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.

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.)

EXISTING BUILDING (1ST FLOOR): 3,768 S.F.,
(EXISTING 2ND FLOOR: 496 S.F.),
EXISTING 1ST LEVEL OUTDOOR DINING AREA: 2,208 S.F.,
NEW 2ND LEVEL OUTDOOR DINING AREA: 1,547 S.F.,

EXISTING BUILDING IS 2 STORY

USE OF BUILDING & OUTDOOR DINING AREA: RESTAURANT

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

STATEMENT OF PROBABLE COST: \$50,000

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*

In Plan Review Completed*

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

1) THE CONSTRUCTION COST FOR AN ELEVATOR WOULD BE OVER 1/2 OF THE COST OF THE PROJECT CONSTRUCTION BUDGET;

2) THE LOCAL BUILDING DEPARTMENT (CITY OF ORALNDO BLDG. DEPT.) INTERPRETS CH. 11, PART 'A', SECTION 11-5, PARAGRAPH 11-5.4 WITHOUT RES[PECT TO THE OWNER'S & ARCHITECT'S INTERPORETATION;

3) THE EXISTING BUILDING & OUTDOOR DINING MEETS ALL FBC 2007 ED. ACCESSIBILTY REQUIREMENTS.

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

Issue

1: EXCEPTION TO CH. 11, PART 'A', SECTION 11-5, PARAGRAPH "EXCEPTION" TO PARAGRAPH 11-5.4 (SPECIFICALLY, THE REQUIREMENT FOR THE ELEVATOR TO THE PROPOSED 2ND LEVEL OUTDOOR DINING AREA)

Issue

2: _____

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.

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.

Dated this _____ day of _____, 20_____

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. _____
- 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: _____

Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

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: _____

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Certification of Applicant for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

I, _____, am applying for placement on the Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code. I (check one of the following and complete blanks):

am the owner of this Project (name of project) _____,

and was the owner of the project known as _____,

am the franchisee of this Project (name of project) _____,

am under the same franchiser (name of franchiser) _____

who was the franchiser of the project known as _____,

am the licensee of this Project (name of project) _____,

am under the same licensor (name of licensor) _____,

who was the licensor of the project known as _____,

for which the majority of the Accessibility Advisory Council recommended approval, and the Florida Building Commission granted a waiver of one or more accessibility requirements in Final Order No. _____.

I hereby swear or affirm that the above information to the best of my knowledge is true and correct.

Dated this _____ day of _____, 20 _____

Signature

Printed Name

Providing false information to the Florida Building Commission is punishable as a misdemeanor

under Section 775.083, Florida Statutes.