

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: Stardust

Address: 910 Collins Ave, Miami Beach, FL 33139

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: Anthony Leon

Applicant's Address: 4300 Biscayne Boulevard G4 Miami, FL 33137

Applicant's Telephone: 305-438-9377 **FAX:** 305-438-9379

Applicant's E-mail Address: 3dtony@bellsouth.net

Relationship to Owner: Architect

Owner's Name: Ilana Cohen

Owner's Address: 2939 Indian Creek Dr #405 Miami Beach, FL 33140

Owner's Telephone: 786.444.6035 **FAX:** _____

Owner's E-mail Address: ILANUSKA2008@LIVE.COM

Signature of Owner: Ilana Cohen

Contact Person: Anthony Leon (Architect)

Contact Person's Telephone: 305.583.1026 **E-mail Address:** 3dtony@bellsouth.net

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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.)

3 Story 13,698 S.F. Apartment/ Hotel

Ground Floor Retail – Not part of scope

21 Hotel Units

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

N/A

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.

The City of Miami Beach Building Department has reviewed the plans for Change of Use from Apartments to Hotel and requires an accessible elevator or a waiver from FBC.

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

Issue

1: Vertical accessibility to all Public Areas Florida Statute 553.509

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.

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

The interior dimensions of the existing elevator cab are not code compliant for disabled accessibility. Due to the fact that the walls around the hoistway are structural bearing walls, changing the elevator to provide such dimensions is technically infeasible. The size of a new hoistway will intrude into the adjacent existing stairwell, hotel room and/or access corridors. An existing accessible route (ramp) allows access from the public right of way to the Hotel Lobby & Unit 100 (ground floor wheelchair accessible unit). Unit 200 (second floor hearing impaired unit) & Unit 300 (third floor special accessible unit) are next to the elevator lobby in each floor respectively and are accessible from the nonconforming elevator.

[] 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. N/A

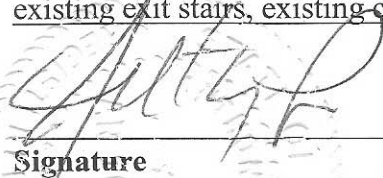
b. _____

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.

The City of Miami Beach Building Department will not approve the existing elevator due to the maneuvering clearances required to comply with the FBC. An individual in a wheelchair can enter and exit the existing elevator, but they do not have the necessary turn around space required. Designing an elevator to comply with chapter 11 of the FBC will add a cost burden to the client. Cost attributable to the redesigning and reconfiguration of existing structural walls, existing exit stairs, existing catwalks and adjacent units will decrease in size.



Anthony Leon

Signature

Printed Name

Phone number 305-438-9377

(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.

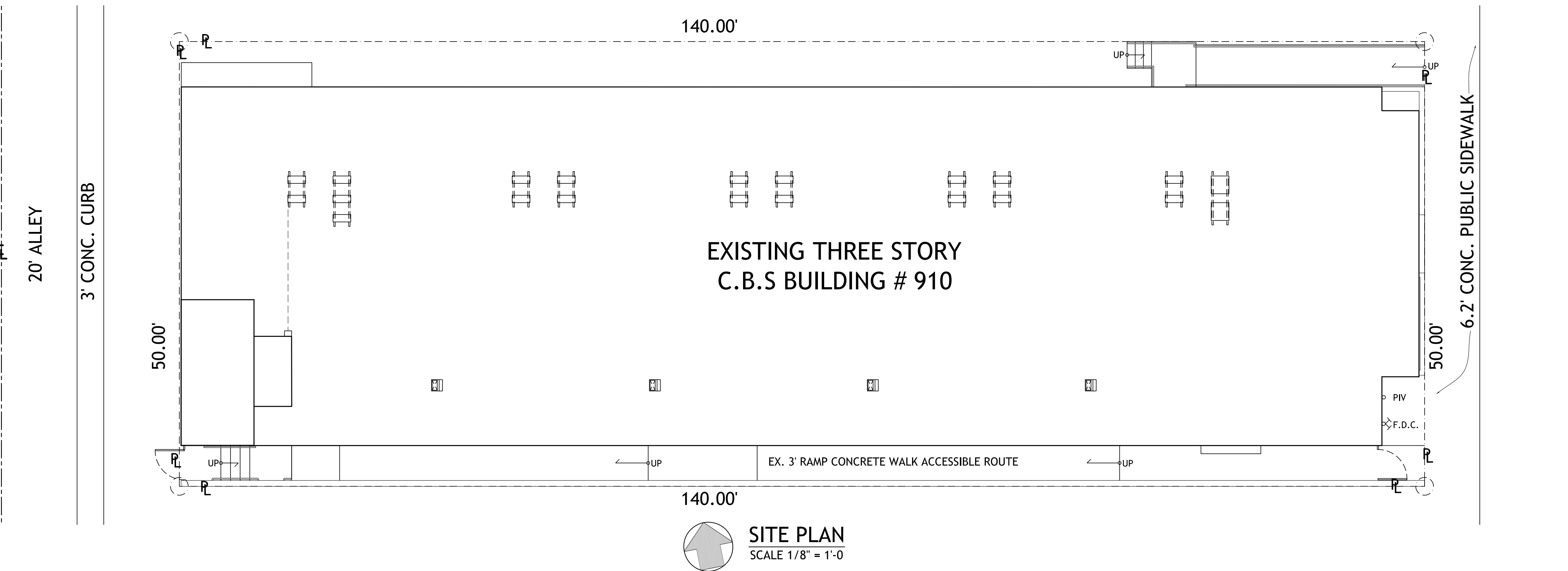
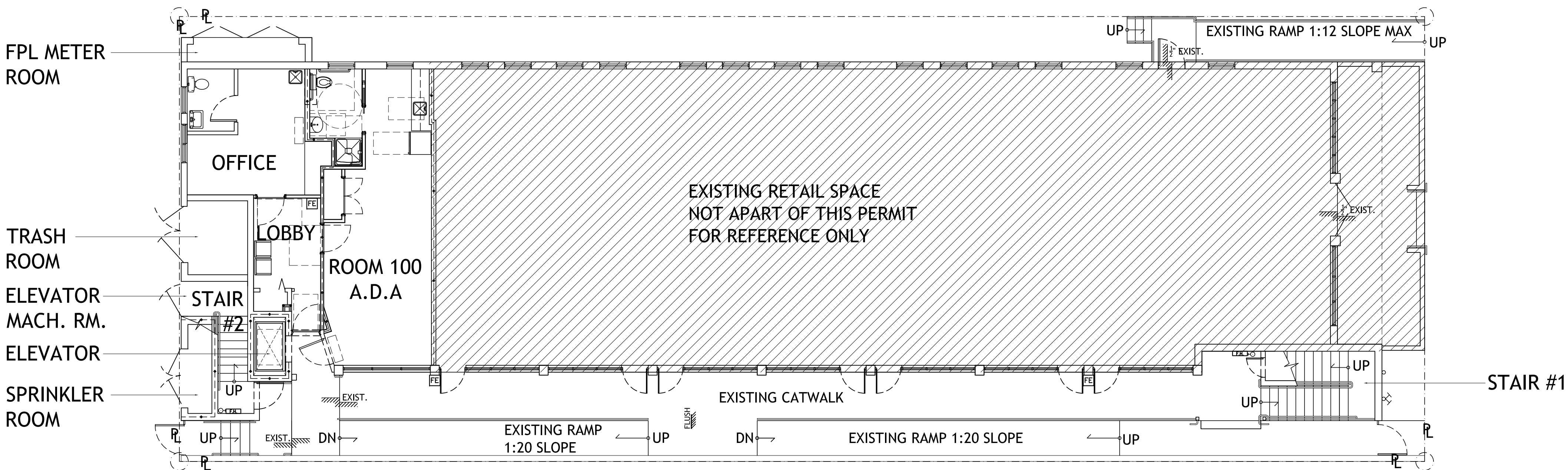
Dated this 1ST day of MARCH, 2011

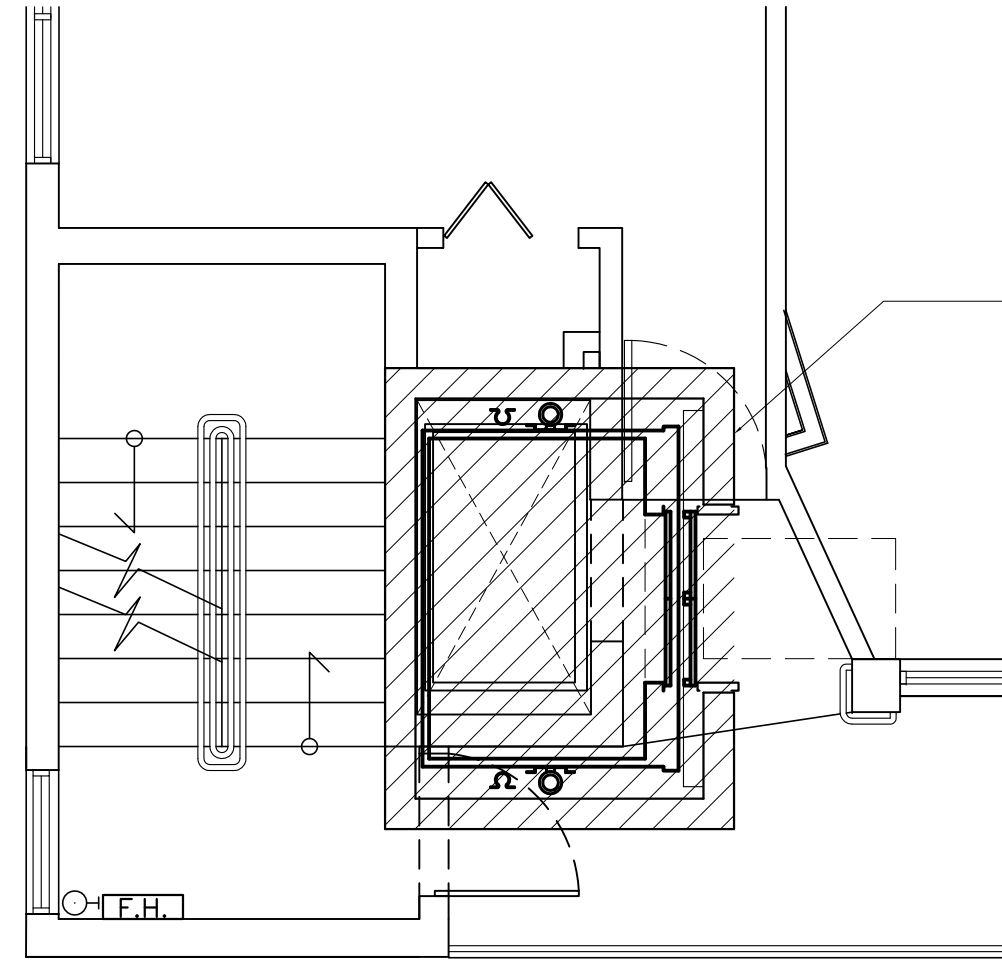
Signature

ANTHONY LEON

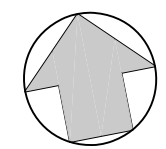
Printed Name

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.

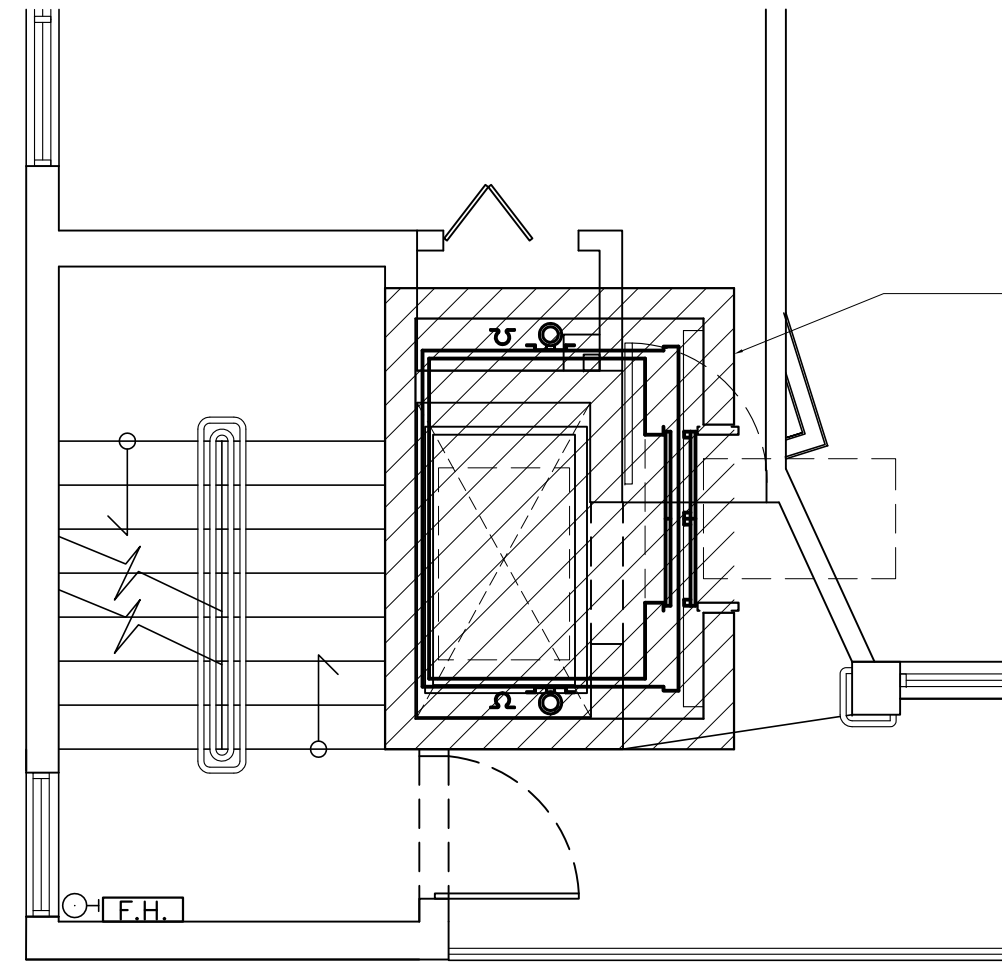




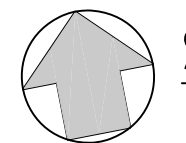
HATCHED AREA REPRESENTS REQUIRED SPACE TO IMPLEMENT AN ADA ELEVATOR *IN THIS OPTION ADA ELEVATOR WOULD BLOCK ACCESS TO EXIT STAIRS & DENY ENTRY INTO HOTEL ROOMS 100, 200 AND 300; AS WELL AS THE OFFICE AT GROUND FLOOR. FURTHERMORE TO ACCESS THE ELEVATOR ADJACENT HOTEL ROOMS WOULD LOSE SQ. FTG. FOR PROPER ELEVATOR FOYER CLEARANCES AND POSSIBLY RELOCATING STRUCTURAL COLUMN.



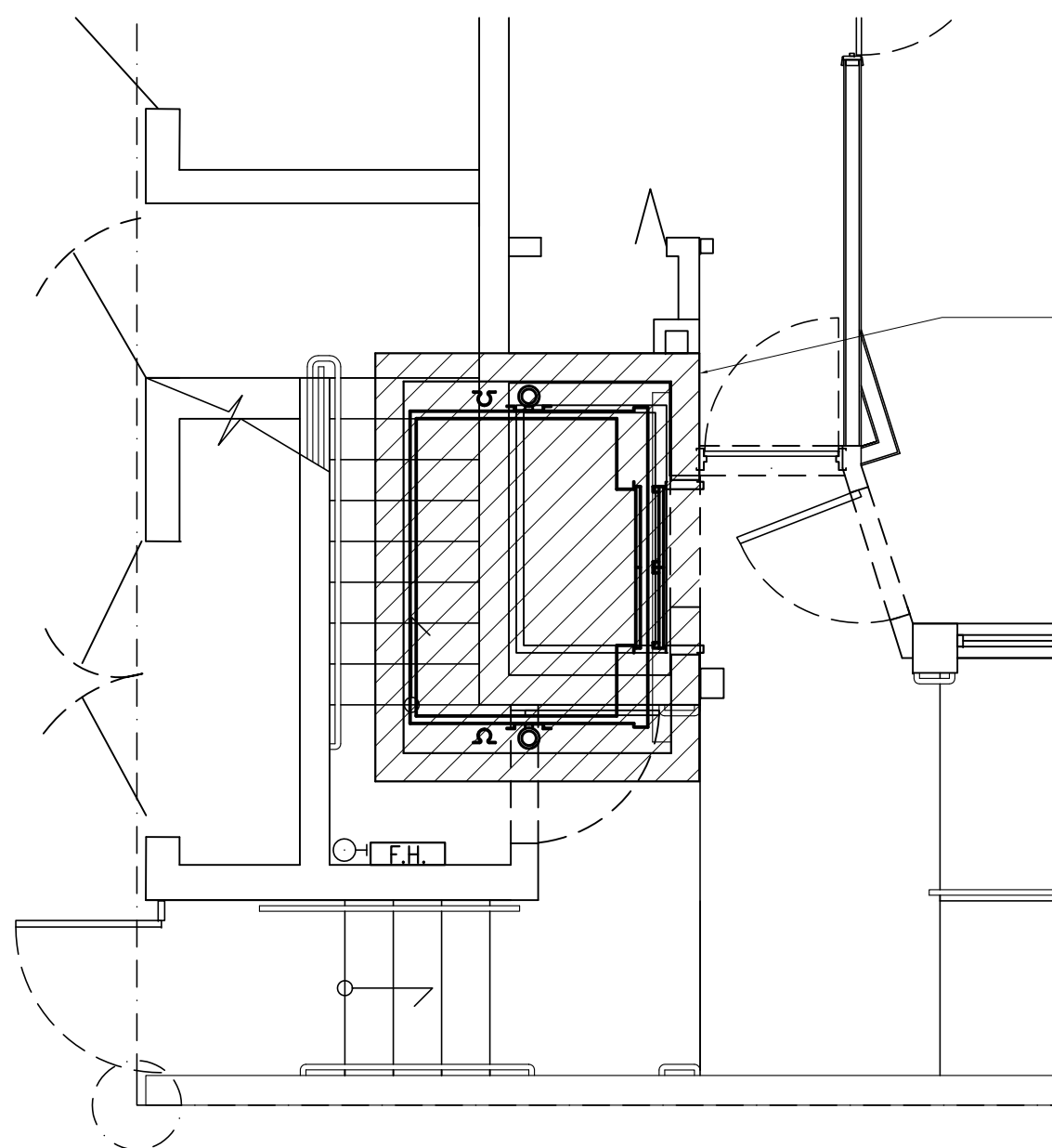
THIRD FLOOR PLAN - OPTION C
SCALE 1/4" = 1'-0



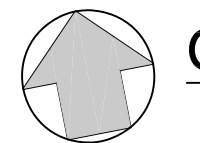
HATCHED AREA REPRESENTS REQUIRED SPACE TO IMPLEMENT AN ADA ELEVATOR *IN THIS OPTION ADA ELEVATOR WOULD BLOCK ACCESS INTO HOTEL ROOMS 100, 200 AND 300; AS WELL AS THE OFFICE AT GROUND FLOOR. FURTHERMORE TO ACCESS THE ADA ELEVATOR ADJACENT HOTEL ROOMS WOULD LOSE SQ. FTG. FOR PROPER ELEVATOR FOYER CLEARANCES AND POSSIBLY RELOCATING STRUCTURAL COLUMN.



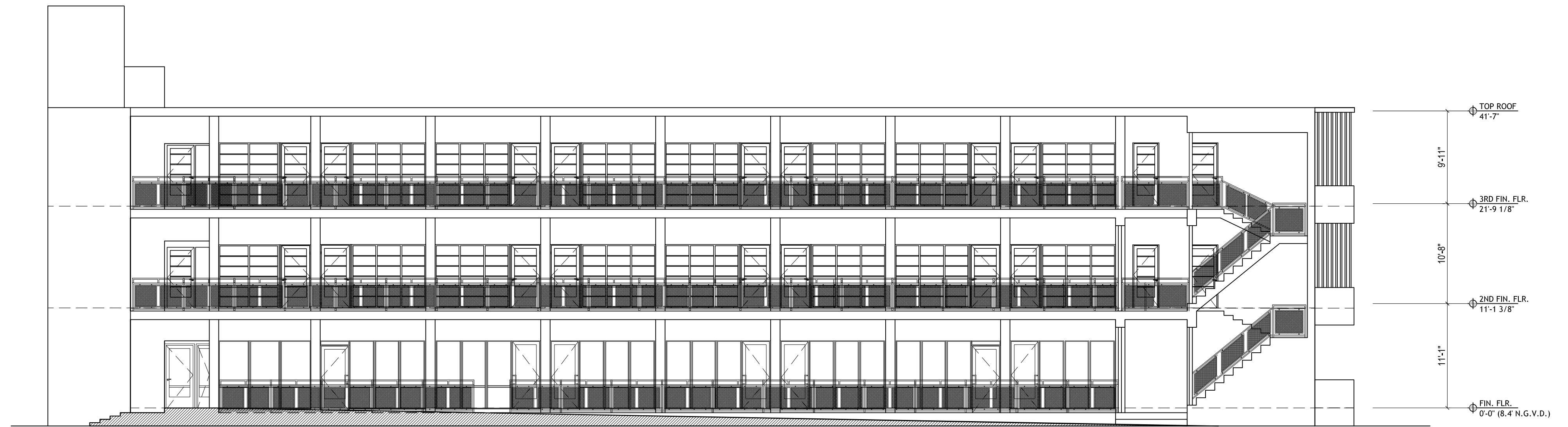
SECOND FLOOR PLAN - OPTION B
SCALE 1/4" = 1'-0



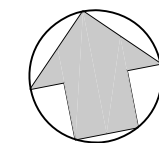
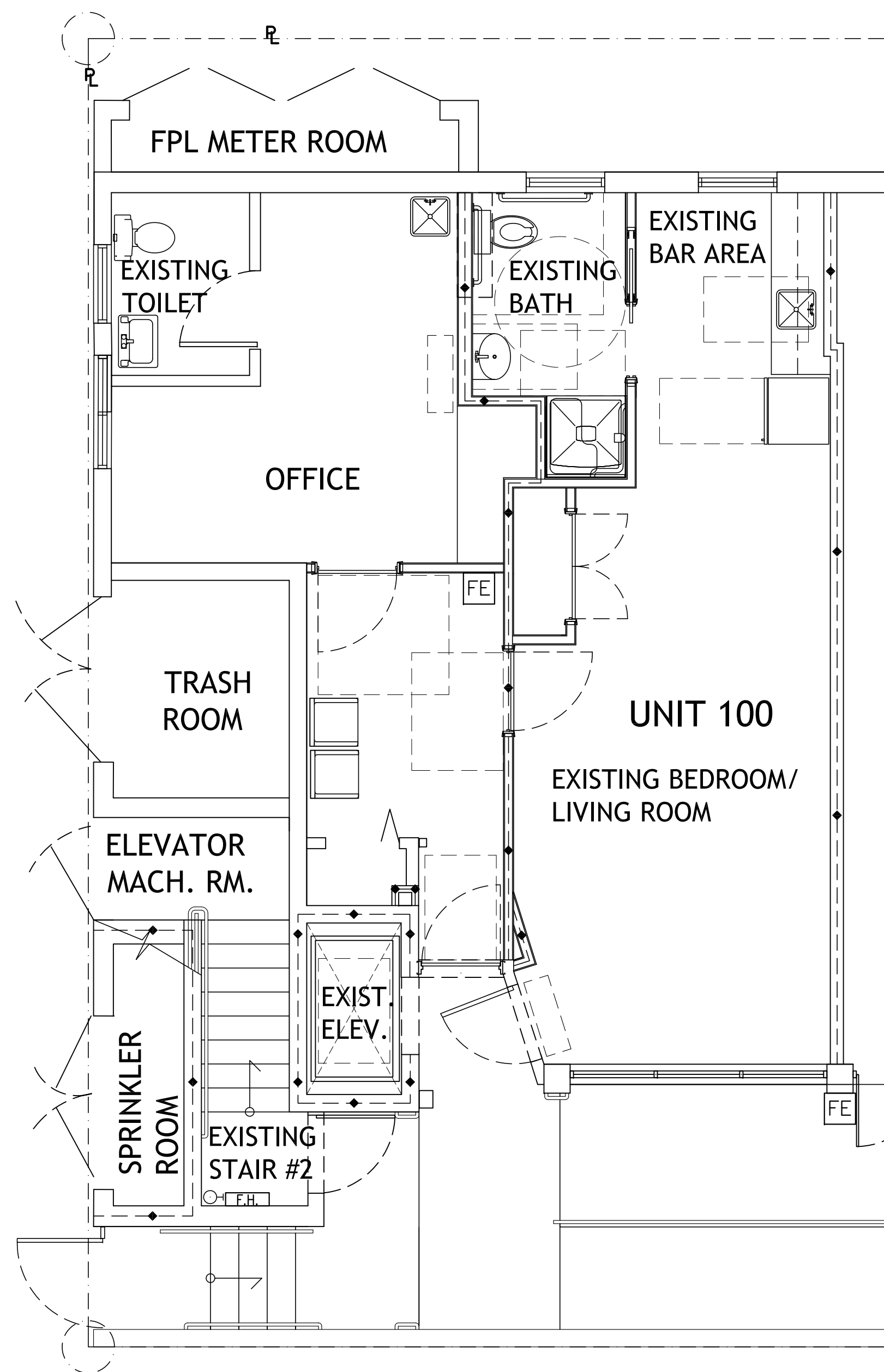
HATCHED AREA REPRESENTS REQUIRED SPACE TO IMPLEMENT AN ADA ELEVATOR *IN THIS OPTION ADA ELEVATOR INTRUDES AND BLOCK EXIT STAIRS ON ALL FLOORS. A SECONDARY MEANS OF EGRESS FOR FLOORS ABOVE WILL NOT BE AVAILABLE. ADDRESSING THIS IN ANOTHER LOCATION WOULD BE AT A COST AND LOSS OF HOTEL ROOM SQUARE FOOTAGE. FURTHERMORE, BUILDING'S STRUCTURAL WALL WOULD BE DEMOLISHED AND A NEW ONE IMPLEMENTED AT A SIGNIFICANT COST TO OWNER.



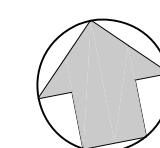
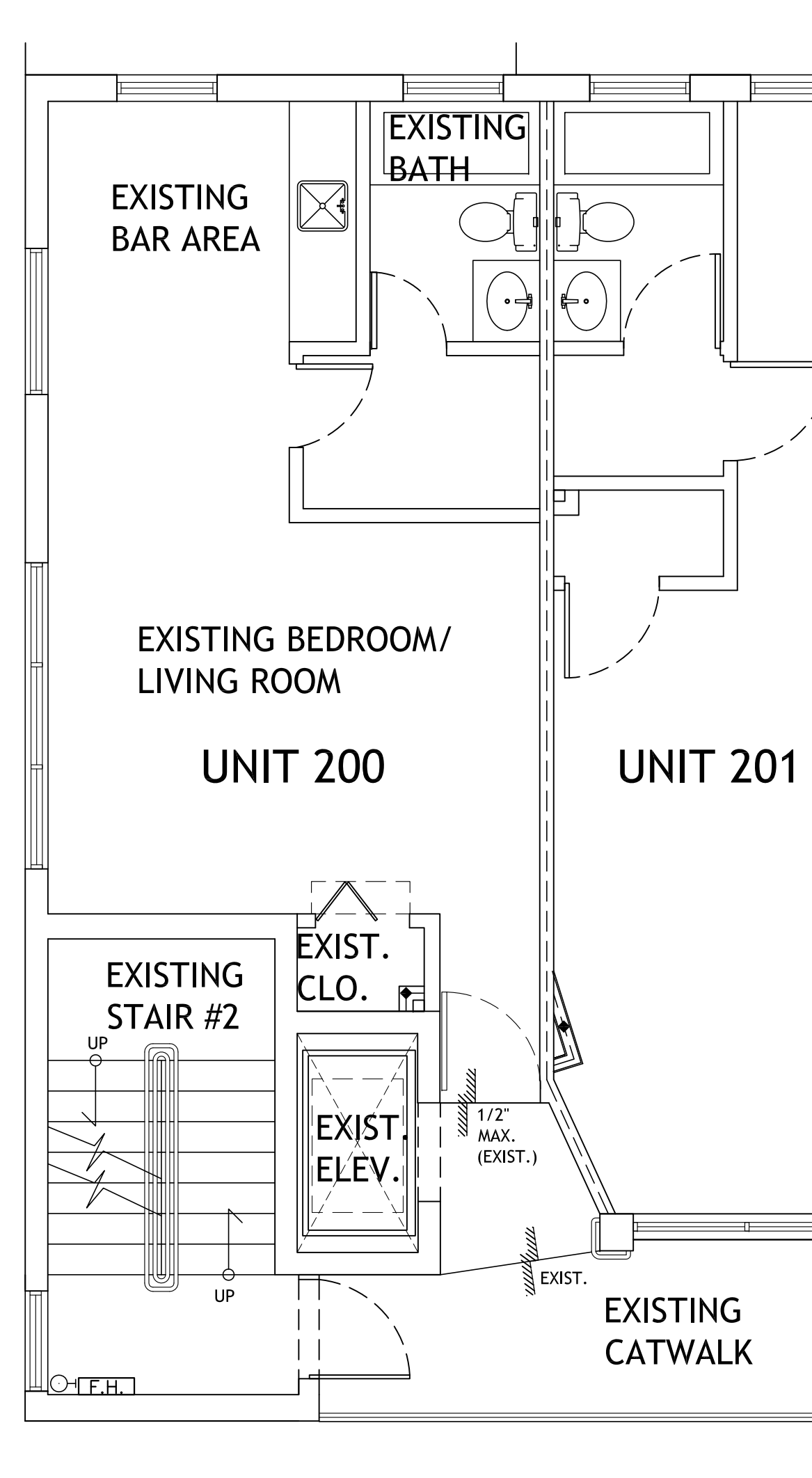
GROUND FLOOR PLAN - OPTION A
SCALE 1/4" = 1'-0



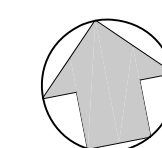
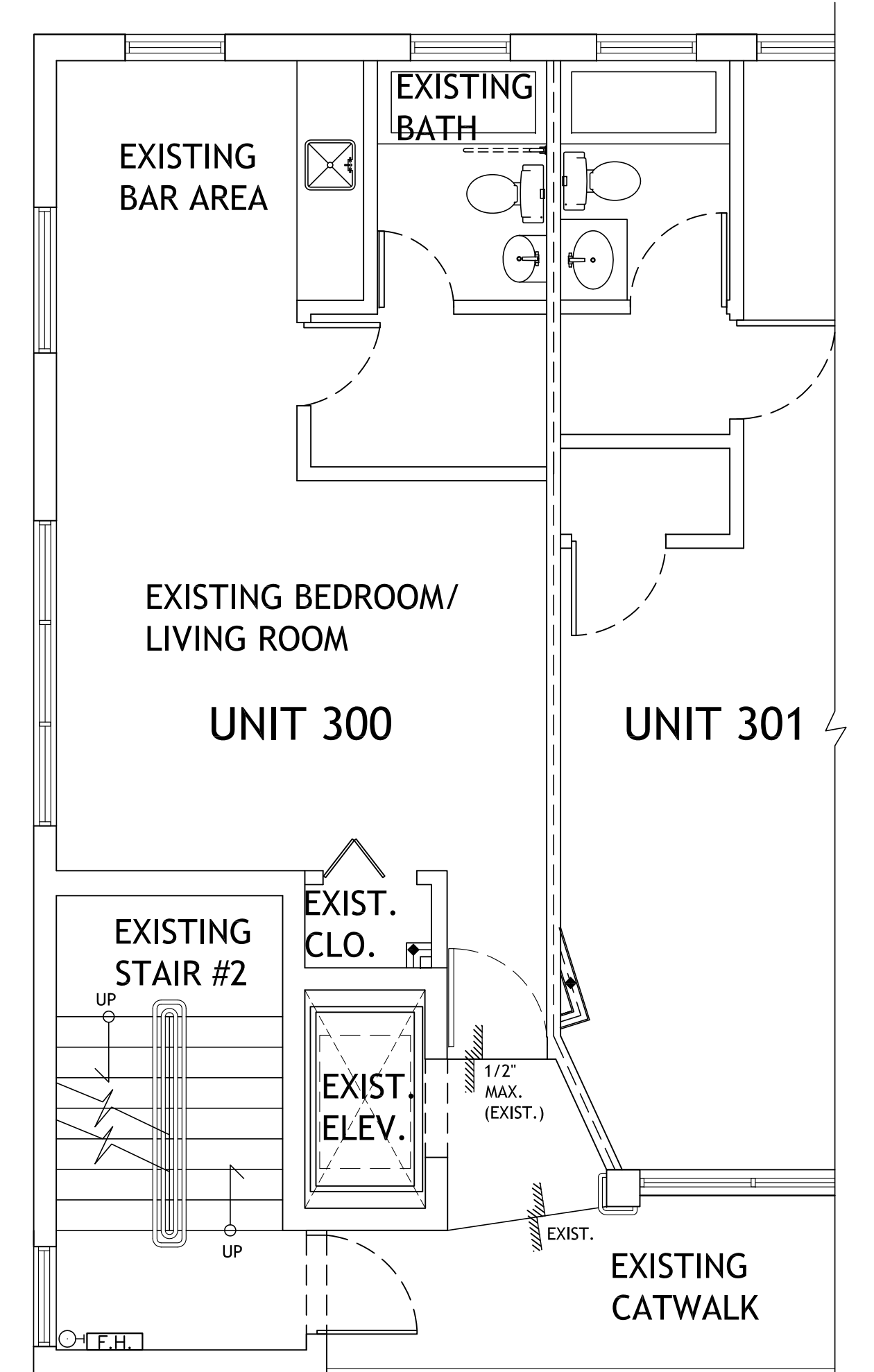
SOUTH ELEVATION
SCALE 1/8" = 1'-0



HEARING IMPAIRED ROOM FLOOR PLAN - ROOM 200
SCALE 1/4" = 1'-0



HEARING IMPAIRED ROOM
FLOOR PLAN - ROOM 200
SCALE 1/4" = 1'-0



SPECIAL ACCESSIBLE ROOM
FLOOR PLAN - ROOM 300
SCALE 1/4" = 1'-0

DRAWN BY:

REVISIONS:

AA0003689

3
DESIGN
ARCHITECTURE

4300 Biscayne Blvd. #G-04, Miami, FL 33137
P: 305.438.9377 | F: 305.438.9379

AR0018762
SEAL
Anthony Lenn
Architect, AIA

CHANGE OF USE
FOR
910 COLLINS AVENUE
MIAMI BEACH, FL 33139

THESE PLANS ARE FOR BUILDING DEPARTMENT REVIEW ONLY. THEY ARE NOT TO BE CONSTRUED AS CONSTRUCTION DOCUMENTS UNTIL ALL BUILDING DEPARTMENT APPROVALS ARE OBTAINED.

B2.0