

FOREST HILL VETERINARY CLINIC

Issue: Vertical accessibility to all rows of seats in an auditorium.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to all rows of seats in a lecture hall of a new, \$6,751,600 veterinary teaching hospital. According to the applicant, use of the lecture hall is intermittent and will not function as a classroom. The plans indicate that five wheelchair accessible seating locations are planned. It is structurally impracticable to make all rows of seats accessible and the applicant stated that if the waiver is not granted, that portion of the project would have to be redesigned, impacting the cost of architectural work as well as requiring it to be rebid, thus increasing construction costs.

Project Progress: The project is in plan review.

Items to be Waived:

Vertical accessibility to all rows of seats, as required by Section 553.509, Florida Statutes.

553.509 Vertical accessibility. Nothing in Sections 553.501-553.513 or the guidelines shall be construed to relieve the owner of any building, structure or facility governed by those sections from the duty to provide vertical accessibility to all levels above and below the occupiable grade level regardless of whether the guidelines require an elevator to be installed in such building, structure or facility, except for:

- (1) Elevator pits, elevator penthouses, mechanical rooms, piping or equipment catwalks and automobile lubrication and maintenance pits and platforms;
- (2) Unoccupiable spaces, such as rooms, enclosed spaces and storage spaces that are not designed for human occupancy, for public accommodations or for work areas; and
- (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.

Waiver Criteria: There is no specific guidance for a waiver of this requirement in the code. The Commission's current rule, authorized in Section 553.512, Florida Statutes, provides criteria for granting waivers and allows consideration of unnecessary or extreme hardship to the applicant if the specific requirements were imposed.

**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: Forest Hill Veterinary Clinic

Address: 3884 Forest Hill Blvd.
West Palm Beach, Florida 33406

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: Terrie R. Perdue

Applicant's Address: 3401 S. Congress Ave., Suite 203 Palm Springs, FL 33461

Applicant's Telephone: 561-533-5252 FAX: 561-533-5724

Applicant's E-mail Address: terrie_perdue@yahoo.com

Relationship to Owner: Owner's Agent/Project Manager

Owner's Name: Robert G. Roy

Owner's Address: 3092 Forest Hill Blvd., West Palm Beach, FL 33406

Owner's Telephone: 561-434-5700 FAX: 561.296.2888

Owner's E-mail Address: pbvrcc@earthlink.net

Signature of Owner: 

Contact Person Jennifer Fossen, Administrator

Contact Person's Telephone: 561-434-5700 E-mail Address: pbvrs@earthlink.net

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.)

32,556 square ft. total, 2 floors, zoning (general commercial) use of building specialty
veterinary and critical care facility)

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

\$6,751,600

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.

Request has been referred to commission at the direction of Bette Lowe, Land Development
Director, Village of Palm Springs, FL, 226 Cypress Lane, Palm Springs, FL, 561-965-4010

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

Issue

1: 11-4.33.5 Access to Performance Areas

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.

Lecture hall is to be used sporadically and will function as a Lecture Facility only. It is not a classroom w/tests and paper to be dispersed and/or corrected (see attached Exhibit A). Original Approved plans, multiple handicap seating locations dispersed throughout the Lecture Facility.

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.

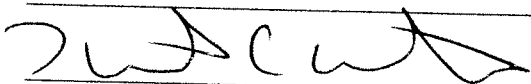
9. Provide documented cost estimates for each portion of the waiver request and identify any additional supporting data which may affect the cost estimates. For example, for vertical accessibility, the lowest documented cost of an elevator, ramp, lift or other method of providing vertical accessibility should be provided, documented by quotations or bids from at least two vendors or contractors.

a. If a waiver is not granted, this aspect of the project would be required to be re-drawn, and impact new architectural, civil and interior drawings as well as construction build costs as the project has already been bid and issued. Additionally, time and design review would be involved as well.

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

KERMIT C. WHITE

Printed Name


Phone number 561-533-5252

(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 24 day of May, 2007


Signature

Terrie R. Perdue
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. 11-4.1.3 ; 11-4.33.3

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 X No Cost of Construction _____

Comments/Recommendation This is a new teaching veterinary hospital. The lecture hall is multi-level and there is accessible seating provided at the top and at the bottom. The configuration is similar to a movie theatre with stadium seating. The plans comply with the five required seats, three at the top and two at the bottom, but are unable to provide access to all levels without significant costs in time and dollars for redesign and a loss of between seven and twenty-one seats. The recommendation is for approval based on time delays and economic hardship.

Jurisdiction Village of Palm Springs _____

Building Official or Designee

Signature

Bette J. Lowe

Printed Name

BU996

Certification Number

(561) 965-4016/ (561) 439-4132

Telephone/FAX

Address: 226 Cypress Lane
Palm Springs, Florida 33461.