

UNIVERSITY OF SOUTH FLORIDA BASKETBALL TRAINING FACILITY

Issue: Vertical accessibility to all rows of seating.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to three rows of tiered seating in the film room of a basketball training facility. Accessible seating is provided in the first row. The project is a new, \$8,500,000 athletic facility that is in the design phase.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility to all tiers 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: University of South Florida Basketball Training Facility
Address: 4202 E. Fowler Ave., Tampa, FL 33620

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: Jim Swords- Populous

Applicant's Address: 300 Wyandotte, Suite #200, Kansas City, MO 64105

Applicant's Telephone: 816/221-1500 **FAX:** 816/221.1578

Applicant's E-mail Address: jim.swords@populous.com

Relationship to Owner: Architect

Owner's Name: University of South Florida- Facilities Planning and Construction

Owner's Address: 4202 E. Fowler Ave., FPC 110, Tampa, FL 33620-7550

Owner's Telephone: 813/974-0864 **FAX:** 813/974-3542

Owner's E-mail Address: Ray Gonzalez rgonzale@admin.usf.edu

Signature of Owner: _____

Contact Person: Ken Boeser – RR Simmons (Design/Builder)

Contact Person's Telephone: 813/632-5519 **E-mail Address:** kenboeser@rrsimmons.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.)

Basketball Training Facility for the University of South Florida (Intercollegiate Athletes) 51,000 square feet, 2 story training facility with a 3 riser seating treads. Located in the film rooms.

5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): \$8.5 Million

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.

Advanced schematic design drawing, received approval from the Building Code Administrator in February. The drawings have been developed and are at a stage in which they can be presented to the commission.

7. Requirements requested to be waived. Please reference the applicable section of Florida

law. Only Florida-specific accessibility requirements may be waived.

Issue

1: 553.509 FS vertical accessibility- vertical accessibility to all levels.

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.

The riser seating in the film room due to lines of sight etc., causes an extreme hardship in complying with Section 553.509 FS.

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

The riser seating cannot be built without a waiver.

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.

We have provided integrated accessible seating at the ground level row of the raised seating. Vertical accessibility to all levels (every row of seating) through design and/or costs is impractical.

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 _____

Jim Swords
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: _____
