

GEORGE FOUKE

Issue: Vertical accessibility to the second floor of an office building,

Analysis: The applicant is requesting a waiver from providing vertical accessibility to the 600 square foot second floor of an office building. The first floor contains 3,591 square feet of public space and is fully accessible, while the second floor has offices for sales personnel and an employee break room. The building is undergoing a \$24,000 alteration and the applicant submitted estimates of \$20,800 and \$27,150 to install a wheelchair lift to the upper level.

Project Progress:

The project is in plan review.

Items to be Waived:

Vertical accessibility to the second floor 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: George Fouke

Address: 505 West New Haven Avenue
Melbourne, Florida 32901

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: George Fouke

Applicant's Address: 315 Oakland Avenue, Indialantic, Florida 32903

Applicant's Telephone: (321) 723-7550 FAX: (321) 729-6353

Applicant's E-mail Address: wavemount@aol.co

Relationship to Owner: Applicant is Owner

Owner's Name: George Fouke

Owner's Address: 315 Oakland Avenue, Indialantic, Florida 32903

Owner's Telephone: (321) 723-7550 FAX _____

Owner's E-mail Address: wavemount@aol.com

Signature of Owner: x George I. Fouke

Contact Person: Tom Davis

Contact Person's Telephone: (321) 508-7936 E-mail Address: tomdavis@cfl.rr.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.)

Professional Offices with Showroom on first floor

First floor = 3591 Square Feet under Air Conditioning, Used to operate and manage a small

business (burglar alarm and low voltage company)

Second floor = 660 Square Feet under Air Conditioning for lunchroom and offices

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

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.

Change of use and partition wall additions mitigate compliance

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

Issue

1: Second Floor Accessibility, i.e. Elevator Installation

Chapter 553, Part V, FLA STATUTES, PART C

Issue

2: Second Floor Accessibility, i.e. Second floor Restroom ADA space compliance

Chapter 553, PART V, FLA STATUTES, PART C

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

SEE BELOW

[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.

Attached Estimates for elevator shaft and elevator construction

* THE TOTAL BUDGET FOR THIS RENOVATION IS \$24,000. ADDING THIS ELEVATOR WILL MORE THAN DOUBLE RENOVATION COSTS FOR ELEVATOR INSTALL ALONE. THIS DOES NOT INCLUDE STRUCTURAL COSTS THAT WILL BE REQUIRED FOR INSTALLATION.

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. FIRST ESTIMATE BY SOUTHEAST ELEVATOR \$20,800

b. SECOND ESTIMATE BY ELITE VERTICAL SOLUTIONS \$27,150

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.

No Design Professional on record

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 3rd day of May, 2006

George J. Fouke
Signature

George Fouke
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.

SOUTHEAST ELEVATOR, INC.

905 WAGNER PLACE , FT. PIERCE, FL. 34979-2821
PHONE (772) 461-0030 FAX (772) 461-9008

April 29, 2006

George Fouke
305 West New Haven Ave.
Melbourne, FL 32901

Dear Mr. Fouke,

Thank you for your recent inquiry about our wheelchair lifts. After reviewing the information you provided, we propose the following:

PROPOSAL AND CONTRACT

One (1) PAL-EN 144 manufactured by Concord Elevator in accordance with the following features:

- 1) 1:2 cable hydraulics with up to 144" vertical travel
- 2) Battery raising and lowering
- 3) Keyed call send stations
- 4) Emergency manual lowering, pit and stop switch
- 5) 750 lbs capacity
- 6) Full height bottom and top automatic doors
- 7) Two year parts and labor warranty

WORK AND MATERIALS BY OTHERS

- 1) Permanent 110v 15 amp. power with fused disconnect at lift location.
- 2) 3" Slab depression
- 3) Hoistway construction per shop drawing

We will provide and install One (1) PAL-EN 144 as described above, for the sum of Twenty thousand Eight hundred dollars (\$20,800.00). This price does not include items written as WORK AND MATERIALS BY OTHERS. This proposal includes all taxes and permits required.

TERMS: 50% Deposit, 40% after substantial completion, Balance upon State Inspection.

S.E.I. Will set up third party State Inspection, Contractor will be responsible for the fee, approx. \$220

Allow approx. Ten weeks delivery after approved shop drawings.

I AUTHORIZE SOUTHEAST ELEVATOR, INC. (HEREINAFTER S.E.,INC.) TO PERFORM WORK AS OUTLINED HEREIN FOR THE SUM OF \$20,800.00. I HAVE READ THE TERMS AND AGREE TO PAY THE SUM ACCORDING TO THE SCHEDULE ABOVE AND FURTHER AGREE THAT IF THIS CONTRACT IS NOT PAID IN FULL ACCORDING TO THE TERMS HEREIN, THE PURCHASER SHALL BE RESPONSIBLE FOR ANY COLLECTION COSTS, ATTORNEY FEES, AND COURT COSTS CONNECTED THEREWITH. IN THE EVENT THE PURCHASER HEREBY NOTIFIES S.E.,INC. THAT IT WISHES TO CANCEL THIS AGREEMENT THROUGH NO FAULT OF S.E.,INC., THEN ANY DEPOSITS, ESCROW'S, OR PAYMENTS MADE BY THE PURCHASER TO S.E.,INC. SHALL BE FORFEITED AS A RESULT OF LOST SAID WORK.

AUTHORIZED SIGNATURE _____ PRINT _____

TITLE _____ DATE _____

PURCHASERS ADDRESS _____

PHONE _____

DEPOSIT RECEIVED _____

Respectfully submitted for SOUTHEAST ELEVATOR, INC.

BY Charles S. McGee

Charles S. McGee, President

DATE 4-29-06

ELITE VERTICAL SOLUTIONS

**955 NW 203rd Avenue
Pembroke Pines, FL 33029
Ph. 954.432.9800
Fax 954.704.9341
elitevertical@bellsouth.net**

May 1, 2006

Residence Jorge Fouke 505 W. New Haven Avenue Melbourne FL 32901

Contractor: _____

We hereby submit specifications and estimates for the installation of one Inclinator VL, two (2) stops, according to the following standard specifications:

- **Cab configuration- front gate.**
- Travel-144" approx.
- Motor- 1HP, 1725 RPM, 120VAC. 60 HZ single phase, 15 Amps. Instant reversing.
- 10 FPM Travel. 750Lbs.
- Tower: 16 ga. Auto steel with weather resistant coating.
- Control: up/down paddle switch on platform and landings. 24 VAC.
- Standard alarm, Keyswitch and emergency stop switch.
- Drive: ACME screw with self-centering drive pulley, three V-belts with broken belt safety switch. Manual raise and lowering.
- Dual Safety Dogs.
- Finish: baked-on powder finish in beige, standard.
- Platform: 12sq. ft. 42" high sides. Handrail on each long side. Platform floor and ramp have non-skid surfaces.
- Meets or exceeds ANSI A17.1 National Safety Code.

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Work to be done by others:

- 1 - Plumb fire rated hoist way to meet your local codes.
- 2 - Plumb secure mounting supports installed to specifications.
- 3 - Power 120V, 1Ph, 60Hz, 15 amp fused disconnect w/ aux. 24VDC switch.

Warranty:

Two full year all parts and labor. We hereby propose to furnish labor and materials, complete in accordance with the above specifications, the sum of:

Price (price quote to will be maintained for 60 days) - \$ 27,150.00
 (twenty seven thousand one hundred fifty dollars)
 (Price includes sales tax)

50% due with the signing of contract & order. \$ 13,575.00

50% balance due when wheel chair lift installation is completed. \$ 13,575.00

Shipping 5-7 weeks from approved drawings depending on factory overload and options selected.

All material is guaranteed to be as specified. All work to be in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. Contractor to coordinate elevator delivery to procure full installation within a 30-day period from delivery date. If elevator installation is not possible due to contractors delay, a 3rd payment of 15% will be due regardless of installation status. This proposal subject to acceptance within 30 days and is void thereafter at the option of the undersigned.

Price does not include permits and weight test.

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Fax 954.704.9341
elitevertical@bellsouth.net**

You hereby agree to pay Elite Vertical Solutions, Inc. reasonable attorney's fees and all costs in the event it becomes necessary to enforce or defend any of the terms and conditions of this contract.

NOTE: you will be asked to provide us with a date that you need the equipment delivered to the job site. We will then confirm a delivery commitment date with you. If you ultimately cannot accept delivery on that date, you hereby agreed to accept title to and make payment for this contract as shown on the second payment. You must also then designate a place to which we can deliver the equipment for storage until needed. If you do not designate a storage location within two weeks of the delivery commitment date, you hereby authorize Elite Vertical Solutions, Inc. to store the equipment within or without our storage facilities at your expense and risk. You hereby agree to reimburse Elite Vertical Solutions, Inc. for all cost due to extra handling and storage.

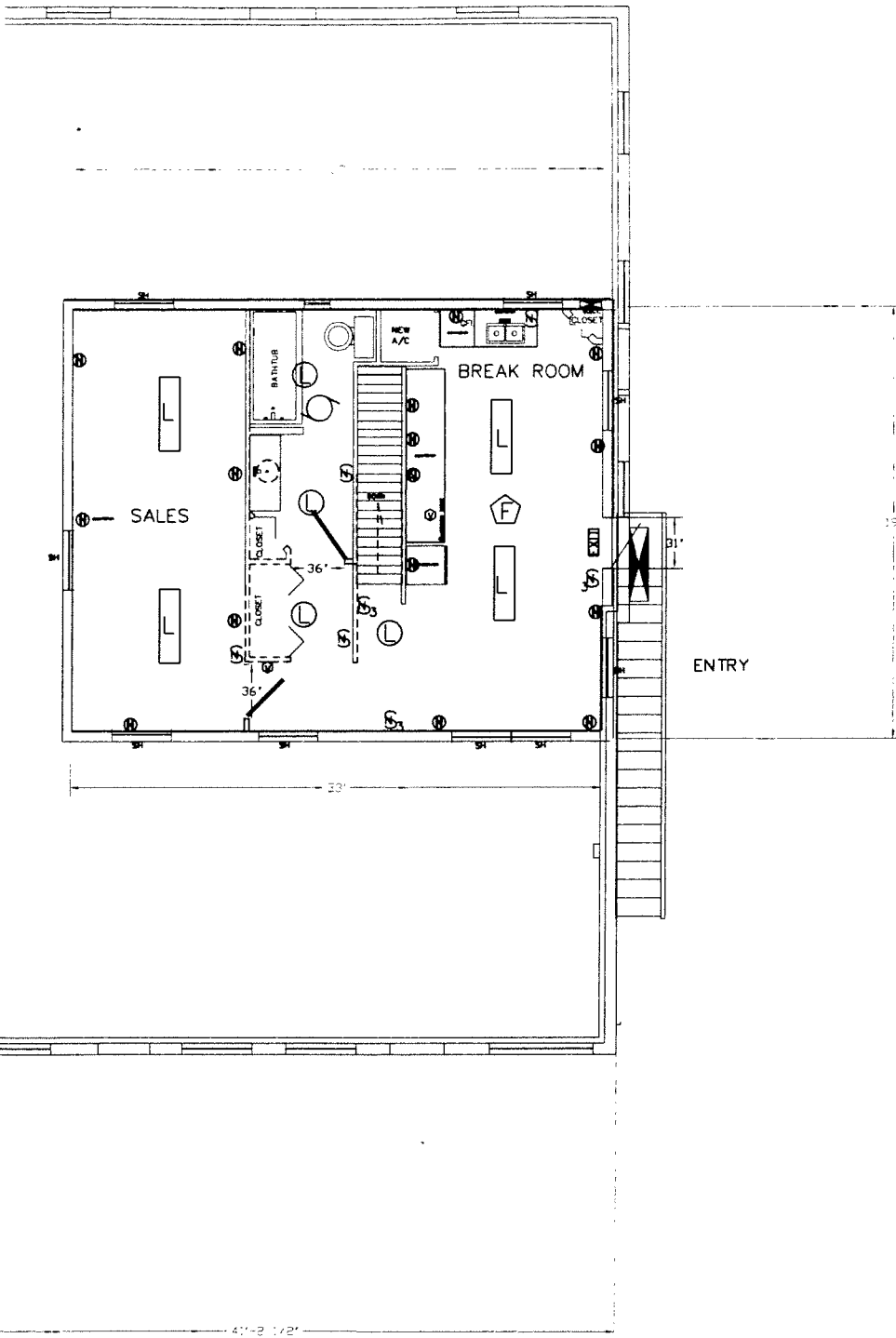
Balance of 25% must be received upon completion of installation and final invoice. If not received there will be a late fee of 1.5% of final amount due added to you total, and every 30 days thereafter we will add another 1.5% of total plus late fees accrued.

Authorized signature: _____ Date _____
Daniel S. Matarazzo
Sales and Project Director

Acceptance of proposal:
The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Accepted:

Signature: _____ Date: _____
Please print name: _____



2nd Floor

MELBOURNE, FLORIDA

FLOOR PLAN SECOND FLOOR

CLIENT: FOUKE PROPERTY
501 NEW HAVEN BLVD.
MELBOURNE, FL.

THIS IS THE PROPERTY OF SUBMITTED FOR TO BE COPIED OR USED IN THE INTERESTS OF OM DAVIS	TOLERANCE ON: FEET ±1/8" INCHES ±1/16" DECIMALS ±.001 ANGLES ±1' DIMENSIONS OTHERWISE SHOWN	C	-	-	-	-	DRAWN BY <i>fjm</i>	DATE -	APP'D BY -	SCALE NTS
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