

## **EPIC THEATRE**

**Issue:** Vertical accessibility to all rows of seats in a stadium style theater.

**Analysis:** The applicant is requesting a waiver from providing vertical accessibility to all rows of seats in a new, 16-screen movie theater complex. The movie houses range from 77 to 297 seats, and while all required accessible wheelchair locations have been designated, they are all designed in the central portion of the theaters. Companion seats are provided. The project will cost \$6,000,000 and the applicant provided an estimate of \$68,000 per elevator to make each row of seating accessible.

### **Project Progress:**

The project is under design.

### **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  
CHAPTER 553, PART V, FLORIDA STATUTES

Your application will be reviewed by the Accessibility Advisory Council and its recommendations will be presented to the 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: EPIC THEATRE - ST. JOHNS COUNTY

Address: CORNER INDUSTRIAL PK. ROAD &  
S.R. 207 ST. AUGUSTINE, FLA

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: PAT MOORE (NEYER)

Applicant's Address: 302 W. THIRD ST. CINCINNATI, OH 45202

Applicant's Telephone: 513.271.6400 FAX 513.354.1958

Applicant's E-mail Address: P.MOORE@NEYER.COM

Relationship to Owner: DESIGN-BUILDER

Owner's Name: EPIC THEATRE

Owner's Address: P.O. BOX 2076

Owner's Telephone: 336-736-6830 FAX

Owner's E-mail Address: fd@epictheatres.com

Signature of Owner: [Signature]

Contact Person: FRANK DEMARSH

Contact Person's Telephone: 336-736-6830 E-mail Address: fd@epictheatres.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.)

53,700 SF MOVIE THEATRE WITH  
6,850 SF PROJECTION MEZZANINE

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

\$6,000,000

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Issue

1: ~~FBC SECT. 11-9.1.3(5) REQUIRES ELEVATOR TO SERVE EA. SEATING LEVEL FOR THEATRE UTILIZING "STADIUM STYLE" SEATING (18" STEPS)~~  
Issue NOTE: PROJECTION BOOTH IS EXEMPT FROM THIS REQUIREMENT

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.

~~UNREASONABLE & EXTREME HARDSHIP TO PROVIDE ADA ACCESSIBILITY TO STADIUM STYLE SEATING DUE TO MULTIPLE 18" SEAT STEPS WHICH ARE NECESSARY FOR OPTIMUM VIEWING SIGHT LINES FOR MOVIE WATCHING \*~~

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.



\* SEE ATTACHED PHOTOGRAPH

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. ATTACHED COST ESTIMATE DOES NOT INCLUDE STOPS AT EACH LEVEL FOR ELEVATOR WHICH IS TECHNICALLY NOT FEASIBLE. THIS ESTIMATE SERVES AS A BASE COST ONLY.

c. \_\_\_\_\_

10. Licensed Design Professional: Where a 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.

SEE ATTACHED LETTER DATED JULY 3, 2006

Signature

Printed Name

James J. Christen

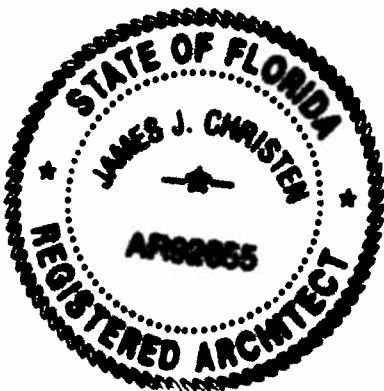


Phone Number

513-527-1843

(SEAL)

Lic # AR92655



**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. SEE ATTACHED LETTER FROM ST. JOHNS BLDG DEPT.
- b. PROJECT IS IN DESIGN PHASE - NO PERMIT
- c. HAS BEEN SUBMITTED FOR.

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 \_\_\_\_\_  
\_\_\_\_\_

**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 be the best of my knowledge true and correct.

Dated this 10<sup>th</sup> day of JULY, 20 06

Signature *[Handwritten Signature]*

Printed Name FAT G. MOORE

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.

July 5, 2006

Department of Community Affairs  
Florida Building Commission  
2555 Shumard Oak Boulevard  
Tallahassee, Florida 32399-2100

Re: **Epic Theatre – St. Augustine, Florida**  
**Request for waiver from accessibility requirements**

To Whom It May Concern:

We are hereby submitting for a request for waiver from accessibility requirement for:

**Florida Building Code Section 11-4.1.3 (5)** vertical accessibility to be provided to all levels above and below the occupiable grade level, regardless of whether the code requires an elevator. This implies that each seating level for a movie theater which utilizes 18" high "stadium style" seating must be accessible.

We feel this requirement is an extreme hardship and is technically not feasible in this building type due to multiple levels of seating steps which are required to provide optimal movie watching sight lines.

Please note that ADA accessible seating is provided in each Studio as indicated on attached drawings.

Sincerely,

**Neyer Architects & Engineers, Inc.**



Jim Christen, AIA  
Director of Architecture  
Florida Registration AR92655



LETTER FROM ST. JOHNS COUNTY BUILDING DEPT.

**Pat Moore**

---

**From:** Jim Paula [jpaula@co.st-johns.fl.us]  
**Sent:** Friday, July 07, 2006 10:42 AM  
**To:** Pat Moore  
**Cc:** Howard White  
**Subject:** RE:

Pat

I have reviewed the A 2.1 floor plan showing the proposed accommodations for wheelchairs within each studio and vertical accessibility. I find that it meets the requirements of 11-4.33.3 for the location of wheelchairs, but not 11-4-1.3(5) for vertical accessibility. I feel that 11-4-1.3(5) vertical accessibility is technically not feasible due to the multiple seating steps. I would not be opposed to the granting of a waiver for vertical accessibility.

Jim Paula  
Plans Examiner

---

**From:** Pat Moore [mailto:pmoore@neyer.com]  
**Sent:** Thursday, July 06, 2006 1:46 PM  
**To:** Jim Paula  
**Subject:**

Jim,

Attached is the Floor Plan and Building Section which we are preparing for the application for the Request for Waiver of the accessibility requirements as we discussed.

We are requesting an email or letter from St. Johns Building Department indicating support of our request for waiver based on the attached letter regarding Florida Building Code Section 11-4.1.3 (5) requirement for accessibility at each seating level.

Please call me if you have any questions. We are needing this letter by next Wednesday for us to overnight to the Florida Building Commission.

We appreciate your prompt assistance.

Patrick G. Moore, AIA  
Director of Architecture  
Neyer Architects & Engineers, Inc.  
302 W. Third Street, Suite 800  
Cincinnati, Ohio 45202  
513.271.6400  
513.271.1350 (fax)

7/7/2006



Date: 7/6/2006

Project: Epic Theater  
 St. Augustine, FL  
 16 - Studio Theater

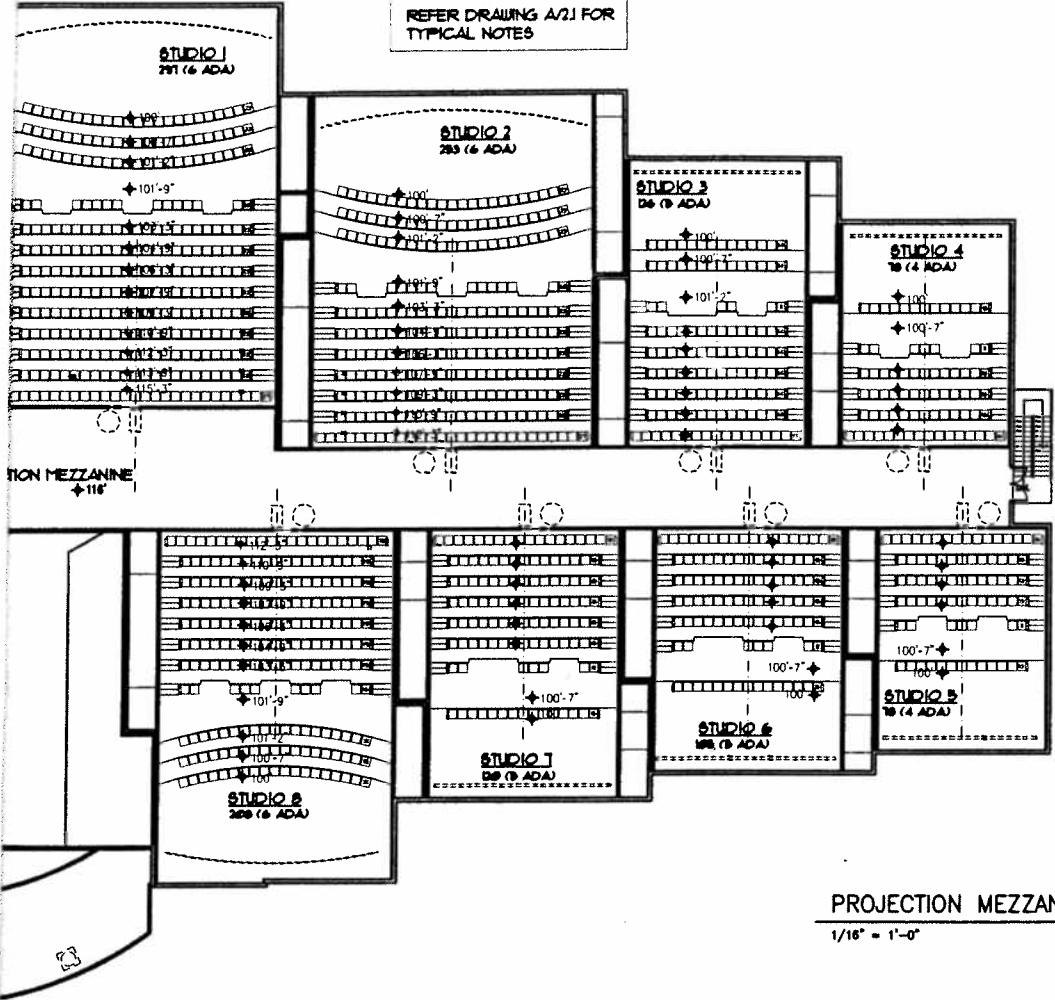
Scope Estimated budget cost to provide a single elevator to the mezzanine level

Notes: Below pricing is based on a single 2000 lb twinjack holeless telescoping hydraulic passenger elevator @ 100 FPM with standard features and finishes. The hoistway size would have to be 7'-8" wide x 5'-9" front to back with a 4'-0" deep pit and 12'-8" in the overhead below the hoist beam. This estimate is based on standard finishes inside the car and in the hall.

Item #	Item	QTY	Unit	Cost/Unit	Cost	Notes
1	(1) ELEVATOR (16'-0" rise) Elevator shaft wall and cap	1.00	Isum	\$ 40,000	\$ 40,000	
2	assembly.	1.00	Isum	\$ 12,000	\$ 12,000	assumes standard elevator shaft wall assembly.
3	Electrical Power Requirements	1.00	Isum	\$ 3,500	\$ 3,500	
4	Elevator Pit	1.00	Isum	\$ 4,500	\$ 5,800	assume 6' deep pit
5	Ventilation	1.00	Isum	\$ 1,500	\$ 1,500	
6	Sump Pump	1.00	Isum	\$ 1,500	\$ 5,800	
				\$	-	
<b>TOTAL COST</b>					<b>\$ 68,600.00</b>	

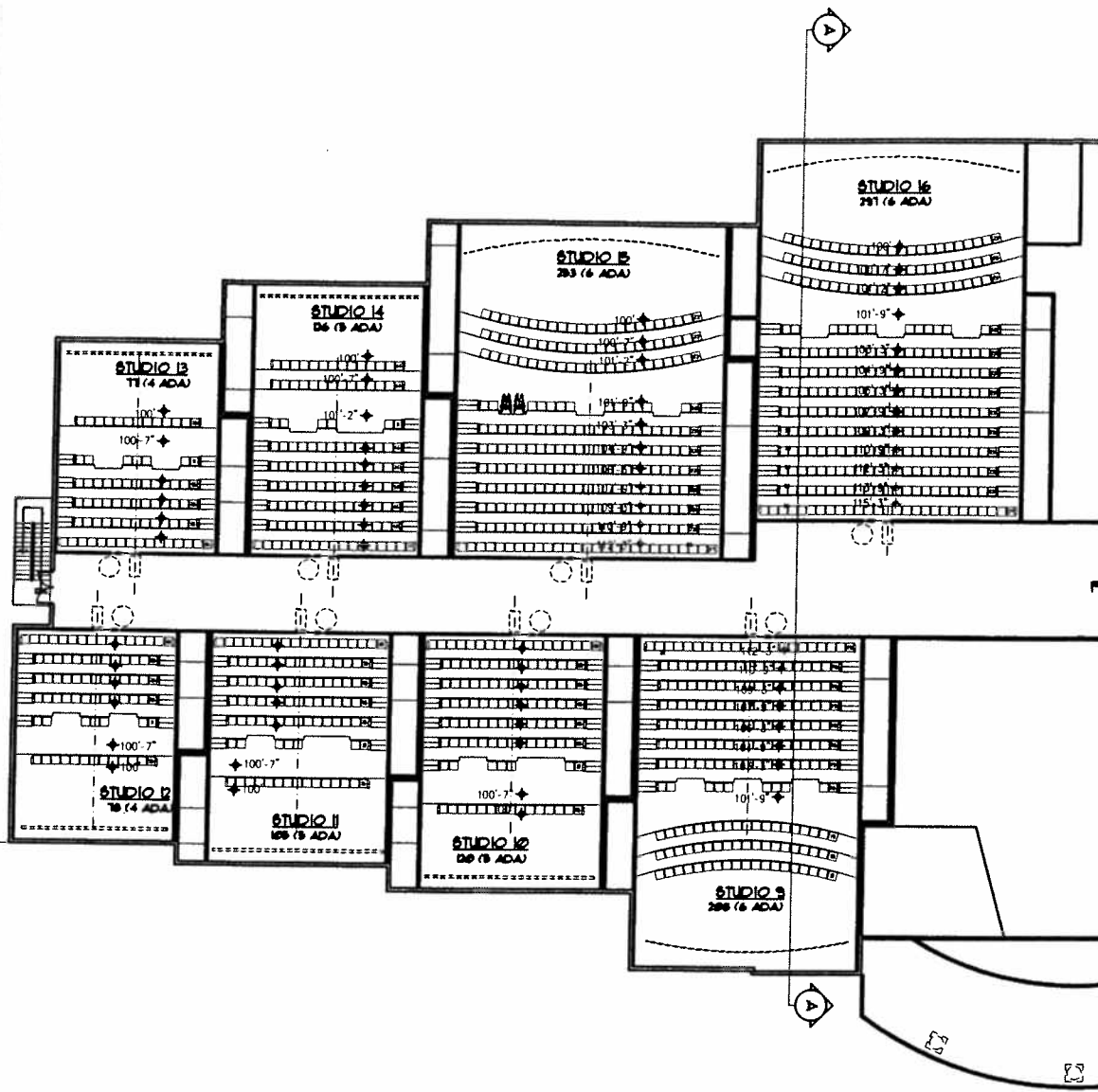
Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner Representative

REFER DRAWING A/21 FOR  
TYPICAL NOTES



PROJECTION MEZZANINE  
118'

PROJECTION MEZZANINE  
1/16" = 1'-0"



BUILDING SECTION A-A  
1/8" = 1'-0"

