

## **CHELSEA SALON AND SPA**

**Issue:** Vertical accessibility to the second floor.

**Analysis:** The applicant is requesting a waiver from providing vertical accessibility to the second floor of an existing, 6,200 square foot building originally built as an office building. The owner plans to renovate the facility at a cost of \$225,000 to convert it to a hair salon and spa. As shown on the plans, all facilities intended to be housed on the second floor are duplicated on the accessible first level. Accessible parking, walkways and the entrance will also be made accessible. According to the applicant, it would cost an additional \$29,925 for installation of an elevator and \$15,385 has already been allocated to upgrade accessible elements of the project.

### **Project Progress:**

The project is under design.

### **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: Chelsea Salon & Spa

Address: 1629 Mitchum Dr (Mahan Center Blvd) 32308

**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: Mary Fannin

Applicant's Address: 4384 Chairs Cross Rd 32317

Applicant's Telephone: 850-877-5412 FAX: 850 894 2126

Applicant's E-mail Address: fanninm@direcway.com

Relationship to Owner: (same)

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_ FAX \_\_\_\_\_

Owner's E-mail Address: \_\_\_\_\_

Signature of Owner: [Signature]

Contact Person: (same)

Contact Person's Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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.)

*This is an existing 6200 sqft office building with two levels. I'm hoping to purchase and do interior renovations for a hair salon and spa.*

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

*\$ 225,000*

**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.

*I am concerned about how I am ~~not~~ able to use accessibility dollars, and if I am able to not add an elevator if all services performed are available on the first floor.*

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

**Issue**

1: We are renovating interior space and exterior  
parking / walkways to a max total of 205,000.00

**Issue**

2: The building needs so much accessibility renovation  
that I would like to spend my 20% or, that I feel  
that an elevator or lift would be a big financial strain.

**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.

I will be able to provide all services available on  
the ground floor. The second floor would only duplicate  
services.

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

Since we are only doing interior renovation and are  
also trying to purchase the building, it would be cost  
prohibitive to add an 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.

*Since building requires 2 "new" accessible restrooms,  
accessible walkways, lever handles on ~~lot~~ doorways, ramps etc.*

**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. *quote from Jhyser/Kump Elevator (enclosed) does  
not include preparing the space, electricity etc.*
- 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.

\_\_\_\_\_

\_\_\_\_\_

*J. Terry Peterson, AIA*      *J. Terry Peterson*  
Signature                      Printed Name

Phone number 850.576.5899

(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 20<sup>th</sup> day of August, 20 05

  
Signature

Mary F Fannin  
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. Questioning need for elevator access versus cost and
- b. need in this particular facility
- 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 \* Except to project costs & valuations

Jurisdiction City of Tallahassee

Building Official or Designee [Signature]  
Signature

Robert Tredik  
Printed Name

BU230  
Certification Number

850-891-7071 7099  
Telephone/FAX

Address: Box 328 City Hall  
Tallahassee, FL 32301

To Whom it may Concern:

My name is Mary Fannin and I own Chelsea Salon and Spa, currently in two locations. I am in the process of purchasing and remodeling a property on Mahan built in 1988. My goal is to close both current locations and move them into just one.

This is a 6200sq.ft. building originally built for office space. I am planning a renovation of the interior space as well as the parking and walkway space. The estimated cost of these renovations is 200 to 225 thousand dollars. My plan is to provide all spa and hair services on the ground floor and extra hair services upstairs since the upstairs space is less than a third of the total square footage.

My request is for an accessibility waiver concerning an elevator or lift for this space. My reasoning is twofold: not having one will not impede anyone from any service offered, and because the building needs so much accessibility renovations in restrooms, doorways and walkways, it is cost prohibitive to also add an elevator or lift.

Please consider this request. Thank you.

Mary Fannin

cc floor plan drawing  
site plan





CONSTRUCTION MANAGEMENT

Chelsea Salon Renovation  
1629 Mahan Center Blvd.  
Tallahassee, FL 32301

30-Aug-05

Mrs. Mary Fannin

Regarding: Handicapped Cost Estimates for remodeling

Dear Mrs. Fanning,

These costs of the ADA related improvements to the referenced project follow:

Site modifications	\$8,006.00
Modifications to doors/hardware	\$6,754.00
Misc. handicapped items	<u>\$625.00</u>
Total	<u>\$15,385.00</u>

If Baycrest can be of any further assistance, please call.

Thank you,

Charles Arant

# ThyssenKrupp Elevator



August 18, 2005

Mrs. Mary Fannin  
1629 Mahan Center Drive  
Tallahassee, FL 32308

Regarding: The Chelsca Building

Dear Mary:

ThyssenKrupp Elevator Corp. is pleased to quote the sum of \$29,925 for the complete installation of (1) one 2000# 2-landing hydraulic passenger elevator system. The following quote is based on ThyssenKrupp Elevator standard 2000# hydraulic passenger elevator system with standard finishes.

For a list of contractors please see attached.

Alternate number 1

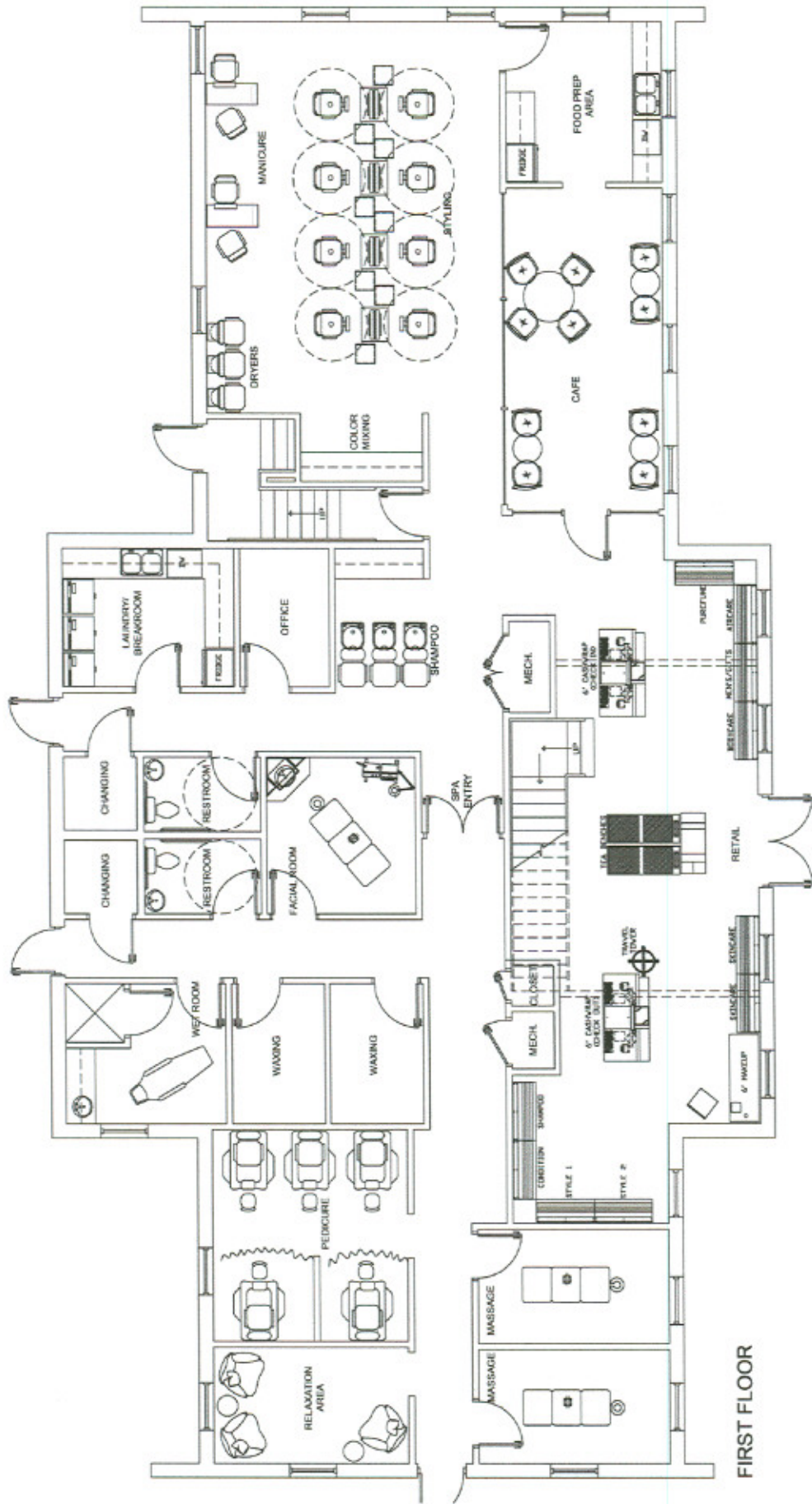
ThyssenKrupp Elevator is pleased to quote the sum of \$22,205 for the complete installation of (1) one BC144 vertical wheel chair lift. The lift will be installed in a hoistway that will be provided by the general contractor.

Thank you for the opportunity to quote this project. If you should have any questions please do not hesitate to call me at 850-576-0161.

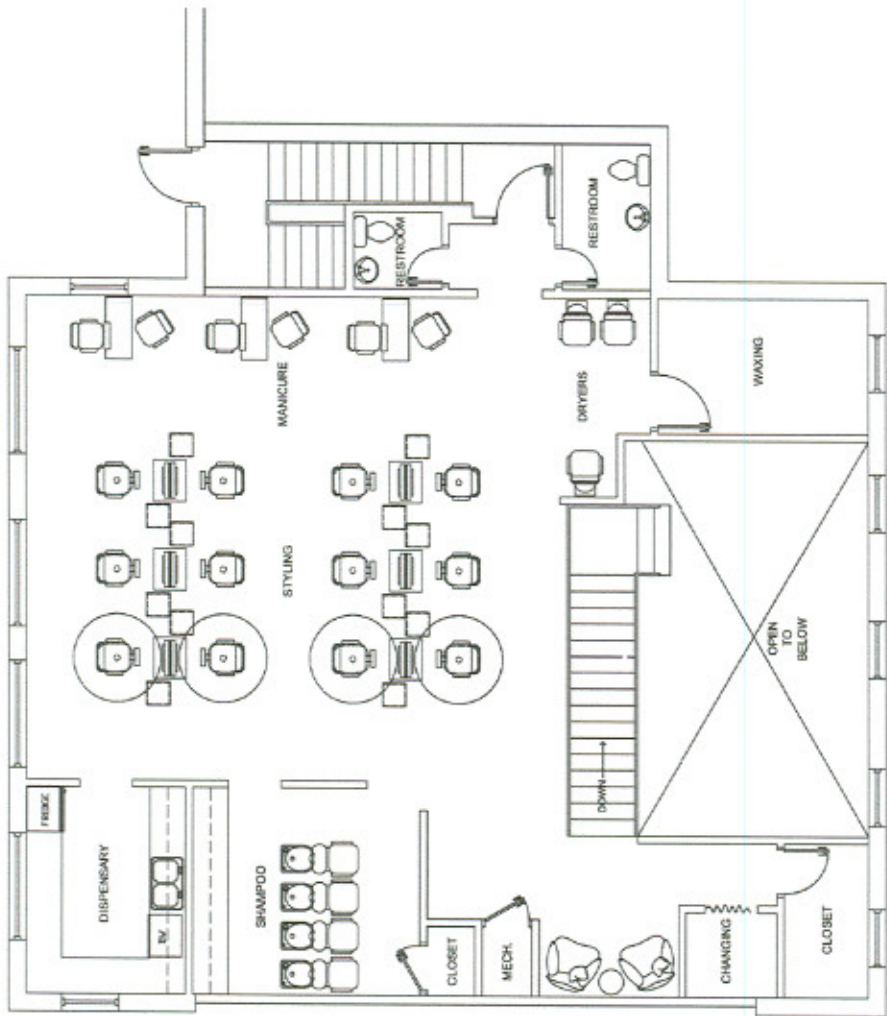
Sincerely,

Matt Ellinor  
District Sales Manger

*(Does not include building prep for elevator or lift)*



FIRST FLOOR



SECOND FLOOR