HCH COMPANIES, INC.

Issue: Vertical accessibility to the second floor.

Analysis: The applicant is requesting a waiver from providing vertical accessibility to the second floor of a c. 1930 structure that was originally built as a 3,800 square foot single family dwelling. It is being converted for office use and alterations will cost approximately \$10,000. According to the applicant, it will cost approximately \$40,000 to purchase elevator equipment and construction of a shaft an additional \$80,000.

Project Progress:

The project is under design.

Items to be Waived:

Vertical accessibility as required by Section 553.509, Florida Statutes.

- 553.509 Vertical a ccessibility. 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.

This application is available in alternate formats upon request.

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: HCH Companies, Inc.

Address: 2950 5th Avenue North St. Petersburg, Florida 33713

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: | Ronald J. Harvey | |
|------------------------|--|--|
| Applicant's Address: | 1944 Blossom Way South St. Petersburg, Florida 33712 | |
| Applicant's Telephone: | (727) 867-1000 FAX : (727) 867-2786 | |
| Applicant's E-mail Add | ress: ronaldjharvey@yahoo.com | |
| Relationship to Owner: | Principal stockholder | |
| Owner's Name: | HCH Companies, Inc. | |
| Owner's Address: | 146 Second Street North, Suite #014 St. Petersburg, Florida 33701 | |
| Owner's Telephone: | (727) 867-1000 FAX (727) 867-2786 | |
| Owner's E-mail Address | ronaldjharvey@yahoo.com | |
| Signature of Owner: | Malflen | |
| Contact Person: | Ronald J. Harvey | |

Contact Person's Telephone: (727) 867-1000 **E-mail Address:** This application is available in alternate formats upon request. Form No. 2001-01

ronaldjharvey@yahoo.com

3. Please check one of the following:

[] New construction.

[] Addition to a building or facility.

[X] 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.)

1930's era two story wood house; approximately 3800 square feet; to be used as an office.

5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): \$10,000.00

6. **Project Status:** Please check the phase of construction that best describes your project at the time of this application. Describe status.

[X] Under Design [] Under Construction*

[] In Plan Review [] Completed*

* Briefly explain why the request has now been referred to the Commission.

In an effort to obtain a permit to alter the main entry way to the house I was told by the local city office I would need an accessibility waiver from the Department of Consumer Affairs.

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

Issue

1 Section 553.509 of the Florida Statutes; Vertical Accessibility.

Issue

2:_____NONE_____

Issue

3:_____NONE_

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.

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

The costs to install an elevator would be approximately \$120,000.00. This is almost one-half of the purchase price of the building which was \$300,000.00. To incur such a cost would cause us substantial financial costs to the extent we would be unable to continue with the alteration to the house as follows:

Alter the porch way to provide better shelter upon entry, installation of a ramp for better accessibility, inclusion of two new double doors both of which are 36" wide for disability access.

Please see drawings as attached.

A disability waiver is necessary for us to obtain a building permit to proceed with the alternations as outlined above.

[] 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. I called two different elevator companies. Both gave me estimates on the cost of the elevator at approximately \$40,000.00. The first gentleman stated that this estimate was within \$1,000.00 either way. In addition, I was told the cost of building a shaft into such an old building and the addition of a maintenance space would add another \$80,000.00 to the cost for a total cost of \$120,000.00.

Since this additional expense is not justified for a building worth only \$300,000.00 I offered to pay for a written estimate. However, both companies were hesitant to do the work on providing me with a written estimate knowing in advance I was not a candidate for an elevator.

I could not bring myself to obtain the written documentation by deceit as if I was a serious buyer when I was not.

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.

THE WAWER IS NECESSALY IN FIDER TO OBTAIN A PERMIT TO MAKE THE ALTERATION TO THE MAIN ENTRY WAY. THE ENTRY WAS IS DESIGNED TO ENABLE DISABLED ACCESSIBNITY WITH A RAMP # A 36" DOOR. B Brokent B. Green boury

Signature

Printed Name AR 00 Z 033

Phone number (727) 345-0053

(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 8th day of /November, 2006.

Signature

Ronald J. Harvey 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.

SCALE: 1/4"=1'-0'

TETENT



PROPOSED PLAN FOR

