

**Department of Community Affairs
FLORIDA BUILDING COMMISSION
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100**

NOTICE TO WAIVER APPLICANTS

Please make certain you comply with the following:

- The person submitting the waiver request application as the Applicant **MUST** sign the application. Should you fail to do so, your application will be returned.
- If a design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- Be as explicit as possible. The more information provided to the Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree.
- If at all possible, **PLAN TO ATTEND the Accessibility Advisory Council (The Council) and the Commission Meetings**. Sometimes pertinent facts are inadvertently omitted, or information provided/presented in the Request for Waiver application is not clear. Your attendance at the meetings to answer questions will enhance the possibility of the waiver being approved, since the Council and the Commission will receive the most complete information -- from you. When we receive the completed application, we will send you a notice of the time, date, and place for both the Council and the Commission meetings.

Enclosed are: a **Checklist for Use by the Applicant**, a **List of Required Information** and the **Request for Waiver** application.

If you have any questions or would like additional information, please call the Codes and Standards Office at (850) 487-1824.

Please mail this application to the Department of Community Affairs at the address above, Attention: Sandi Curlee.

REQUEST FOR WAIVER -- CHECKLIST (for use by the Applicant)

1. _____ **Name and address of project location.** What is the project called, where is it physically located (street address or description/survey location is street address has not been determined. If there are phone and/or fax number associated with this location, provide these.

2. _____ **Name of Applicant:**
 - a. Provide the full name of the applicant and the owner, where indicated.
 - b. Include the complete address of the applicant and the owner.
 - c. Telephone and fax number of the applicant and owner.
 - d. CONTACT PERSON: In case we have a question, who do you prefer we contact -- the owner, applicant, design professional? Provide the name and phone number of the contact person.

3. _____ **Item 3.** Check the type of the work to be performed (i.e., new construction, addition, alteration, historic, etc.). If you must check more than one box, [*example: an addition to an existing historical building that will also be altered during the work*], then check all the applicable boxes, write "See Attachment" to the right of the checked sections, and describe the situation on a continuation sheet (separate sheet of paper).

4. _____ **Type of Facility.** Describe the building or structure and provide the size, how many floors, and how it is to be used, including the occupancy classification and/or group. [*Examples: (1) New 10,000 square foot, one-story, masonry building categorized for Assembly and used as a restaurant. (2) A new two-story, 3,500 square foot (1,750 SF per floor) wood frame building categorized as a Business and used as attorney offices.*] If the building is existing and undergoing a change of use, then the previous use must also be stated.

5. _____ **Project Construction Costs.** Provide the costs for new construction, additions, and alterations. If more than one designation of work is being performed, keep the costs separate for each designation of work. [*Example: \$45,000 construction and \$30,000 addition.*] For alterations, also note the value of the building or structure before the work and the cost of the alteration.

6. _____ **Project Status.** Check the appropriate box that applies to the status of your project at the time of the waiver. Also write the percentage complete for that area. For "Under Construction" and "Completed", also write the date that the contract was signed for the construction. [*Examples: (1) If under construction, "40% complete, construction contract signed on September 12, 1997". (2) If in plan review "plans are in for site plan review".*] If completed, explain why it was built without meeting the accessibility code requirements.

7. _____ **Requirements Requested to be Waived.** Write in the accessibility requirement(s) and/or code citations(s) that you are requesting to be waived for each waiver-able requirement. NOTE: Only those section of the Code that are **Florida Specific** can be waived, and then **only to the minimum ADAAG requirements**. [*Examples: (1) If a new occupiable floor, "Vertical Accessibility, Section 553.509, Florida Statutes". (2) If a new occupiable seating area in a restaurant, "Vertical Accessibility, Section 553.509, Florida Statutes, Code section 5.4 Dining Areas". (3) If accessible parking in a new structure, Code sections 4.1.2 (5)(b) and 4.6.3".*]

8. _____ **Reasons for Waiver Request.** Provide the reason/justification for each waiver requirement listed in item 7 (i.e., hardship, substantial financial costs, technically infeasible alternatives). Check those items that are applicable to your case, listing the issue number from item 7 and reason. If you need more space, include on a continuation sheet and write "See Attachment". If you are claiming financial hardship, explain and **document** why and to what degree. In the case of alterations where disproportionate cost is a factor, you must prove that the cost of providing accessibility is more than 20% of the cost of the alteration to the primary function area.

9. _____ **Document Cost Estimates.** Provide the required cost estimates; identify any additional supporting data, which may have affected the cost estimates. Additional information which may be provided or required: photographs (if existing facility), plans, equipment or process information/literature, and any other information that would support your claims to the Commission. [*Example: For 553.509, FS, Vertical Accessibility, provide the appropriate cost(s) to achieve vertical accessibility, whether by an elevator, chair lift, LULA, ramp, etc. (If site constraints or conditions or utility installation are factors, then explain.)*]

10. _____ **Licensed Design Professional and Certification of the Applicant.** When professional design services are required and/or used, this application **MUST** include comments by the project's Registered Architect or Professional Engineer. The comments **MUST** include a reason why the waiver is necessary and the need to submit it to the Commission.. The Applicant **MUST** also certify where shown.

11. _____ **Review and Recommendation of Local Building Official.** If possible, have the building official complete this section.

General Information.

a. **Equipment:** An overhead projector is provided at the presentation; any other equipment needed by the applicant, such as TV/VCR, slide or LCD projectors, etc., is the responsibility of the applicant.

b. **Verbal Descriptions:** Presentations may be to sight impaired persons; visual presentations should consider adequate verbal descriptions of charts and pictures.

LIST OF REQUIRED INFORMATION:

1. _____ Drawings: **Full size floor plans, sectional views of affected areas, and the site plan** are the **only required drawings** to accompany the waiver application. **The plans may be copies;** the plans should be the same as the plans reviewed by the Building Official, but **do not need to be original signed/sealed drawings.** Concept drawings, or drawings by owners for work not requiring professional design, may be of a lesser scale and may be submitted for waiver prior to committing to design. Drawings shall include proposed floor plan with basic dimensions and layout and sectional views for multi-story facilities; as site plan layout sketch and description of the surrounding area should be provided if available.

2. _____ One set of reduced scale (8 ½" x 11") legible drawings of the floor and site plans. Also, provide elevation and sectional views as needed.

3. _____ One set of overhead transparencies (8 ½" x 11") of the plans and views submitted in item 2 above. For Information: When designs have numerous features shown on the drawings, it would be helpful to designate the location of the waiver items by using color or outlining in color the affected areas.

4. _____ Supporting cost estimates with multiple quotes from vendors, contractors, and catalog information.

5. _____ Provide photographs for existing buildings, such as alterations and/or when existing plans do not exist, and for the site when providing concept drawings.

6. _____ **IF YOU HAVE A DESIGN PROFESSIONAL** involved in the project, the design professional's comments on the Waiver Application form **ARE MANDATORY**, and must be signed and sealed.

7. _____ **CERTIFICATION OF APPLICANT:** It is **MANDATORY** that the applicant sign the waiver application form.

Your application will be reviewed by the Accessibility Advisory Council. You will have the opportunity to answer questions and/or make a short presentation **not to exceed 15 minutes.** The Council will provide recommendations to the Commission. The Commission will review the application. You will have another chance to answer the questions and /or give a short presentation **not to exceed 15 minutes.** The Commission will consider all information and the Council's recommendation before voting on the waiver.

**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: _____

Address: _____

Telephone _____ **FAX** _____

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: _____

Applicant's Address: _____

Applicant's Telephone: _____ **FAX:** _____

Relationship to Owner: _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____ **FAX** _____

Signature of Owner: _____

Contact Person: _____

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. Define the occupant or proposed occupant and how it serves the public. If the building is existing and undergoing a change of use, please specify the previous usage.

Previous Use _____

5. Project Construction Cost _____

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. For example, Section 553.509 FG, governs the requirements for vertical accessibility.

Issue

1: _____

Issue

2 : _____

Issue 3: _____

8. Reason(s) for Waiver Request: Please describe how this project meets the following criteria. Explain all that would apply for consideration of granting the waiver.

The hardship exists primarily as a result of the statute.

Unique circumstances and not general conditions, cause the hardship.

The hardship is based on an actual or proposed situation as presented by the design documents. Provide a detailed cost estimate and, where appropriate, photographs. Cost estimates must include bids and quotes.

Substantial financial loss and/or investment, if any, will result if the waiver request is denied.

A good faith effort has been made to comply with the statute as evidenced by submittal of documented proof of all feasible technical alternatives.

9. **Provide documented cost estimates for each portion of the waiver request.** For example, for vertical accessibility, the lowest documented cost of an elevator, ramp, lift or other method of providing vertical accessibility should be given, documented by quotations or bids from at least two vendors.

- a. _____

- b. _____

- 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.

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 _____ day of _____, 19 _____

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 §775.083, Florida Statutes.

REVIEW AND RECOMMENDATION BY LOCAL BUILDING DEPARTMENT.

Please state why the issue is being referred to the Commission as well as a recommendation for disposition. The Building Official or his 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. For example, Section 4.22 governs the requirements for toilet rooms.

- 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: _____

Certification of Design Professional for Replicated Designs to be Placed on Consent Agenda

Note: This form to be used only for cases where design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda, per Rule 9B-7.003.(3).

I, _____, a licensed architect/engineer in the state of Florida, whose Florida license number is _____, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project) _____, for which the Owner seeks a waiver of one or more requirements of the Code in an application to which this Certification is attached.

2. I hereby certify that to the best of my knowledge and belief to the Florida Building Commission (the Commission) that the design documents for the (insert project described in paragraph 1 above) _____ are the same as the design documents previously submitted to the Commission and referenced in paragraph 3 below, except that the two projects are built or to be built on different parcels of land at different locations.

3. The design professional of record (identify the design professional of record), _____, prepared the design documents for the project known as _____, for which the majority of the Accessibility Advisory Council recommended approval and the Commission granted a waiver of one or more requirements of the Florida Accessibility Code for Building Construction (the ACode@), in Final Order No. _____.

Printed Name: _____ Affix certification seal below:

Address: _____

Telephone: _____

Fax: _____

**Certification of Applicant for Replicated Designs to be Placed on
Consent Agenda**

Note: This form to be used only for cases where design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda, per Rule 9B-7.003.(3).

I, _____, am applying for placement on the Consent Agenda per 9B-7.003(3)(c), FS. I (check one of the following and complete blanks):

I am the owner of this Project (name of project) _____,
and was the owner of the project known as _____,

I am the franchisee of this Project (name of project) _____,
am under the same franchiser (name of franchiser) _____,

who was the franchiser of the project known as _____,

I am the licensee of this Project (name of project) _____,
am under the same licensor (name of licensor) _____,

who was the licensor of the project known as _____,

for which the majority of the Accessibility Advisory Council recommended approval, and the Commission granted a waiver of one or more requirements of the Florida Accessibility Code for Building Construction (the ACode@), in Final Order No. _____.

I hereby swear or affirm that the above information to the best of my knowledge is true and correct.

Dated this _____ day of _____, 19 _____

Signature

Printed Name

Providing false information to the Commission is punishable as a misdemeanor under §775.083, Florida Statutes.