## 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.

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1. Name and address of project for which the waiver is requested.		
Name: The Wave Hotel (in the historic Lord Balfour Hotel building)		
Address: 350 Ocean Drive, Miami Beach, FL 33139		
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: Robert S. Fine, Esq., AIA		
Applicant's Address: Greenberg Traurig, PA, 333 Avenue of the Americas, Miami, FL 33131		
Applicant's Telephone:_305-579-0826FAX:_305-961-5826		
Applicant's E-mail Address: _finer@gtlaw.com		
Relationship to Owner: _Legal Counsel		
Owner's Name: Green Comet, LLC		
Owner's Address: 350 Ocean Drive, Miami Beach, FL		
Owner's Telephone:_c/o Contact Person FAX c/o Contact Person		
Owner's E-mail Address: c/o Contact person		
Signature of Owner:		
Contact Person: _Robert S. Fine, Esq., AIA		
Contact Person's Telephone: _305-579-0826E-mail Address: _finer@gtlaw.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).			
[X] 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.)			
Historic Art Deco hotel located in south Miami Beach.			
5. Project Construction Cost (Provide cost for new construction, the addition or the alteration): Approximately \$1,700,000 conceptual budget			
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*			
[X] 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 Florida law. Only Florida-specific accessibility requirements may be waived.			
Issue			
1:§ 553.509, Fla. Stat. (Vertical Accessibility); § 11-4.1.6(1)(k)(iii), Florida Building Code (2007).			
Issue			
2:§ 11-4.10.9, Florida Building Code, Elevator door clear opening.			

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.
[X] The hardship is caused by a condition or set of conditions affecting the owner which does not affect owners in general.
Because of the existing conditions in this historic structure, it is technically infeasible to provide vertical accessibility to the levels that do not currently have vertical accessibility in the building. The elevator door is a significant historical element and may not be modified.
[X] Substantial financial costs will be incurred by the owner if the waiver is denied.
If the waiver is denied, then one hotel guest room level and the basement will not be usable/occupiable subjecting the owner to extreme financial hardship.
[] 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. Not applicable. The hardship bases for this application are technical infeasibility and historic
preservation considerations.
b

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 Lord Balfour Hotel building is a qualified historic structure under Title III of the Americans with Disabilities Act and the Florida Accessibility Code that is located in south Miami Beach. As is typical in many "South Beach" historic structures, the lowest guest room floor is raised several stair risers above the main lobby level. Also typical of this typology is that the elevator in the building provides access to the upper guest room floors but not the raised first floor (referred to as second floor on the drawings).

The stair from the lobby level to the first guest room level is five feet wide. Because the minimum clear width for a required means of egress is 44 inches, and the fire marshal considers the encroaching width of a platform lift into a means of egress to be the open dimension of the lift (which can be no less than 30 inches in width for the platform itself), the lift cannot be approved.

The stair from the lobby to the basement is narrower than the stair to the first floor guest rooms at 3 feet 10 inches wide. The stair is sandwiched between two shear walls, one of which is the rear wall of the elevator shaft. Because of the same "encroachment of a required means of egress" issue, providing vertical accessibility to the basement is technically infeasible.

The elevator door is a sculptural historic element which may not be modified (photograph is being provided). It provides a clear opening of 34 inches where the code requires 36 inches. This is, however, wider than the 32 inch minimum clear opening required of other doors. For this item, we are only seeking a waiver of the Florida requirement for vertical accessibility not the federal requirement as the project will resolve the federal requirement as necessary under the ADA regulations.

For the above reasons, I respectfully request that this waiver request be granted.

Signature

Printed Name

Phone number

305.206.314

(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 27 day of October , 20 (

Robert S. Fine, Esq., AIA (as counsel to owner and project)

Signature

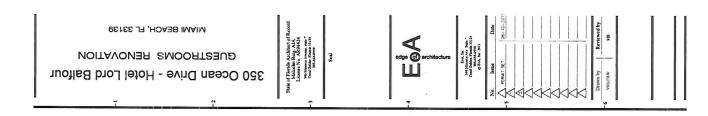
Printed Name

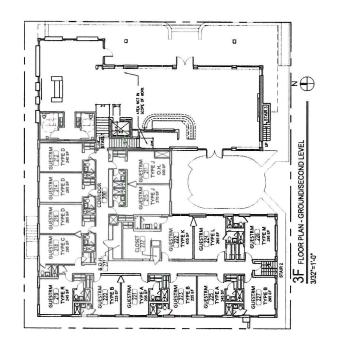
By signing this application, the applicant represents that the information in it is true, accurate and complete. If the applicant misrepresents or omits any material information, the Commission may revoke any order and will notify the building official of the permitting jurisdiction. Providing false information to the Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.

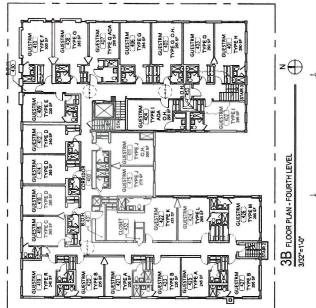
## REVIEW AND RECOMMENDATION BY LOCAL BUILDING DEPARTMENT.

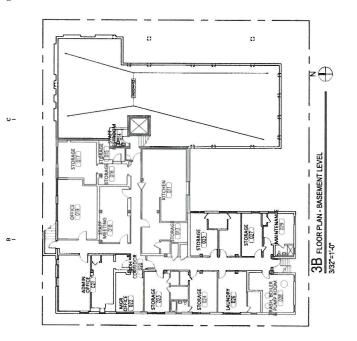
Please state why the issue is being referred to the Florida Building Commission as well as a recommendation for disposition. The Building Official or his or her designee should review the application and indicate that to the best of his or her knowledge, all information stipulated herein is true and 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.

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b		
с		
Has there been any pern so, what was the cost of	nitted construction activity on this construction?	s building during the past three years? If
[] Yes [] No Cost of C	onstruction	
Building Official or De	signeeSignature	
	Printed Name	
	Certification Number	
	Telephone/FAX	
Address:		









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