

**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:

- X 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.
- X If a licensed design professional (architect or engineer) has designed the project, his or her comments **MUST** be included as a part of this application.
- X Be as explicit as possible. The more information provided to the Florida Building Commission, the more informed its decisions can be. If you are claiming financial hardship, please specify why and to what degree.
- X If at all possible, **PLAN TO ATTEND the Accessibility Advisory Council and the Florida Building 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 is 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 Section at (850) 487-1824.

**Please mail** this application to the Department of Community Affairs at the address above. **As well as a hard copy, please include a copy of the application and drawings or plans on a CD in PDF format. NOTE: Please do not send CAD files, but rather scan the CAD files and save as a pdf.**

**NOTE: Failure to submit electronically will not have any bearing on whether your petition is heard by the Commission, however, electronic filing will facilitate the Commission's movement toward utilizing CD technology to display the waiver application and attached floor plans to the Counsel and Commission.**

This application is available in alternate formats upon request.

**LIST OF REQUIRED INFORMATION:**

1. \_\_\_\_\_ Drawings that will clearly present your project and that identify the issue(s) that relate to the waiver you are requesting. As a minimum, the following drawings must be submitted:
  - a. Project site plan
  - b. 24" x 36" minimum size drawings
  - c. Building/project sections (if necessary to assist in understanding the waiver request)
  - d. Enlarged floor plan(s) of the area in question
2. \_\_\_\_\_ One set of reduced scale (11" x 17") versions of the drawings submitted in item one above.
3. \_\_\_\_\_ One set of overhead transparencies (8 ½" x 11") of the drawings submitted in item one above. When numerous features are shown on the drawings, please designate the location of the waiver items by highlighting or outlining in color the affected areas.
4. \_\_\_\_\_ When substantial financial cost of compliance is alleged, supporting cost estimates with quotes from at least two vendors or contractors and catalog information.
5. \_\_\_\_\_ If you feel photographs and/or renderings are necessary for your presentation, provide 40 legible color photocopies of the photographs and/or renderings. If color photocopies of photographs are provided, use a minimum size of 4" x 6" photographs with a maximum of two photographs per photocopied page.
6. \_\_\_\_\_ Please submit a hard copy of this application to the Department of Community Affairs. PLEASE NOTE: Although not required by Rule 9B-7, F.A.C., in addition to the hard copy please include a copy of the application and drawings or plans on a CD in PDF format.

**General Information:**

- a. **Equipment:** A CD projector is provided at the Accessibility Advisory Council and Florida Building Commission meetings. Any other equipment necessary for your presentation, such as an overhead projector, TV/VCR, slide or LCD projectors, etc., is the responsibility of the applicant.
- b. **Verbal Descriptions:** Presentations may be to sight or hearing impaired persons; visual presentations should consider adequate verbal and text descriptions of charts and pictures.

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 Florida Building Commission. The Commission will review the application. You will have another opportunity to answer 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.

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:** Barton G – The Restaurant

**Address:** 1427 West Avenue, Miami Beach, Florida, 33139

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**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:** 1427 Sobe, LLC

**Applicant's Address:** 5061 Biscayne Blvd., Miami, Florida 33137

**Applicant's Telephone:** (305) 571-3108 **FAX:** (305) 402-8142

**Applicant's E-mail Address:** [Barton@bartong.com](mailto:Barton@bartong.com)

**Relationship to Owner:** Owner

**Owner's Name:** Same as above

**Owner's Address:** Same as above

**Owner's Telephone:** Same as above **FAX** Same as above

**Owner's E-mail Address:** Same as above

**Signature of Owner:** \_\_\_\_\_

**Contact Person:** Monika H. Entin., Rosen Switkes & Entin, P.L.

**Contact Person's Telephone:** (305) 534-4757 **E-mail Address:** [Mentin@rosenandswitkes.com](mailto:Mentin@rosenandswitkes.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.)

*This is a two-story building built in 1925 with approximately 6,000.00 SF. The facility operates as an upscale restaurant and private event/banquet hall location with a lounge component.*

**5. Project Construction Cost (Provide cost for new construction, the addition or the alteration):** *The estimated construction cost for the subject project is \$75,826, attached hereto as Exhibit "A" is a copy of the Preliminary Construction 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\*

In Plan Review  Completed\*

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

*After careful review and planning it has been determined that vertical access to the second level of the facility by means of an elevator or wheelchair lift cannot be accomplished without substantial financial burden as it is disproportionate to the overall construction cost.*

*(See attached estimates)*

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

**Issue**

1: \_\_\_\_\_  
\_\_\_\_\_

**Issue**

2: \_\_\_\_\_  
\_\_\_\_\_

**Issue**

3: Vertical accessibility to the banquet hall and lounge area located in the second floor.  
\_\_\_\_\_

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.

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

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

See attached estimates for vertical accessibility and construction cost  
\_\_\_\_\_

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 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

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. See attached quotes for wheelchair lifts and elevator installation

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.

While the City of Miami Beach's Building and Planning Departments agree the facility has previously operated as a restaurant with an event/banquet hall and lounge component on the second level as a legal but non-conforming use, the change in ownership of the property and the subsequent alterations trigger the need for the property to meet all current building standards, including the ADA and specifically complying with the vertical accessibility requirements. However, due to the substantial financial burden building an elevator or wheelchair lift is not feasible given the disproportionate nature of the construction costs.

  
Signature

OMAR MORENO  
Printed Name

Phone number 305-484-1987

(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 October, 2011

Signature

Barton G. Weiss as the Managing Member of 1427 Sobe, LLC  
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. Florida statutes 553.509 Vertical Accessibility to all levels requirement. / 2007 FBC 11-4.1.6(1)(f)

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: As per the applicant the cost of construction for this project is \$67, 326.00; the project is in the review process.

**Comments/Recommendation:** During review we request compliance with vertical accessibility to all levels. We recommend that the waiver be issue since the building has less than three stories and the area is less than 3,000 square feet per floor; as per FBC 11-4.1.3(5) exception 1 and because the cost of providing vertical accessibility will be disproportionate to the overall cost of construction per FBC 11-4.1.6(2).

Jurisdiction City Of Miami Beach

Building Official or Designee Gladys N. Salas, PE (B.O. Designee)  
Signature

Gladys N. Salas, PE  
Printed Name

PX0001401  
Certification Number

305-673-7610 ext. 6888/ 786-394-4087  
Telephone/FAX

Address: 1700 Convention Center Dr. Miami Beach, FL 33139, 2<sup>ND</sup> Floor.

- 1427 West Av, Miami Beach, Florida



## Consent Agenda

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

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 accessibility requirements 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 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 licensed design professional of record (identify the licensed 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 accessibility requirements in Final Order No. \_\_\_\_\_.

Printed Name: \_\_\_\_\_ Affix certification seal below:

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Form No.: 2001-02, Page 2 of 2**

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

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

I, \_\_\_\_\_, am applying for placement on the Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code. 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 Florida Building Commission granted a waiver of one or more accessibility requirements in Final Order No. \_\_\_\_\_.

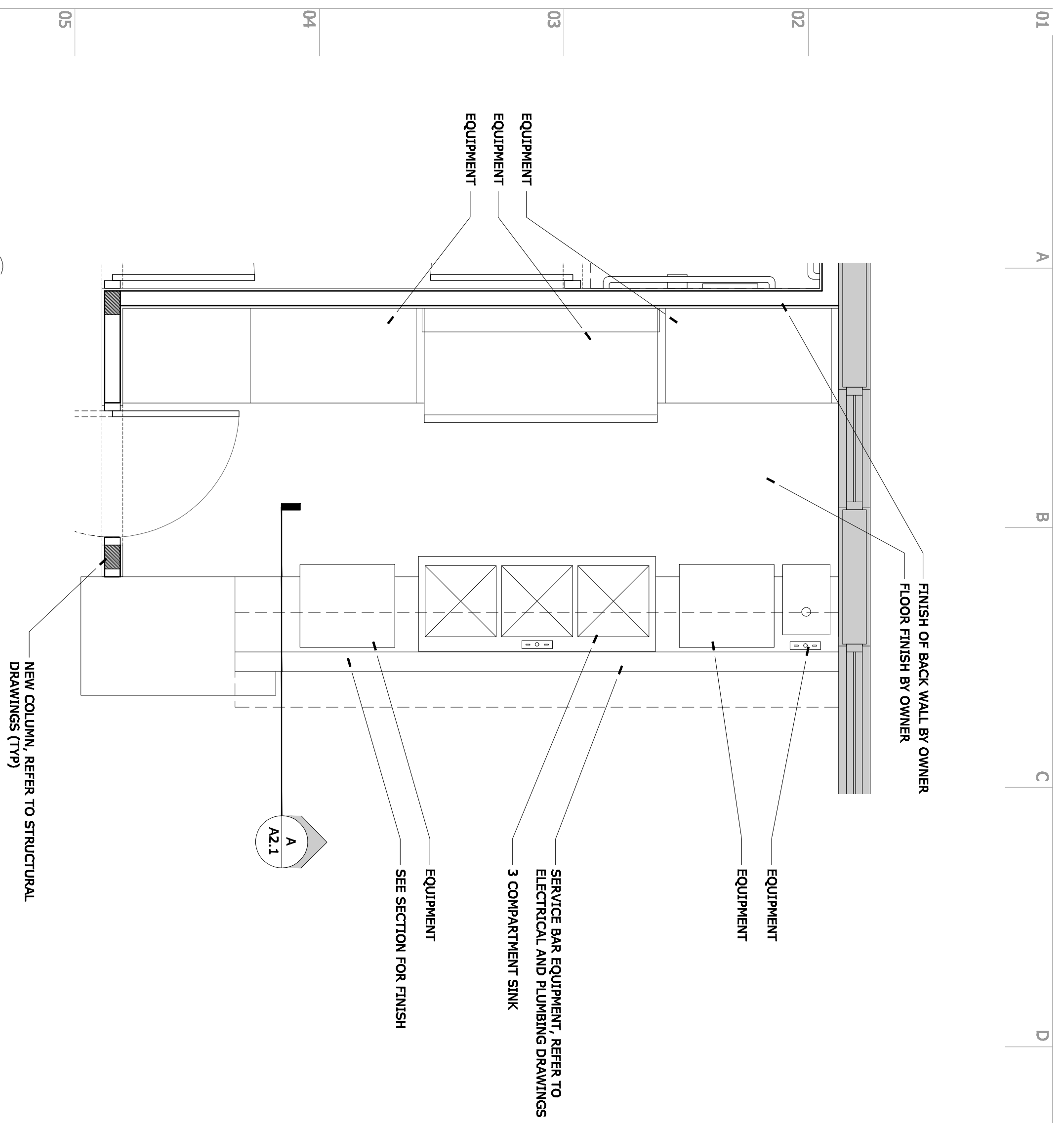
I hereby swear or affirm that the above information to the best of my knowledge is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

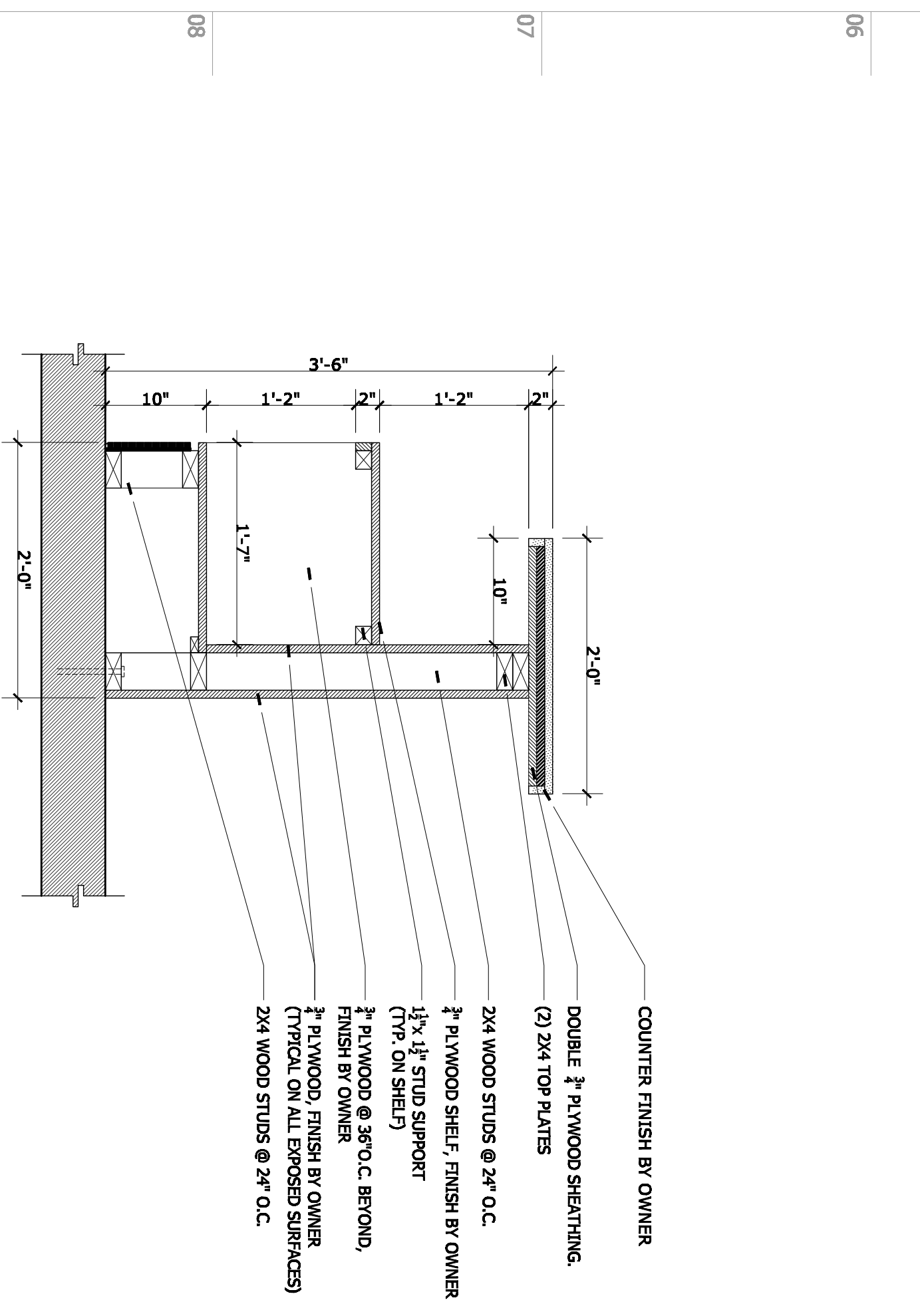
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

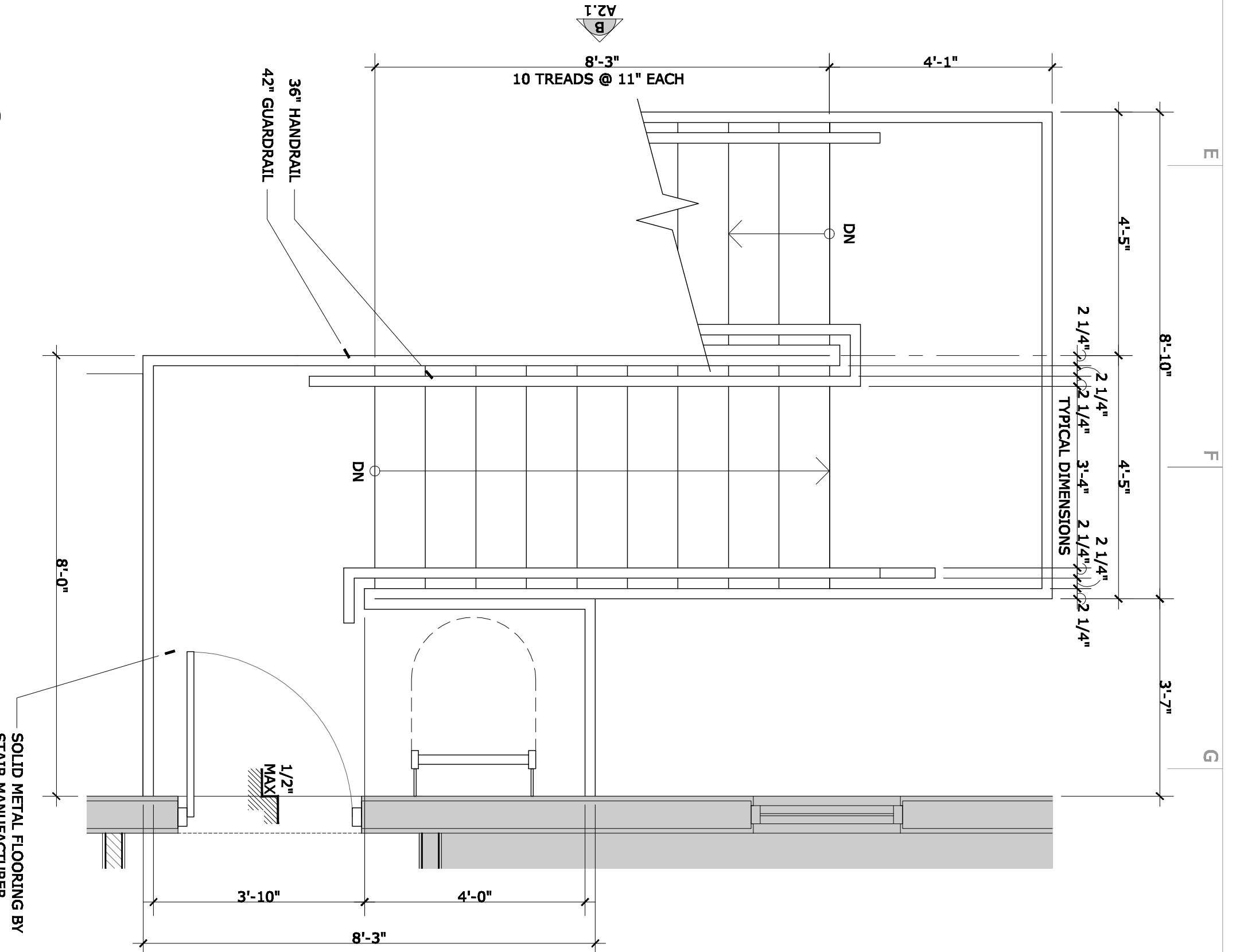
Providing false information to the Florida Building Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.



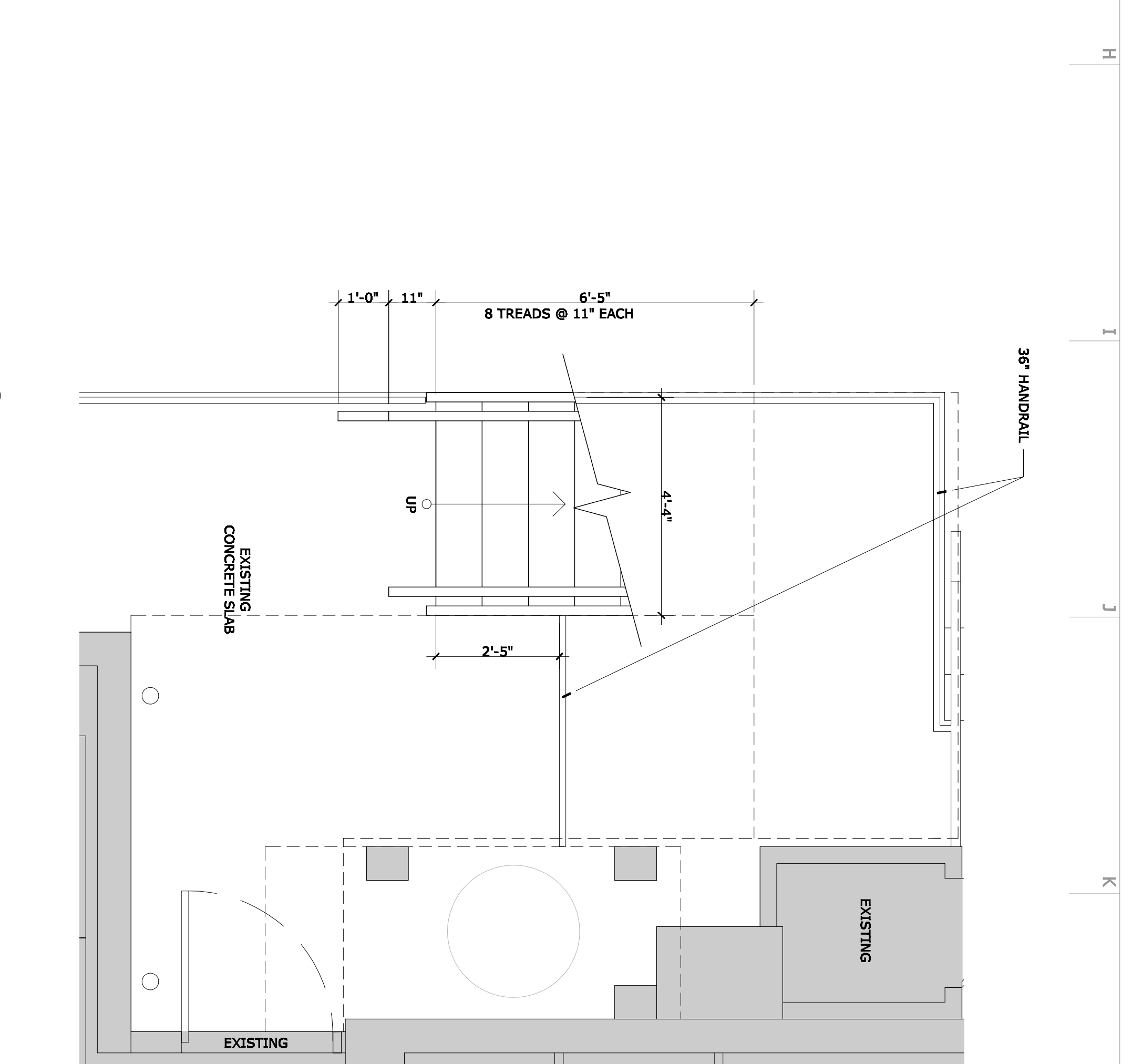
**03 ENLARGED SERVICE BAR PLAN**  
SCALE: 1/2" = 1'-0"



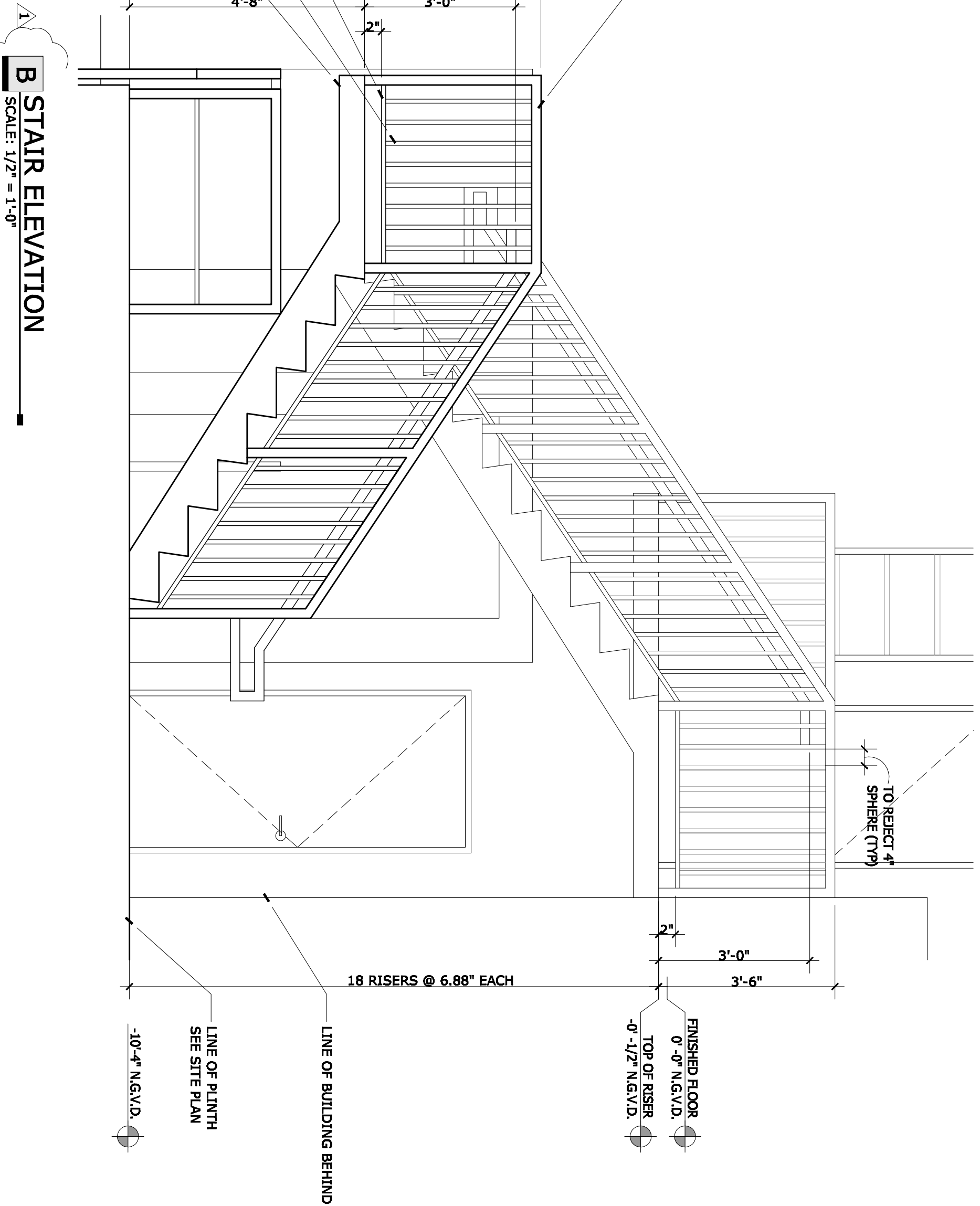
**A SERVICE BAR SECTION**  
SCALE: 1" = 1'-0"



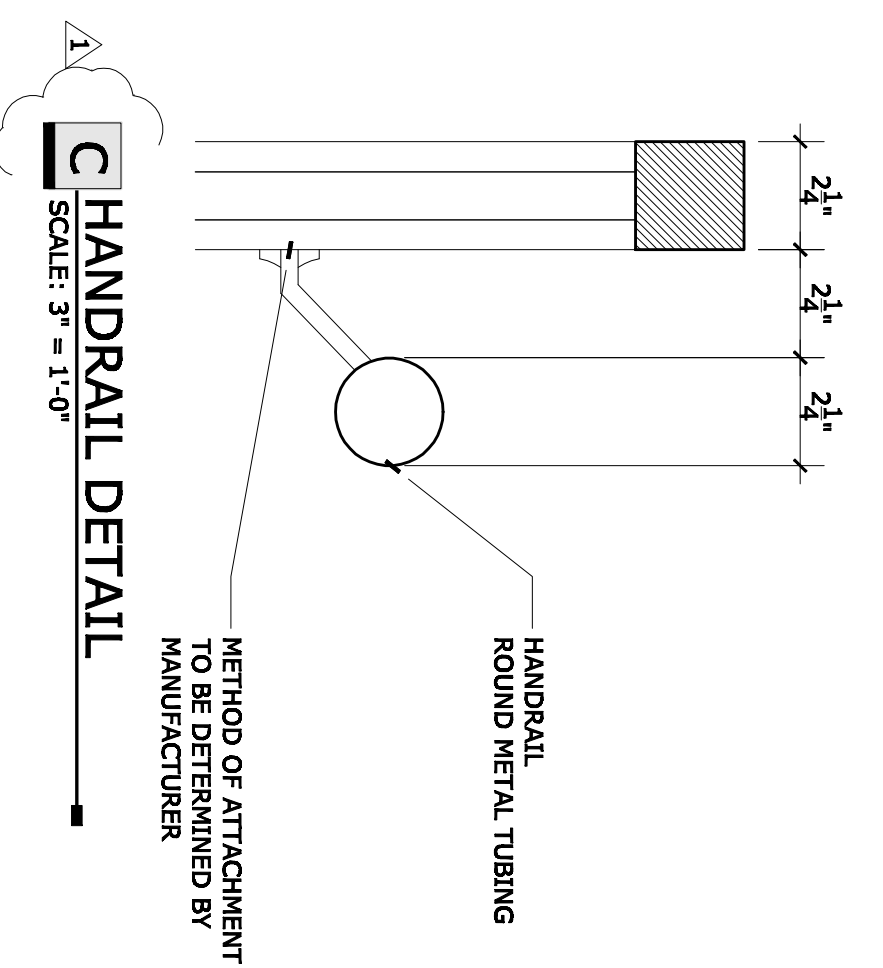
**04 ENLARGED SECOND FLOOR STAIR PLAN**  
SCALE: 1/2" = 1'-0"



**05 ENLARGED GROUND FLOOR STAIR PLAN**  
SCALE: 1/2" = 1'-0"



**B STAIR ELEVATION**  
SCALE: 1/2" = 1'-0"



**C HANDRAIL DETAIL**  
SCALE: 3" = 1'-0"

**STAIR NOTE:**  
CONTRACTOR TO SUBMIT SHOP DRAWING OF STAIRS, RAILING AND FLOOR FOR APPROVAL BEFORE PURCHASE AND INSTALLATION. CONTRACTOR TO SUBMIT FLORIDA LICENSED ENGINEER SIGN AND SEALED SHOP DRAWING(S) THAT COMPLY WITH CURRENT FLORIDA BUILDING CODE REQUIREMENTS FOR APPROVAL BEFORE PURCHASE AND INSTALLATION.

REVISIONS	DATE	DESCRIPTION
▲	10-04-2011	CITY REVISIONS

**BARTON G. RESTAURANT**  
1427 WEST AVENUE  
MIAMI BEACH, FL 33139

**R+O STUDIO**  
studio of modern architecture  
10635 SW 113 PLACE UNIT C  
MIAMI, FL 33156  
LICENSE NO. AA26022095

FL LICENSE: No. AR 99911  
ISSUE DATE: 08-16-2011

**R+O STUDIO**  
110803-A. BARTON G. RESTAURANT

**A2.1**  
ENLG BAR & STAIR PLAN









