

**Documents Received at the  
Building and Fire Code Board of Appeals Meeting  
On Thursday, December 01, 2016**

# **Public Comment Speaker Slips Received**

**(For Items Not on the Agenda.)**

DATE: 12/1/14

OPPOSE

SUPPORT

STAFF USE ONLY:  
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date completed \_\_\_\_\_ initials \_\_\_\_\_

### BUILDING AND FIRE CODE BOARD OF APPEALS REQUEST TO SPEAK / INTERESTED PARTY

ITEM ADDRESS: ~~76 FTGUA~~ *General* AGENDA ITEM NUMBER: \_\_\_\_\_

YOUR FULL NAME: JIM MARSTOR \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: S. B. PHONE NUMBER: ( ) \_\_\_\_\_

Organization represented (if applicable): \_\_\_\_\_

Written material also submitted: Yes \_\_\_\_\_ No \_\_\_\_\_ Please use other side of this form for written comments. =>

EMAIL ADDRESS \_\_\_\_\_

COMMENTS: GENERAL PUBLIC COMMENT  
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**Documents Received at the  
Building and Fire Code Board of Appeals Meeting  
On Thursday, December 01, 2016**

**Public Comment  
Speaker Slips Received  
for Item# 1, 24 Helena.**

**(This item was postponed and no documents were received.)**

**Documents Received at the  
Building and Fire Code Board of Appeals Meeting  
On Thursday, December 01, 2016**

**Public Comment  
Speaker Slips Received  
for Item# 2, 7 W.  
Figueroa.**

DATE: 12/1/16

OPPOSE

SUPPORT

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date completed _____	initials _____

**BUILDING AND FIRE CODE BOARD OF APPEALS  
REQUEST TO SPEAK / INTERESTED PARTY**

ITEM ADDRESS: 7 W. Fisherman

AGENDA ITEM NUMBER: 14.2

YOUR FULL NAME: Will Rehling

YOUR ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

Organization represented (if applicable): \_\_\_\_\_

Written material also submitted: Yes \_\_\_\_\_ No \_\_\_\_\_ Please use other side of this form for written comments. ⇨

EMAIL ADDRESS \_\_\_\_\_

**COMMENTS:**

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DATE: 12/1/16

OPPOSE

SUPPORT

STAFF USE ONLY:	
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<input type="checkbox"/> Entered into People	<input type="checkbox"/> Entered into Parcel/People
date completed _____	initials _____

**BUILDING AND FIRE CODE BOARD OF APPEALS  
REQUEST TO SPEAK / INTERESTED PARTY**

ITEM ADDRESS: 7.W. Figs AGENDA ITEM NUMBER: #2

YOUR FULL NAME: Will R (will r)

YOUR ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

Organization represented (if applicable): \_\_\_\_\_

Written material also submitted: Yes \_\_\_\_\_ No \_\_\_\_\_ Please use other side of this form for written comments. ⇨

EMAIL ADDRESS \_\_\_\_\_

**COMMENTS:**

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DATE: 12/1/14

OPPOSE

SUPPORT

<b>STAFF USE ONLY:</b>	
Entered into Advantage:	
<input type="checkbox"/> Entered into People	<input type="checkbox"/> Entered into Parcel/People
date completed _____	initials _____

**BUILDING AND FIRE CODE BOARD OF APPEALS  
REQUEST TO SPEAK / INTERESTED PARTY**

ITEM ADDRESS: 7 W FIL

AGENDA ITEM NUMBER: (2)

YOUR FULL NAME: JIM MARSTG

YOUR ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

Organization represented (if applicable): \_\_\_\_\_

Written material also submitted: Yes \_\_\_\_\_ No \_\_\_\_\_ Please use other side of this form for written comments. →

EMAIL ADDRESS \_\_\_\_\_

**COMMENTS:**

COMMENT 06 7 W FIL

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## **Board of Appeals Item IV.2**

Missing data from staff report needed for informed decision:

A The written application for waiver that shows applicant's reason for the request

B A specific estimate for this elevator instead of the generic one sentence "guesstimate" statement provided.

C The "at risk" letter where the applicant has agreed to update the elevator if required by the board

D Documentation of the nature and use of the facility and analysis how these waivers would affect the usability and access of the specific planned use for persons with disabilities. This is required by the code

E Specific details explaining "structural or technical infeasibility.

F Disclosure of any other non compliant aspects of the project that the City has already approved. (Ie. non-compliant bathroom (which could be made complaint with simply changing plumbing and removing unnecessary toilets.) And the granting of a waiver to allow builder to not grant access to offices on the second floor mezzanine, thereby limiting options for all users, and employment of persons with disabilities.

Please request this missing information so that you can make an informed decision so that the rights of persons with disabilities are preserved far into the future



20% of est. cost = 76377  
Path of travel cost = 40795  
Difference is \$35,582

The code requires a minimum of 20% be spent on a project of this size. Here, the City is allowing the Applicant to spend \$35,582 less than the 20% minimum. If this waiver is allowed, persons with disabilities will be denied their rights to full access while a multi-billion international corporation saves money!!!

Regus, the owner has over 1000 facilities in the US and more than 3000 worldwide location in the US on the worldwide. With this size in mind and annual revenues of over 2 Billion dollars, it is simply not a hardship to make the Santa Barbara location fully compliant with access codes.