

**APPLICATION FOR VARIANCE**State Form 44400 (R3 / 11-08)
Approved by State Board of Accounts, 2007**INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION**
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/tp_bs_comm_code/**INSTRUCTION:** Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application

Variance number (Assigned by department)

15-05-45

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

| | |
|---|------------------|
| Name of the applicant Mr. Martin Lynch | Title Owner |
| Name of Organization N/A | Telephone Number |
| Address (number and street, city, state, and ZIP code) 13902 Rue Charlot Lane, McCordsville, Indiana 46055 | |

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant)

| | |
|--|------------------------------------|
| Name of person on behalf of the applicant Mr. Timothy T. Callas | Title Principal |
| Name of Organization J & T Consulting, LLC | Telephone Number (317) 889-4300 |
| Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 | |

3. DESIGN PROFESSIONAL OF RECORD (if applicable)

| | |
|--|------------------|
| Name of design professional N/A | License number |
| Name of Organization | Telephone number |
| Address (number and street, city, state, and ZIP code) | |

4. PROJECT IDENTIFICATION

| | | |
|---|----------------------|--------------------|
| Name of Project Villas at Geist Block # 12 | State project number | County Hamilton |
| Site Address (number and street, city, state, and ZIP code) 13902 Rue Charlot Lane, McCordsville, Indiana 46055 | | |
| Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing | | |

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions)
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- Written documentation showing that the local fire official has received a copy of the variance application.
- Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

 Yes (if yes, attach a copy of the Correction Order) NoHas a Violation been issued? Yes (if yes, attach a copy of the Violation and answer the following:) NoViolation issued by: Local Building Department State Fire and Building Code Enforcement Section
 Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

| | |
|---|--|
| Name of code or standard and edition involved Indiana Building Code – 2008 Edition | Specific code section 907.2.9/Variance # 13-06-42 |
|---|--|

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)
 An existing 1-story 4-unit residential building received variance to install a fire alarm system in lieu of a NFPA 13D system per variance # 13-06-42. There are four owners that are required to pay for monitoring cost that wasn't part of the sale of their unit. The variance request is to remove the fire alarm system and allow the building to be designated as townhouses per the new "Townhouse Definition" per HB 1301 & Chapter 2 IBC. Each unit is separated with 2-hour fire resistive walls as required by the definition and complies with all aspects of the definition.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:
 Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
 Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety or welfare. Explain why alternative actions would be adequate (be specific)

Facts demonstrating that the above selected statement is true:
 1. The units comply with the townhouse definition. Fire alarm system is not required by the 2005 Indiana Residential Code.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:
 Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
 Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
 Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
 Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:
 The owner's undue hardship involves the cost for each owner to pay for the monitoring cost and the additional hardware to finish the fire alarm installation. This could cause legal issues for the contractor as the fire alarm system was added without any approval from the HOA or the owners themselves.


10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

| | | |
|---|--|--|
| Signature of applicant or person submitting application | Please print name Timothy T. Callas | Date of signature (Month, day, year) February 3, 2015 |
| Signature of design professional (if applicable) | Please print name | Date of signature (Month, day, year) |

11. STATEMENT OF AWARENESS (if the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

| | | |
|---|-----------------------------------|---|
| Signature of applicant  | Please print name Martin Lynch | Date of signature (Month, day, year) 2-23-15 |
|---|-----------------------------------|---|



APPLICATION FOR VARIANCE

State Form 44400 (R3 / 11-08)
Approved by State Board of Accounts, 2007

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/

INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application

Variance number (Assigned by department)

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

| | |
|---|------------------|
| Name of the applicant Mr. John Meadows | Title Owner |
| Name of Organization N/A | Telephone Number |
| Address (number and street, city, state, and ZIP code) 13906 Rue Charlot Lane, McCordsville, Indiana 46055 | |

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant)

| | |
|--|------------------------------------|
| Name of person on behalf of the applicant Mr. Timothy T. Callas | Title Principal |
| Name of Organization J & T Consulting, LLC | Telephone Number (317) 889-4300 |
| Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 | |

3. DESIGN PROFESSIONAL OF RECORD (if applicable)

| | |
|--|------------------|
| Name of design professional N/A | License number |
| Name of Organization | Telephone number |
| Address (number and street, city, state, and ZIP code) | |

4. PROJECT IDENTIFICATION

| | | |
|---|----------------------|--------------------|
| Name of Project Villas at Geist Block # 12 | State project number | County Hamilton |
| Site Address (number and street, city, state, and ZIP code) 13906 Rue Charlot Lane, McCordsville, Indiana 46055 | | |
| Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing | | |

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions)
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- Written documentation showing that the local fire official has received a copy of the variance application.
- Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?
 Yes (if yes, attach a copy of the Correction Order) No

Has a Violation been issued? Yes (if yes, attach a copy of the Violation and answer the following:) No

Violation issued by: Local Building Department State Fire and Building Code Enforcement Section
 Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

| | |
|---|--|
| Name of code or standard and edition involved Indiana Building Code – 2008 Edition | Specific code section 907.2.9/Variance # 13-06-42 |
| Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary) An existing 1-story 4-unit residential building received variance to install a fire alarm system in lieu of a NFPA 13D system per variance # 13-06-42. There are four owners that are required to pay for monitoring cost that wasn't part of the sale of their unit. The variance request is to remove the fire alarm system and allow the building to be designated as townhouses per the new "Townhouse Definition" per HB 1301 & Chapter 2 IBC. Each unit is separated with 2-hour fire resistive walls as required by the definition and complies with all aspects of the definition. | |

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

Non-compliance with the rule will not be adverse to the public health, safety or welfare; or

Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety or welfare. Explain why alternative actions would be adequate (*be specific*)

Facts demonstrating that the above selected statement is true:

1. The units comply with the townhouse definition. Fire alarm system is not required by the 2005 Indiana Residential Code.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.

Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.

Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.

Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The owner's undue hardship involves the cost for each owner to pay for the monitoring cost and the additional hardware to finish the fire alarm installation. This could cause legal issues for the contractor as the fire alarm system was added without any approval from the HOA or the owners themselves.

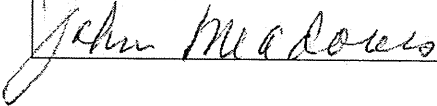
10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

| | | |
|---|--|--|
| Signature of applicant or person submitting application | Please print name Timothy T. Callas | Date of signature (Month, day, year) February 3, 2015 |
| Signature of design professional (if applicable) | Please print name | Date of signature (Month, day, year) |

11. STATEMENT OF AWARENESS (if the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

| | | |
|---|-----------------------------------|--------------------------------------|
| Signature of applicant  | Please print name John Meadows | Date of signature (Month, day, year) |
|---|-----------------------------------|--------------------------------------|



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 CODE SERVICES SECTION
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INSTRUCTION: Please refer to the attached four (4) page instructions.
 Attach additional pages as needed to complete this application

Variance number (Assigned by department)
 15-05-45

| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) | | |
|---|------------------------------------|--------------------|
| Name of the applicant Mr. Jeri Francis | Title Owner | |
| Name of Organization N/A | Telephone Number | |
| Address (number and street, city, state, and ZIP code) 13910 Rue Charlot Lane, McCordsville, Indiana 46055 | | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant) | | |
| Name of person on behalf of the applicant Mr. Timothy T. Callas | Title Principal | |
| Name of Organization J & T Consulting, LLC | Telephone Number (317) 889-4300 | |
| Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 | | |
| 3. DESIGN PROFESSIONAL OF RECORD (if applicable) | | |
| Name of design professional N/A | License number | |
| Name of Organization | Telephone number | |
| Address (number and street, city, state, and ZIP code) | | |
| 4. PROJECT IDENTIFICATION | | |
| Name of Project Villas at Geist Block # 12 | State project number | County Hamilton |
| Site Address (number and street, city, state, and ZIP code) 13910 Rue Charlot Lane, McCordsville, Indiana 46055 | | |
| Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing | | |
| 5. REQUIRED ADDITIONAL INFORMATION | | |
| The following required information has been included with this application (check as applicable): | | |
| <input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) | | |
| <input checked="" type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. | | |
| <input checked="" type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application. | | |
| <input checked="" type="checkbox"/> Written documentation showing that the local building official has received a copy of the variance application. | | |
| 6. VIOLATION INFORMATION | | |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order? <input type="checkbox"/> Yes (if yes, attach a copy of the Correction Order) <input checked="" type="checkbox"/> No | | |
| Has a Violation been issued? <input type="checkbox"/> Yes (if yes, attach a copy of the Violation and answer the following:) <input checked="" type="checkbox"/> No | | |
| Violation issued by: <input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department | | |

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved
Indiana Building Code – 2008 Edition

Specific code section
907.2.9/Variance # 13-06-42

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

An existing 1-story 4-unit residential building received variance to install a fire alarm system in lieu of a NFPA 13D system per variance # 13-06-42. There are four owners that are required to pay for monitoring cost that wasn't part of the sale of their unit. The variance request is to remove the fire alarm system and allow the building to be designated as townhouses per the new "Townhouse Definition" per HB 1301 & Chapter 2 IBC. Each unit is separated with 2-hour fire resistive walls as required by the definition and complies with all aspects of the definition.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

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- Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety or welfare. Explain why alternative actions would be adequate (be specific)

Facts demonstrating that the above selected statement is true:

1. The units comply with the townhouse definition. Fire alarm system is not required by the 2005 Indiana Residential Code.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

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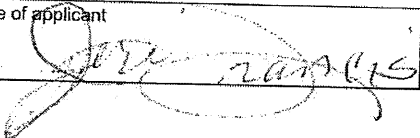
10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

| | | |
|---|--|--|
| Signature of applicant or person submitting application | Please print name Timothy T. Callas | Date of signature (Month, day, year) February 3, 2015 |
| Signature of design professional (if applicable) | Please print name | Date of signature (Month, day, year) |

11. STATEMENT OF AWARENESS (if the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

| | | |
|---|-----------------------------------|--------------------------------------|
| Signature of applicant  | Please print name Jeri Francis | Date of signature (Month, day, year) |
|---|-----------------------------------|--------------------------------------|

**APPLICATION FOR VARIANCE**

State Form 44400 (R3 / 11-08)

Approved by State Board of Accounts, 2007

**INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION**
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/

INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application

Variance number (Assigned by department)

| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) | | |
|---|------------------------------------|--------------------|
| Name of the applicant Jacque Myers | Title Owner | |
| Name of Organization N/A | Telephone Number | |
| Address (number and street, city, state, and ZIP code) 13914 Rue Charlot Lane, McCordsville, Indiana 46055 | | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant) | | |
| Name of person on behalf of the applicant Mr. Timothy T. Callas | Title Principal | |
| Name of Organization J & T Consulting, LLC | Telephone Number (317) 889-4300 | |
| Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 | | |
| 3. DESIGN PROFESSIONAL OF RECORD (if applicable) | | |
| Name of design professional N/A | License number | |
| Name of Organization | Telephone number | |
| Address (number and street, city, state, and ZIP code) | | |
| 4. PROJECT IDENTIFICATION | | |
| Name of Project Villas at Geist Block # 12 | State project number | County Hamilton |
| Site Address (number and street, city, state, and ZIP code) 13914 Rue Charlot Lane, McCordsville, Indiana 46055 | | |
| Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing | | |
| 5. REQUIRED ADDITIONAL INFORMATION | | |
| The following required information has been included with this application (check as applicable): | | |
| <input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) | | |
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| 6. VIOLATION INFORMATION | | |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order? <input type="checkbox"/> Yes (if yes, attach a copy of the Correction Order) <input checked="" type="checkbox"/> No | | |
| Has a Violation been issued? <input type="checkbox"/> Yes (if yes, attach a copy of the Violation and answer the following:) <input checked="" type="checkbox"/> No | | |
| Violation issued by: <input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department | | |

7. DESCRIPTION OF REQUESTED VARIANCE

| | |
|---|--|
| Name of code or standard and edition involved Indiana Building Code – 2008 Edition | Specific code section 907.2.9/Variance # 13-06-42 |
|---|--|

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)
 An existing 1-story 4-unit residential building received variance to install a fire alarm system in lieu of a NFPA 13D system per variance # 13-06-42. There are four owners that are required to pay for monitoring cost that wasn't part of the sale of their unit. The variance request is to remove the fire alarm system and allow the building to be designated as townhouses per the new "Townhouse Definition" per HB 1301 & Chapter 2 IBC. Each unit is separated with 2-hour fire resistive walls as required by the definition and complies with all aspects of the definition.

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Select one of the following statements:
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 Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety or welfare. Explain why alternative actions would be adequate (be specific)

Facts demonstrating that the above selected statement is true:
 1. The units comply with the townhouse definition. Fire alarm system is not required by the 2005 Indiana Residential Code.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

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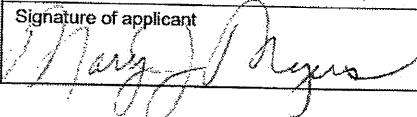
10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

| | | |
|---|--|--|
| Signature of applicant or person submitting application | Please print name Timothy T. Callas | Date of signature (Month, day, year) February 3, 2015 |
| Signature of design professional (if applicable) | Please print name | Date of signature (Month, day, year) |

11. STATEMENT OF AWARENESS (if the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

| | | |
|---|--|---|
| Signature of applicant  | Please print name Jacque Myers Mary J. | Date of signature (Month, day, year) 2/18/15 |
|---|--|---|

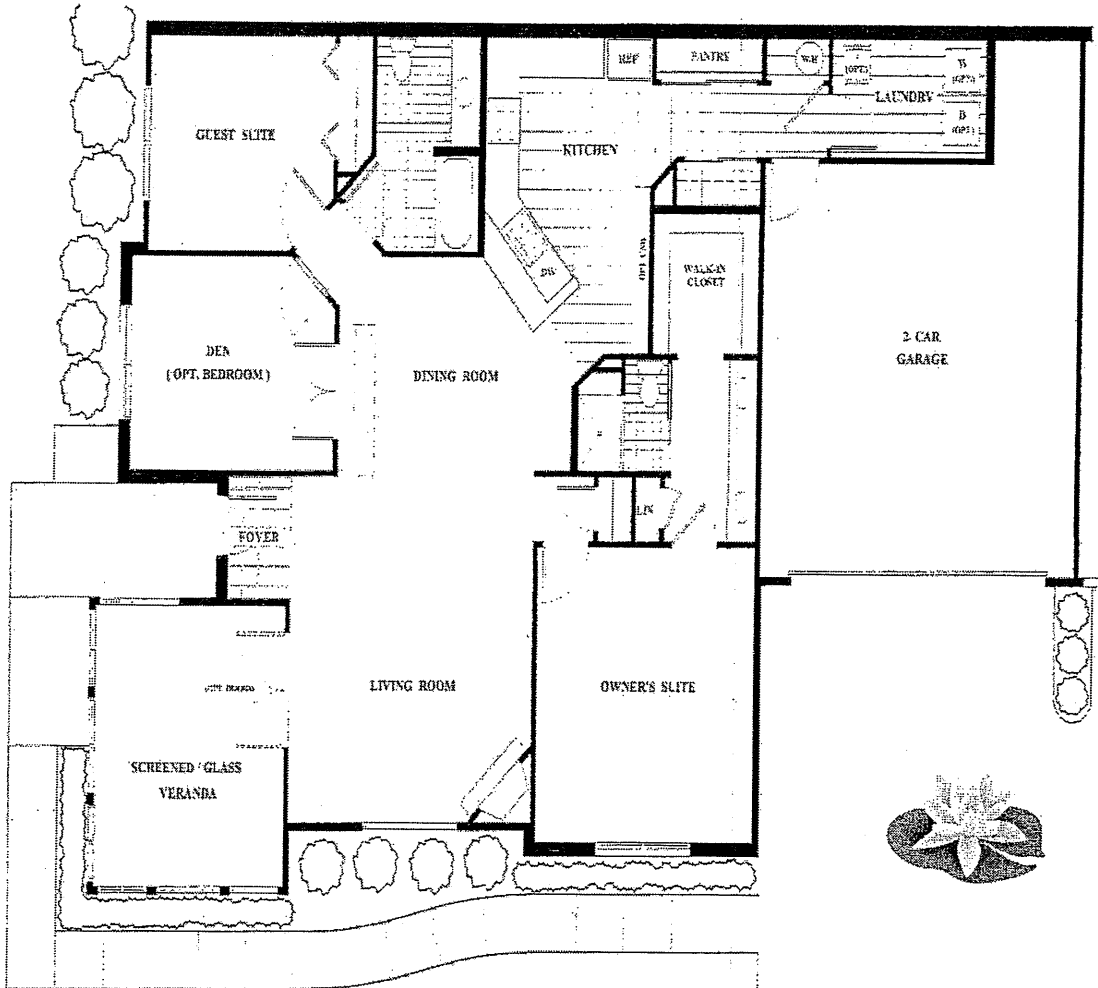
Canterbury
 2 BEDROOM, 2 BATH
 2 CAR GARAGE
 BASE PRICE \$ _____

www.condosinfishers.com

P 317 336.6634 F 317 336.6813

MCCORDSVILLE, IN 46055

13853 RUE ROYALE LANE



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**MICHAEL R. PENCE, Governor
STATE OF INDIANA**

DEPARTMENT OF HOMELAND SECURITY

JOHN H. HILL, EXECUTIVE DIRECTOR

Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980

ROSS and CAROLYN PETER

June 6, 2013

Dear ROSS and CAROLYN PETER,

This letter provides notice below of the action taken by the Fire Prevention and Building Safety Commission on your application(s) for a variance(s) from the Commission's rules under IC 22-13-2-11 and 675 IAC 12-5. The Commission considered the application with all alternatives offered, as a part of its published agenda, at its regular meeting on June 4, 2013.

| Project Number | Project Name | Variance Number |
|----------------|------------------------------|-----------------|
| 350058 | VILLAS AT GEIST BUILDING #12 | 13-06-42 |

Commission Conditions

A monitored smoke and fire alarm system is to be installed, and plans are to be filed within ten days.

| Edition | Code | Code Section | Commission Action & Date |
|---------|---------------------------|--------------|--|
| 2008 | IN BC (675 IAC 13-2.5) | 903.2.7 | Approved with Commission condition(s) 06/04/2013 |

You are advised that if you desire an administrative review of this action, you must file a written petition for review at the above address with the Fire Prevention and Building Safety Commission. Your petition must fully identify the matter for which you seek review no later than eighteen(18) calendar days from the above stated date of this letter, unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours; in which case the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this action will be final.



APPLICATION FOR VARIANCE

State Form 44400 (R2 / 12-06)

Approved by State Board of Accounts, 2007

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246

Indianapolis, IN 46204-2739

http://www.in.gov/dhs/fire/fp_bs_comm_code/

INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

13-06-42

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

| | |
|--|------------------|
| Name of the applicant See enclosed additional Page 2 for additional signatures. | Title Owner |
| Name of organization | Telephone number |
| Address (number and street, city, state, and ZIP code) 13902, 13906, 13910, 13914 Rue Charlot Lane, McCordsville, Indiana 46055 | |

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

| | |
|--|------------------------------------|
| Name of person on behalf of the applicant Mr. Timothy T. Callas | Title Principal |
| Name of organization J & T Consulting, LLC | Telephone number (317) 889-4300 |
| Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 | |

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

| | |
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| Name of design professional N/A | License number |
| Name of organization | Telephone number |
| Address (number and street, city, state, and ZIP code) | |

4. PROJECT IDENTIFICATION

| | | |
|---|--------------------------------|--------------------|
| Name of project Villas at Geist Building # 12 | State project number 350058 | County Hamilton |
| Site address (number and street, city, state, and ZIP code) 13902, 13906, 9780, 9784 Rue Charlot Lane, McCordsville, Indiana 46055 | | |
| Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" type="checkbox"/> Existing | | |

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- Written documentation showing that the local fire official has received a copy of the variance application.
- Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?
 Yes (if yes, attach a copy of the Correction Order) No

Has a violation been issued? Yes (if yes, attach a copy of the Violation and answer the following) No

Violation issued by: Local Building Department State Fire and Building Code Enforcement Section
 Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

| | |
|--|---|
| Name of code or standard and edition involved Indiana Building Code - 2008 Edition | Specific code section 903.2.7 |
|--|---|

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)
 A new one (1) story 4 unit R-2 Occupancy already constructed and occupied will not be provided with an automatic fire suppression system per NFPA 13D. Code requires buildings containing group R fire areas to be provided with an automatic fire suppression system throughout per NFPA 13 or NFPA 13R or.

8. DEMONSTATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:

1. Building will be provided with a monitored fire alarm system.
2. Each unit is provided with two (2) exits.
3. The units are separated with one two (2) hour fire wall and one two (2) fire barrier.
4. This building was issued a Construction Design Release (SBC # 350058) and a variance (# 11-03-30) that the Fire Prevention and Building Safety Commission added a condition to provide a NFPA 13D system. The NFPA 13D system was not installed.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
- Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The owner's of each unit undue hardship involves the cost (\$ 45,000) to sprinkler the building with a NFPA 13D system. The existing water supply only provides 7.5 GPM, which would require the existing domestic water lines to be replaced. A stand alone system would require the building to be enlarged for each unit to accommodate a 200 gallon tank and augmentation of electrical system to accommodate 230VAC. The building is already constructed and has been occupied for two (2) years. These are condominium units and are owned by the occupants.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

| | | |
|--|---|---|
| Signature of applicant or person submitting application Timothy T. Callas <small>DN: cn=Timothy T. Callas, o=J and T Consulting, LLC, ou=Fire and Building Codes, email=tcallas@jtcconsult.us, c=US Date: 2013.05.15 16:04:53 -0400</small> | Please print name Timothy T. Callas | Date of signature (month, day, year) May 10, 2013 |
| Signature of design professional (if applicable) | Please print name N/A | Date of signature (month, day, year) |

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

| | | |
|------------------------|--|--------------------------------------|
| Signature of applicant | Please print name Ross A. AND Carolyn A. Peter | Date of signature (month, day, year) |
|------------------------|--|--------------------------------------|



Building Prototypes 000 Your Street City, State & Zip

THIS DOCUMENT IS A PRELIMINARY DESIGN AND SHOULD NOT BE USED FOR CONSTRUCTION. IT IS THE PROPERTY OF EPCON AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. ANY UNAUTHORIZED USE OF THIS DOCUMENT IS STRICTLY PROHIBITED.

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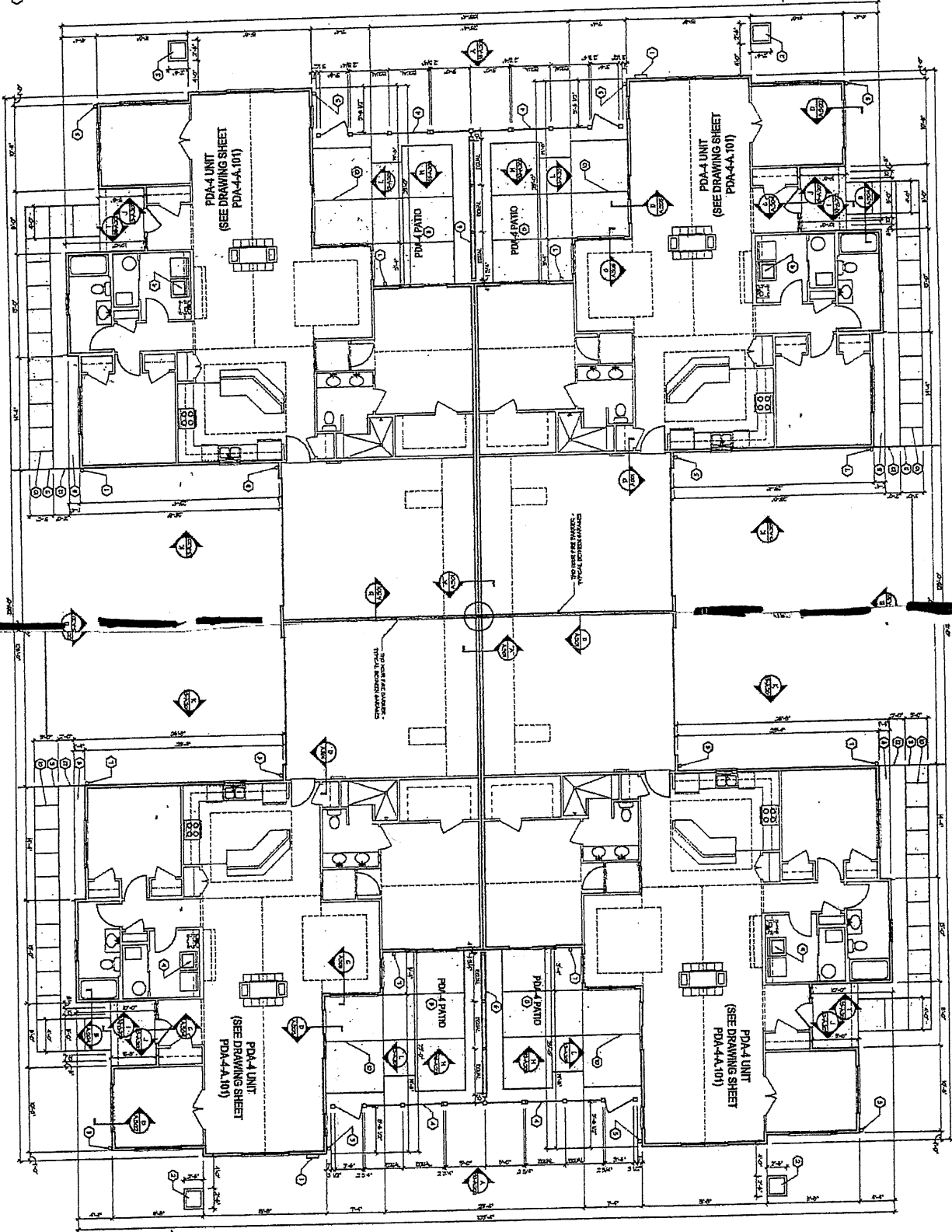
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- ### GENERAL NOTES
- SEE THE LATEST EDITION OF THE IBC FOR THE LATEST CODES AND REGULATIONS.
 - SEE THE TYPICAL UNIT PLAN AS PROVIDED FOR ADDITIONAL INFORMATION REGARDING THE UNIT'S FINISHES AND EQUIPMENT.
 - CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE IBC AND ALL APPLICABLE LOCAL ORDINANCES.
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Building Type 1

