



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

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/



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

Variance number (Assigned by department)

15-08-03

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

Name of applicant	Title
Thomas Patz	Director of Facilities
Name of organization	Telephone number
101 Branigin Blvd Franklin IN 46131	(317) 738-8183
Address (number and street, city, state, and ZIP code)	

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

Name of applicant	Title
Same as above	
Name of organization	Telephone number
	()
Address (number and street, city, state, and ZIP code)	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

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

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Elsey Hall supplemental student housing (four lounges)		Johnson
Address of site (number and street, city, state, and ZIP code)		
201 S. Forsythe St. Franklin IN 46131		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" type="checkbox"/> Change of occupancy <input 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 and 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

2012 IBC

Specific code section

1029.1

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

At times when residence hall is at full occupancy, Franklin College would like to use four lounges as resident (sleeping) rooms. Lounges would be used only when rooms are at full occupancy and efforts will be made to transition students out of lounges when residential rooms are available. These four lounges currently don't have operable windows.

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:

Elsey Hall has a fully sprinkled system, block wall construction, fire rated doors, smoke sealed doors, local smoke detectors in rooms, and an addressible fire alarm system that is monitored 24 hours per day. Tools will be mounted in the four lounges to break glass in case of fire.

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.

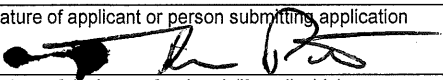
Facts demonstrating that the above selected statement is true:

Lounge windows are an architecturally significant part of the building. Changing the style of window will alter the architects design intent.

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

Thomas Patz

Date of signature *(month, day, year)*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

Date of signature *(month, day, year)*