



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)

16-02-01

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

Name of applicant	Title
Cathy Clark	President/CEO
Name of organization	Telephone number
YMCA of Muncie	(765) 288-4448
Address (number and street, city, state, and ZIP code)	
500 S. Mulberry St., Muncie, IN 47305	

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

Name of applicant	Title
Joseph Dowdle	Architect
Name of organization	Telephone number
GEA Architects	(765) 289-9155
Address (number and street, city, state, and ZIP code)	
108 E. Jackson, Muncie, IN 47305	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Joseph Dowdle	AR19300053
Name of organization	Telephone number
GEA Architects	(765) 289-9155
Address (number and street, city, state, and ZIP code)	
108 E. Jackson, Muncie, IN 47305	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Camp Crosley Infirmary	380385	Kosciusko
Address of site (number and street, city, state, and ZIP code)		
165 EMS T2 Lane, North Webster, IN 46555		
Type of project		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input 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	Specific code section
2014 Indiana Building Code (675 IAC 13-2.6)	903.2.8

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)
 2014 IBC Section 420.4 requires that buildings with an R-2 occupancy classification be equipped with an automatic sprinkler system. The proposed structure is seasonal and would only be occupied in the summer months. Also, the proposed building does not have access to municipal water service. A sizeable well tank would be needed to serve an automatic sprinkler system. This variance request is being made to relieve Camp Crosley from the automatic sprinkler system requirement.

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:

Proposed alternative action would include the installation of exterior doors providing immediate exit access to the outside in all sleeping areas (see attached drawing).

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

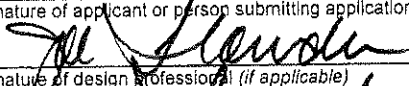

- Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building 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 proposed seasonal structure does not have access to municipal water service. A sizeable well tank would be needed to serve an automatic sprinkler system.


10. STATEMENT OF ACCURACY

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

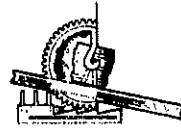
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
	Joseph Dowdle	
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
	Joseph Dowdle	

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)
	Cathy Clark	12.1.2015

KOSCIUSKO COUNTY
AREA PLAN COMMISSION



100 W. CENTER • COURTHOUSE • 3RD FLOOR
WARSAW, INDIANA 46580

PHONE 574-372-2304

GEA
108 E Jackson St
Muncie, In 47305

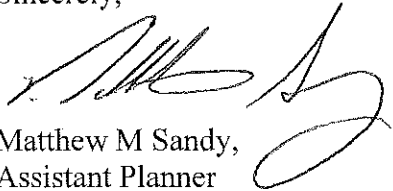
12/3/15

Re: Camp Crosley

To Whom It May Concern:

Kosciusko County does not have a building department however as the zoning and planning authority for this area we have received the state variance applications for the Camp Crosley Infirmary project, located at 162 EMS T2 Ln., North Webster. Our office defers all review and decisions on building code issues to the Indiana State Fire and Building Safety Services.

Sincerely,


Matthew M Sandy,
Assistant Planner

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at <http://www.in.gov/dhs/2650.htm>.

This on-line filing is through a secure site, you can use it to submit your project information, pay the fees and upload your project plans.

Use Internet Browser to View this report, other browsers are not compatible to view this report



CONSTRUCTION DESIGN RELEASE

State Form 41191 (R9/5-98)

Report Printed on: November 24, 2015

Indiana Department of Homeland Security
 DIVISION OF FIRE & BUILDING SAFETY
 PLAN REVIEW DIVISION
 402 W. Washington St., Room E245
 Indianapolis, IN 46204



Available At Your Local Licence Branch
 SUPPORT HOOSIER SAFETY

To: Owner / Architect / Engineer
 GEA Architects

Joseph L Dowdle AR19300053
 108 E. Jackson
 Muncie IN 47305

Fax & e-mail: 7652899214, aellis@geaarchitects.com

Project number 380385		Release date 11/24/15
Construction type *SEE BELOW	Occupancy classification *SEE BELOW	
Scope of release ARCH		
Type of release Addendum		
Project name Camp Crosley Infirmary and Welcome Center		
Street address 165 EMS T2 Lane		
City North webster	County KOSCIUSKO	

The plans, specifications and application submitted for the above referenced project have been reviewed for compliance with the applicable rules of the Fire Prevention and Building Safety Commission. The project is released for construction subject to, but not necessarily limited to, the conditions listed below. THIS IS NOT A BUILDING PERMIT. All required local permits and licenses must be obtained prior to beginning construction work. All construction work must be in full compliance with all applicable State rules. Any changes in the released plans and/or specifications must be filed with and released by this Office before any work is altered. This release may be suspended or revoked if it is determined to be issued in error, in violation of any rules of the Commission or if it is based on incorrect or insufficient information. This release shall expire by limitation, and become null and void, if the work authorized is not commenced within one (1) year from the above date.

CONDITIONS:

Note (A1A & A1B): In accordance with the affidavit sworn under penalties of perjury in the application for construction design release the plans and specifications filed in conjunction with this project shall comply with all of the applicable rules and laws of Fire Prevention and Building Safety Commission. Providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine up to \$10,000.

In accordance with Section 19 of the General Administrative Rules (675 IAC 12-6-19) a complete set of plans and specifications that conform exactly to the design that was released by the office of the state building commissioner shall be maintained on the construction jobsite as well as a copy of the design release.

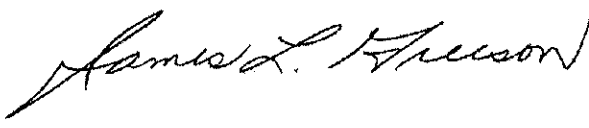
- 14B01 The current building code for this project is the 2014 Indiana Building code (675 IAC 13-2.6). R-3 V-B (Spk) (Infirmary)
- 14B01 The current building code for this project is the 2014 Indiana Building code (675 IAC 13-2.6).
- 14B050833 No separation is required between nonseparated occupancies in accordance with Section 508.3.3, IBC (675 IAC 13-2.6).
- 4G0603AE Detailed plans and specifications of the fire suppression system shall be filed with the required application and appropriate fees in accordance with 675 IAC 12-6-3(a), 675 IAC 12-6-7(g)(17), and 675 IAC 13-1-8. (N.F.P.A. 13) (13D)
 B V-B (Welcome center)
- 14B01 The current building code for this project is the 2014 Indiana Building code (675 IAC 13-2.6).
- 14B03071 The aggregate quantity of hazardous production materials shall not be greater than the amounts specified in Tables 307.1(1) and 307.1(2) in accordance with Section 307.1, IBC (675 IAC 13-2.6).

Please be advised that if an administrative review of this action is desired, a written petition for review must be filed at the above address with the Fire Prevention and Building Safety Commission identifying the matter for which a review is sought no later than eighteen (18) days from the above - stated date, unless the eighteenth day falls on a Saturday, a Sunday, a legal holiday under State statute, or a day in which the Department of Fire and Building Services is closed during normal business hours. In the latter case, the filing deadline will be the first working day thereafter. If you choose to petition, and the before-mentioned procedures are followed, your petition for review will be granted, and an administrative proceeding will be conducted by an administrative law judge of the Fire Prevention and Building Safety Commission. If a petition for review is not filed, this Order will be final, and you must comply with its requirements.

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at <http://www.in.gov/dhs/2650.htm>.

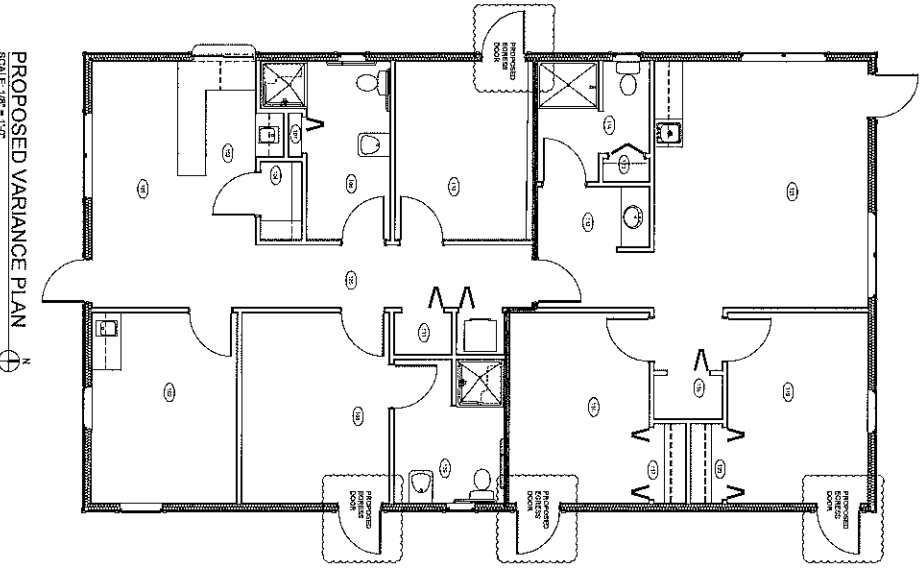
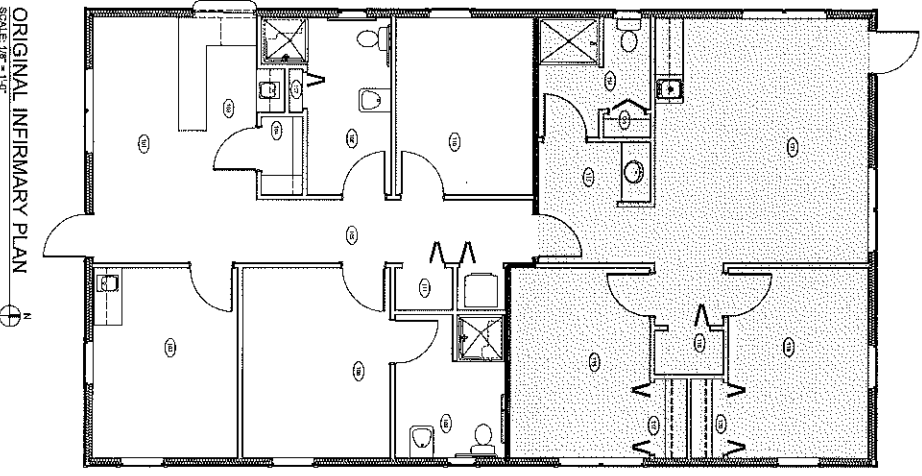
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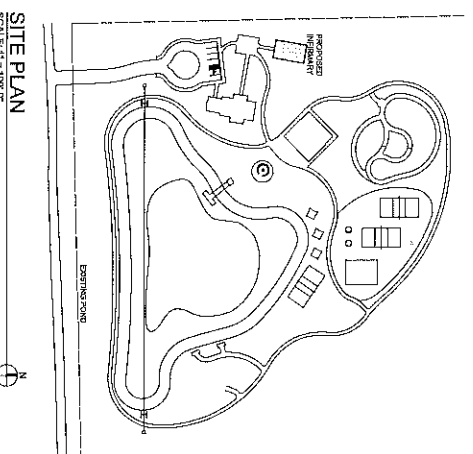
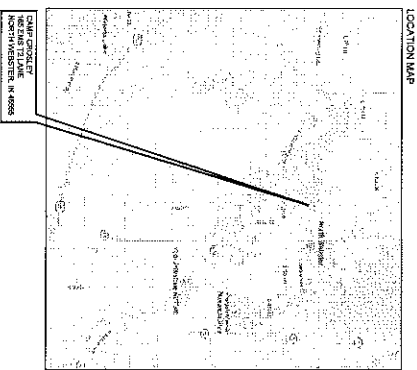
Code review official gkelley@dhs.in.gov	GERALD KELLEY Director, Division of Fire and Building Safety
Address (name, title of local official, street, city, state and ZIP code) ED W SORENSEN 302 W WASHINGTON ST RM E241 Indianapolis, IN 46204 Fax & e-mail: 3172330307, ESORENSEN@DHS.IN.GOV	



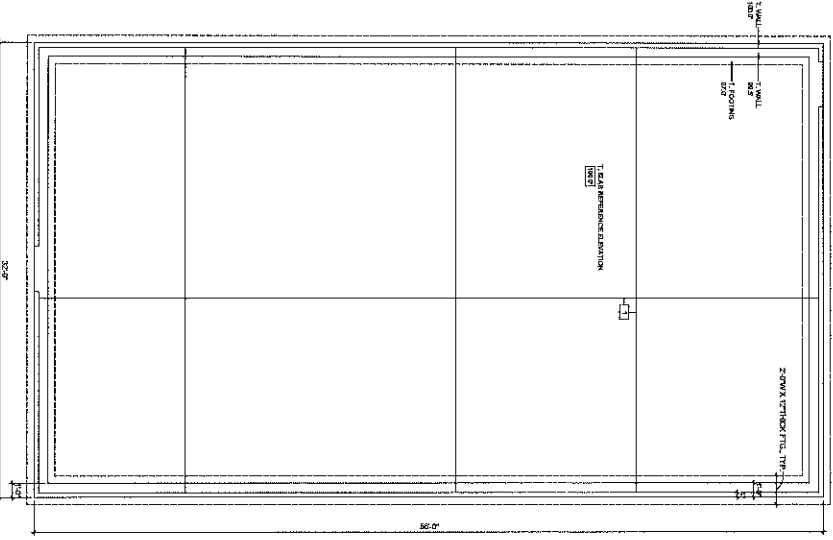
VARIANCE APPLICATION PLAN



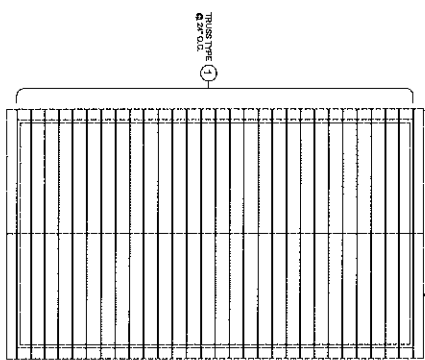
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RECEPTION	101
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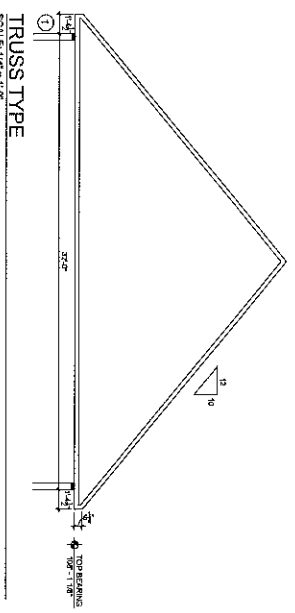
	Project: Camp Crosley Infirmary 165 EMS T2 Lane North Webster, Indiana 46555	
	Prepared for: Muncie Family YMCA	
Job Number: 250524	Date: 30 November 2015	Scale: 1/8" = 1'-0"
Drawn by: AE	Checked by: JD	Scale: 1/8" = 1'-0"
No. Days: Minutes	Scale: 1/8" = 1'-0"	Scale: 1/8" = 1'-0"



FOUNDATION PLAN
SCALE: 1/8" = 1'-0"



FRAMING PLAN
SCALE: 1/8" = 1'-0"



TRUSS TYPE
SCALE: 1/8" = 1'-0"

FOUNDATION/CONCRETE NOTES

1. ALL CONCRETE SHALL BE PLACED IN ONE RISE.
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MEMOS
 show our standard doors. Adjust to white above as indicated.

GENERAL NOTES

1. ALL CONCRETE SHALL BE PLACED IN ONE RISE.
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ITEM	QUANTITY	UNIT	PRICE	TOTAL
1. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
2. GRAV. UTILITY TIL. TILE	1	SQ. YD.	1.00	1.00
3. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
4. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
5. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
6. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
7. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
8. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
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13. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
14. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
15. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
16. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
17. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
18. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
19. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
20. EXTERIOR FINISH	1	SQ. YD.	1.00	1.00
TOTAL				20.00

FOUNDATION & FRAMING

I-S1.1

Scale: 1/8" = 1'-0"

Project:
 Camp Crosley Infirmary
 165 EMS T2 Lane
 North Webster, Indiana 46555

Prepared for:
 Muncie Family YMCA

Date:
 9 November 2015

Drawn by:
 A/E

Checked by:
 J/D

Scale:
 1/8" = 1'-0"

108 E. Anthony Street
 North Webster, IN 46555
 Phone: 317.461.1234
 Fax: 317.461.1235
 Email: info@geaarchitects.com

PLAN LEGEND

- 1. HORIZONTAL LINE WITH SHORT DASHES
- 2. HORIZONTAL LINE WITH LONG DASHES
- 3. HORIZONTAL LINE WITH SHORT DASHES AND DOTS
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DOOR AND FRAME SCHEDULE

#	SYMBOL	DOOR TYPE	FRAME TYPE	FINISH	GLASS	MARKING
1	1	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
2	2	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
3	3	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
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11	11	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
12	12	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
13	13	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
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18	18	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
19	19	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED
20	20	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED	WOOD STYLED

DOOR AND FRAME SCHEDULE LEGEND

- 1. WOOD STYLED
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- 1. HORIZONTAL LINE WITH SHORT DASHES
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- 16. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 17. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 18. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 19. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 20. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE

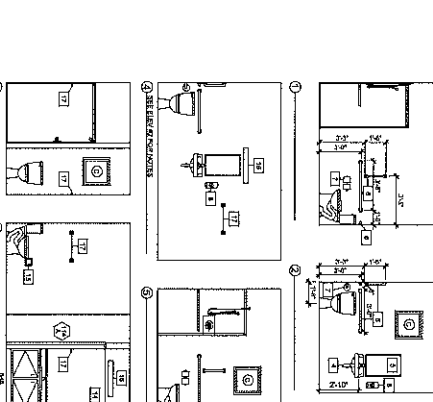
ROOM FINISH SCHEDULE

ROOM NAME	WALL	FLOOR	CEILING	DOOR	WINDOW	MARKING
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
13	13	13	13	13	13	13
14	14	14	14	14	14	14
15	15	15	15	15	15	15
16	16	16	16	16	16	16
17	17	17	17	17	17	17
18	18	18	18	18	18	18
19	19	19	19	19	19	19
20	20	20	20	20	20	20

FINISH LEGEND

- 1. WOOD STYLED
- 2. WOOD STYLED
- 3. WOOD STYLED
- 4. WOOD STYLED
- 5. WOOD STYLED
- 6. WOOD STYLED
- 7. WOOD STYLED
- 8. WOOD STYLED
- 9. WOOD STYLED
- 10. WOOD STYLED
- 11. WOOD STYLED
- 12. WOOD STYLED
- 13. WOOD STYLED
- 14. WOOD STYLED
- 15. WOOD STYLED
- 16. WOOD STYLED
- 17. WOOD STYLED
- 18. WOOD STYLED
- 19. WOOD STYLED
- 20. WOOD STYLED

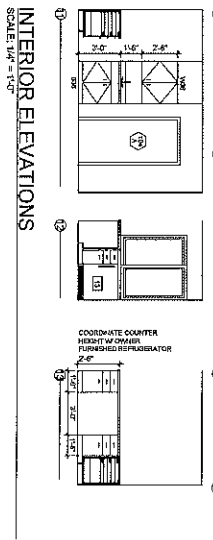
WINDOW ELEVATIONS



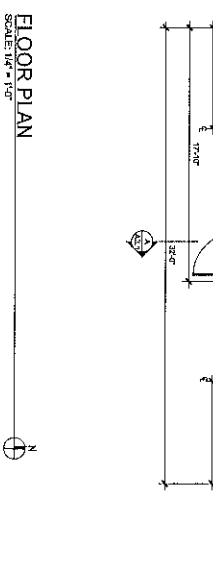
NOTES

- 1. HORIZONTAL LINE WITH SHORT DASHES
- 2. HORIZONTAL LINE WITH LONG DASHES
- 3. HORIZONTAL LINE WITH SHORT DASHES AND DOTS
- 4. HORIZONTAL LINE WITH LONG DASHES AND DOTS
- 5. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 6. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 7. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 8. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 9. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 10. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 11. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 12. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 13. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 14. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 15. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 16. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 17. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 18. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE
- 19. HORIZONTAL LINE WITH SHORT DASHES AND DOTS AND A TRIANGLE
- 20. HORIZONTAL LINE WITH LONG DASHES AND DOTS AND A TRIANGLE

INTERIOR ELEVATIONS



FLOOR PLAN



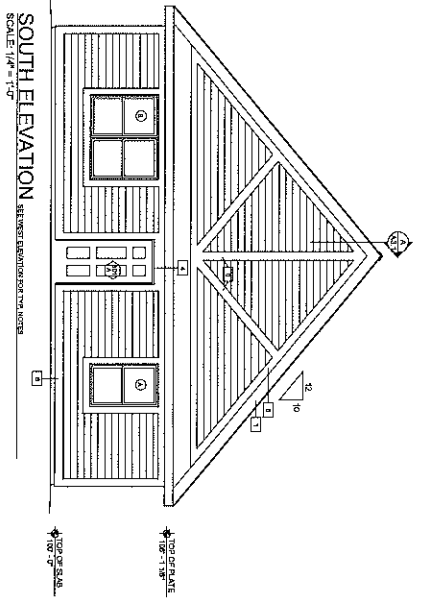
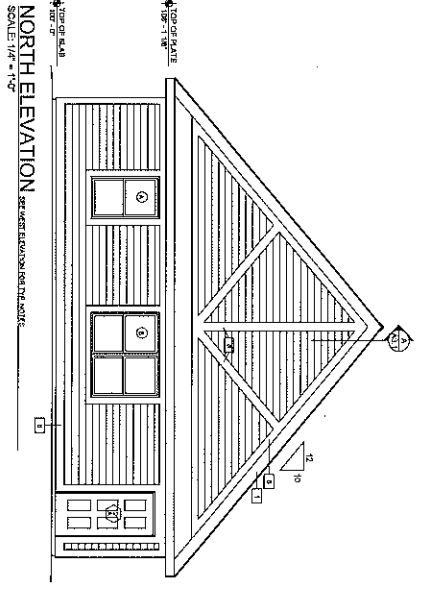
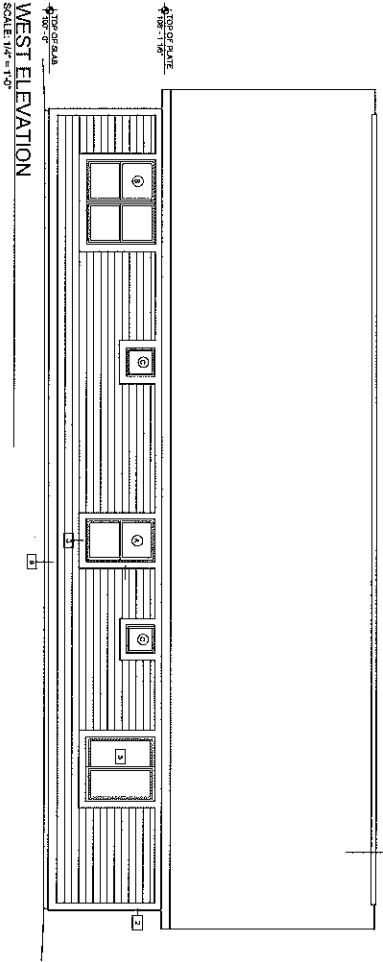
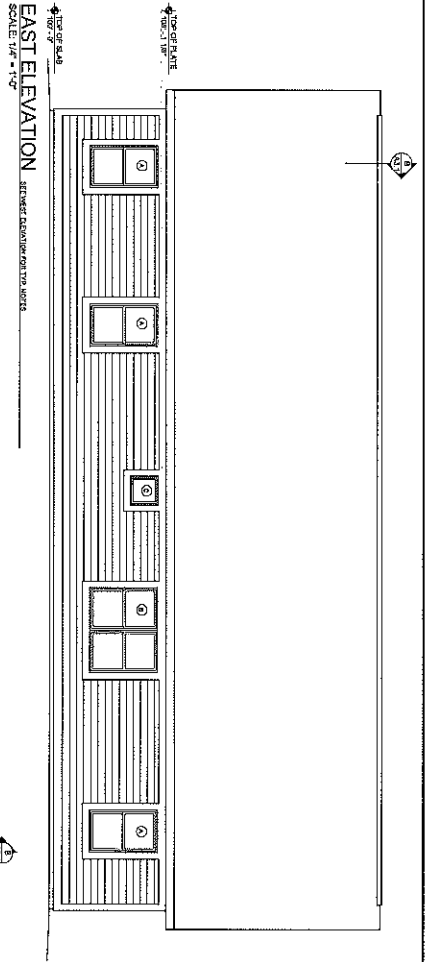
Project: Camp Crosley Infirmary
 166 EMS T2 Lane
 North Webster, Indiana 46555
 Prepared for: Muncie Family YMCA
 Date: 9 November 2015
 Drawn by: J.D.
 Checked by: J.D.
 Scale: 1/4" = 1'-0"

G|E|A ARCHITECTS

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 Columbus, IN 47326-2888
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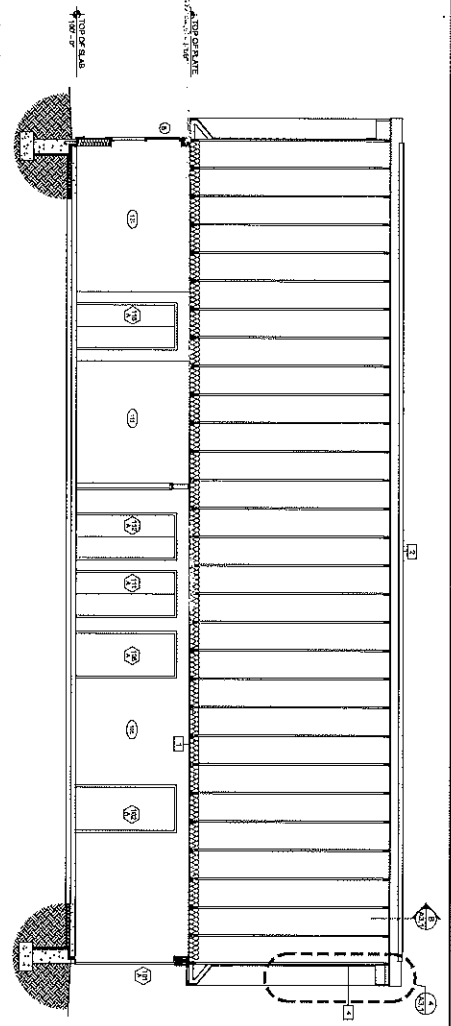
1-A1.1
 FLOOR PLAN



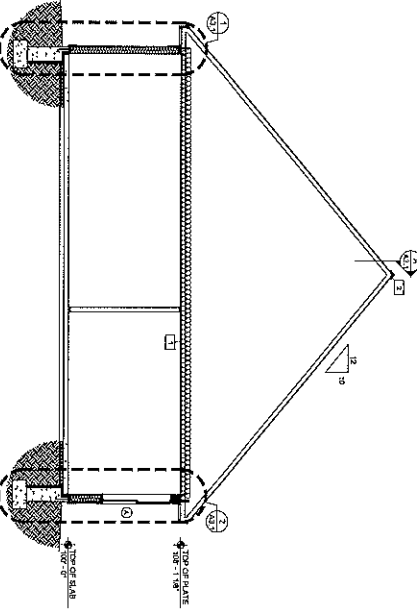
- KEYNOTES
- 1. 2" x 4" SIPS W/ 2" X 4" STANDING JOIST
 - 2. 2" x 4" SIP PERMITTED TO BE CORNER TRIM JOIST
 - 3. 2" x 4" SIP PERMITTED TO BE TRIM JOIST AT ALL CORNERS
 - 4. 2" x 4" SIP PERMITTED TO BE TRIM JOIST IN ALL CORNERS
 - 5. 2" x 4" SIP PERMITTED TO BE TRIM JOIST IN ALL CORNERS
 - 6. 2" x 4" SIP PERMITTED TO BE TRIM JOIST IN ALL CORNERS
 - 7. 2" x 4" SIP PERMITTED TO BE TRIM JOIST IN ALL CORNERS
 - 8. 2" x 4" SIP PERMITTED TO BE TRIM JOIST IN ALL CORNERS
 - 9. 2" x 4" SIP PERMITTED TO BE TRIM JOIST IN ALL CORNERS

	<p>101 E. Johnson Street Muncie, IN 47304 765-285-1111 www.g e a.com</p>	<p>G E A ARCHITECTS</p>	<p>Prepared for: Muncie Family YMCA</p>	<p>Project: Camp Crosley Infirmary 165 EMS T2 Lane North Webster, Indiana 46555</p>
				<p>Date: 9 November 2015</p>
<p>Job Number: 2502244</p>	<p>Drawn By: AE</p>	<p>Checked By: JD</p>	<p>Scale: 1/4" = 1'-0"</p>	<p>Sheet: I-A2.1</p>
<p>Rev. Date:</p>	<p>Revision:</p>	<p>Notes:</p>	<p>Scale:</p>	<p>Sheet:</p>

SECTION AA
SCALE: 1/4" = 1'-0"

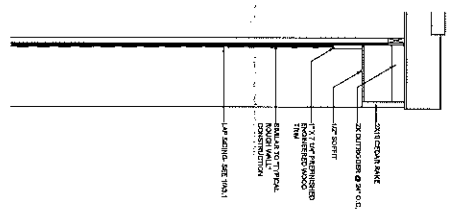


SECTION B-B
SCALE: 1/4" = 1'-0"

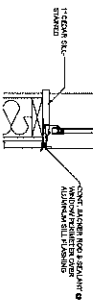


- NOTES**
1. REFER TO DRAWING 1-A-3.1 FOR WINDOW SCHEDULE
 2. REFER TO DRAWING 1-A-3.1 FOR DOOR SCHEDULE
 3. REFER TO DRAWING 1-A-3.1 FOR ROOF SCHEDULE
 4. REFER TO DRAWING 1-A-3.1 FOR FLOOR SCHEDULE
 5. REFER TO DRAWING 1-A-3.1 FOR CEILING SCHEDULE
 6. REFER TO DRAWING 1-A-3.1 FOR FINISH SCHEDULE
 7. REFER TO DRAWING 1-A-3.1 FOR MATERIAL SCHEDULE

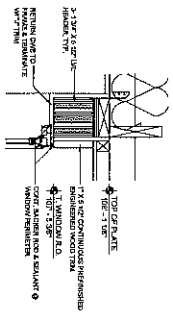
4 WALL SECTION
SCALE: 3/4" = 1'-0"



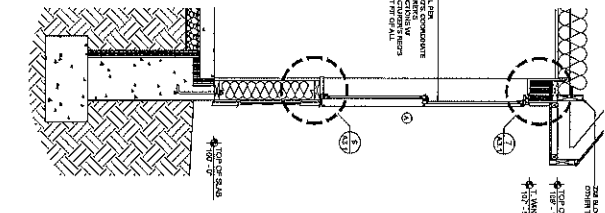
6 SILL DETAIL
SCALE: 1/2" = 1'-0"



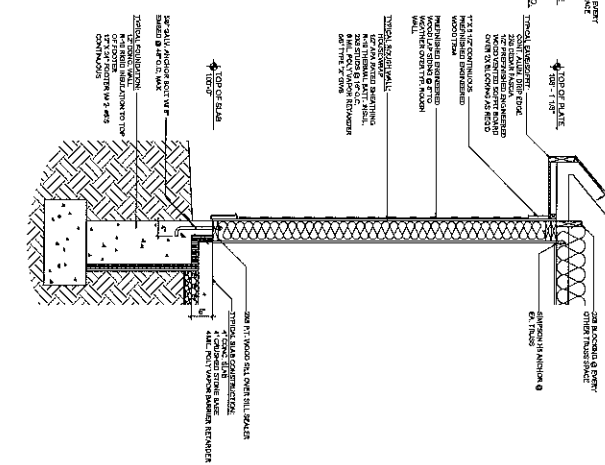
7 HEAD DETAIL
SCALE: 1/2" = 1'-0"



2 WALL SECTION
SCALE: 3/4" = 1'-0"



1 TYPICAL WALL SECTION
SCALE: 3/4" = 1'-0"



Project
Camp Crosley Infirmary
165 EMS T2 Lane
North Webster, Indiana 46555

Prepared for
Muncie Family YMCA

Date
9 November 2015

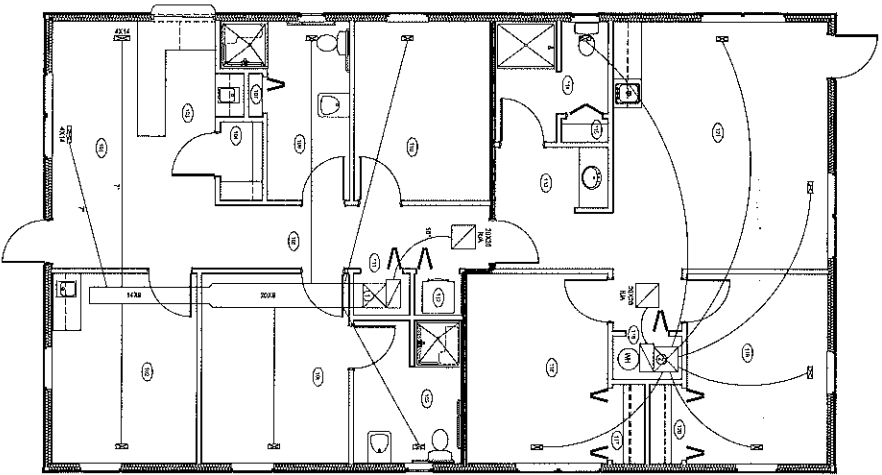
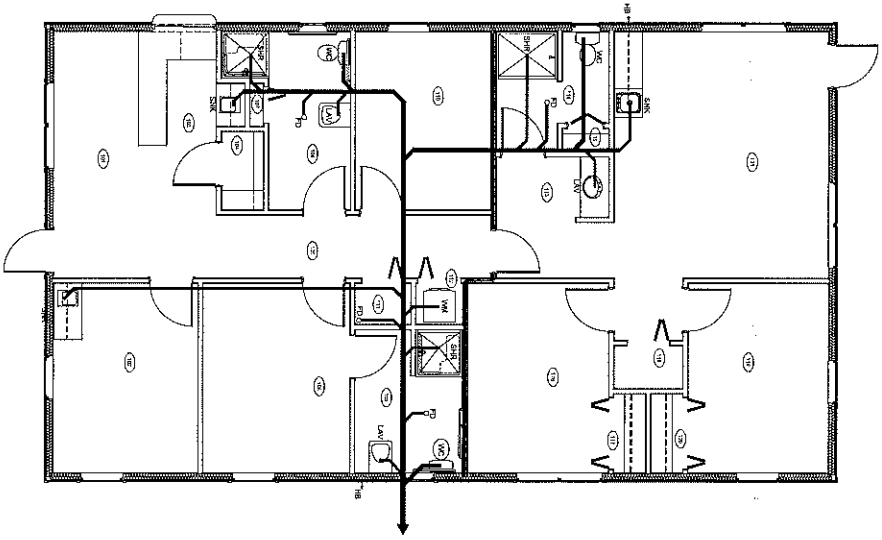
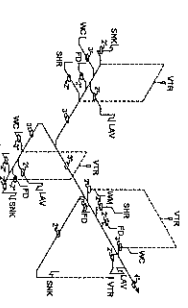
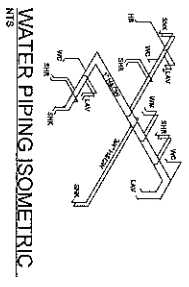
Drawn by
JLD

Checked by
JLD

Scale
As Shown

G|E|A
ARCHITECTS

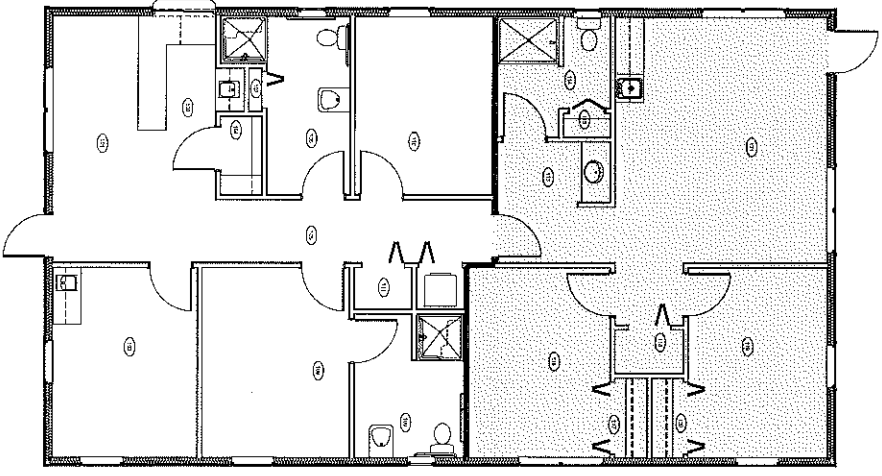
605 E. Main Street
North Webster, IN 46555
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www.geaarchitects.com



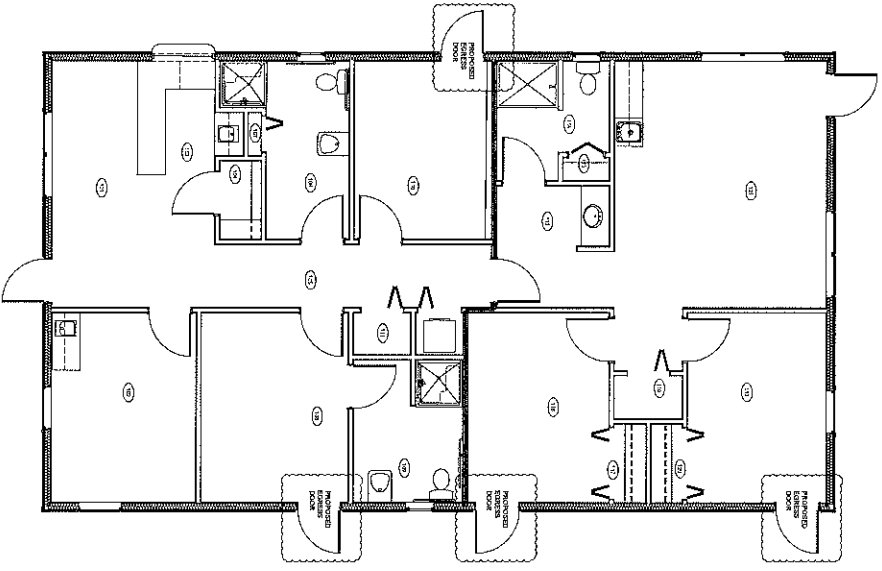
- MECHANICAL PLAN**
SCALE: 1/4" = 1'-0"
- GENERAL NOTES**
1. ALL PIPING AND UNLESS OTHERWISE NOTED SHALL BE 1/2" DIA. GALV. STEEL.
 2. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL PLUMBING CODE.
 3. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL MECHANICAL CODE.
 4. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL FIRE AND MARINE BOAT BUILDING CODE.
 5. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL BUILDING CODE.
 6. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL ENERGY CONSERVATION CODE.
 7. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL SMOKE CONTROL CODE.
 8. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL SAFETY CODE.
 9. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL WELLNESS BUILDING INSTITUTE CODE.
 10. ALL PIPING SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL WELLNESS BUILDING INSTITUTE CODE.
- HVAC UNITS**
- 1. ALL UNITS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL MECHANICAL CODE.
 - 2. ALL UNITS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL ENERGY CONSERVATION CODE.
 - 3. ALL UNITS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL SMOKE CONTROL CODE.
 - 4. ALL UNITS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL SAFETY CODE.
 - 5. ALL UNITS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2015 INTERNATIONAL WELLNESS BUILDING INSTITUTE CODE.

	FOR THE INTERIOR DESIGNER G. E. INTERIOR DESIGN 165 EMS T2 Lane North Webster, Indiana 46555 Phone: 317.462.1111 Fax: 317.462.1112 Website: www.geinteriordesign.com	
	Project: Camp Crosley Infirmary 165 EMS T2 Lane North Webster, Indiana 46555 Prepared for: Muncie Family YMCA	Date: 9 November 2015 Job Number: 2500234 Drawn by: AE Checked by: JD File Name: 2500234.MXD

VARIANCE APPLICATION PLAN



ORIGINAL INFIRMARY PLAN
SCALE: 1/8" = 1'-0"



PROPOSED VARIANCE PLAN
SCALE: 1/8" = 1'-0"

ROOM NAME	NO.	AREA
RECEPTION	101	100
WAITING AREA	102	100
PHYSICIAN OFFICE	103	100
NURSE STATION	104	100
PHARMACY	105	100
LABORATORY	106	100
STORAGE	107	100
RESTROOM	108	100
STAIRS	109	100
ELEVATOR	110	100
MECHANICAL	111	100
UTILITY	112	100
OFFICE	113	100
CONFERENCE	114	100
RECEPTION	115	100
WAITING AREA	116	100
PHYSICIAN OFFICE	117	100
NURSE STATION	118	100
PHARMACY	119	100
LABORATORY	120	100
STORAGE	121	100
RESTROOM	122	100
STAIRS	123	100
ELEVATOR	124	100
MECHANICAL	125	100
UTILITY	126	100
OFFICE	127	100
CONFERENCE	128	100
RECEPTION	129	100
WAITING AREA	130	100
PHYSICIAN OFFICE	131	100
NURSE STATION	132	100
PHARMACY	133	100
LABORATORY	134	100
STORAGE	135	100
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STAIRS	137	100
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UTILITY	140	100
OFFICE	141	100
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RECEPTION	143	100
WAITING AREA	144	100
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STORAGE	149	100
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UTILITY	154	100
OFFICE	155	100
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WAITING AREA	158	100
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LABORATORY	162	100
STORAGE	163	100
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