



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)

16-05-03

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

Name of applicant Dennis L. Morgan	Title Owner
Name of organization	Telephone number (812) 876-1750
Address (number and street, city, state, and ZIP code) 9495 N Moon Rd, Gosport, IN 47433	

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

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

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Address of site (number and street, city, state, and ZIP code)		
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 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 <i>1993 Indiana Building Code</i>	Specific code section <i>Windows 1204</i>
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) <i>Installed windows do not meet specified Required minimum height Current 23 3/4" (24" required)</i>	

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:
*height equals 23 3/4 (required 24")
width is 35" (required 20")*

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:

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 <i>Dennis L Morgan</i>	Please print name <i>Dennis L. Morgan</i>	Date of signature (month, day, year) <i>3/29/16</i>
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)
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Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov

Property Address: 3230 E. John Hinkle Pl, unit B

Petitioner's Name: Dennis L. Morgan

Address: 9495 N Moon Rd.

City: Gosport State: TN Zip Code: 47433

Phone Number: 812-876-1750 E-mail Address: dennis.morgan@smumc.church

Owner's Name: Dennis L. & Karen L. Morgan

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Occupants: _____

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: Want extension of time to get a variance approved by state

Reminder:
A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that months agenda!

(Will be assigned by BHQA)

Petition Number: _____

In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

Have applied for variance with Indiana Dept. of Homeland Security and need 90 days for application to be approved.

Signature (Required): Dennis L. Morgan

Name (Print): Dennis L. Morgan Date: 3/28/16

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.

