



APPLICATION FOR VARIANCE

State Form 44400 (R6 / 6-12)

Approved by State Board of Accounts, 2012

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)

16-05-06

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

Name of the applicant Highland Golf and Country Club	Title
Name of organization Highland Golf and Country Club	Telephone number (317) 255-5431
Address (number and street, city, state, and ZIP code) 1050 West 52nd Street Indianapolis In 46228	

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

Name of person on behalf of the applicant Bruce Pauley	Title Facilities Manager
Name of organization Highland Golf and Country Club	Telephone number (317) 255-5431
Address (number and street, city, state, and ZIP code) 1050 West 52nd Street Indianapolis In. 46228	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional Montgomery Tent and Awning	License number C8398200
Name of organization	Telephone number (317) 357-9759
Address (number and street, city, state, and ZIP code) P.O. Box 11516 Indianapolis In. 46201	

4. PROJECT IDENTIFICATION

Name of project South Deck Cover	State project number N/A	County Maroin
Site address (number and street, city, state, and ZIP code) 1050 West 52nd Street Indianapolis In. 46228		
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 State Fire Code 2014

Specific code section

Indiana State Fire Code Chapter 31 Section 3105

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

1 Fire Extinguishers, No Smoking signs, 2 Separate egresses.

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:

Our history for the past 10 years has had no safety issues with the structure. Also Highland is private property and is not opened to the public.

The structure is installed the first of April and taken down in September.

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

Please print name

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

Bruce Pauley

4-13-16

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*)

Bruce Pauley

4-13-16