



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/fireftp_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)

16-06-02

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

Name of applicant Brady Johnson	Title
Name of organization	812-714-8138

1832 S. Covey Lane, Bloomington IN 47401

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

Name of applicant Kim Hodges	CEO
Sweet Owen Industries Arc	812-714-8138 ext 222

PO Box 546 Spencer IN 47460

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 Options for Better Living Housing Options II	2011-01	County Monroe
--	---------	-------------------------

Address of site (number and street, city, state, and ZIP code)
1832 S. Covey Lane, Bloomington In, 47401

Type of project

New Addition Alteration Change of occupancy

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 IFC 1008.1.8 - 2009	Specific code section Door operations.
---	--

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
The dead bolts have been replaced in the home so that both sides require a key to open the door.

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:
The person (Brady) who lives in this home has a diagnosis of Prader-Willi Syndrome (PWS). PWS is a rare disorder that results in a number of physical, mental and behavioral problems. A key feature of Prader-Willi syndrome is a constant sense of hunger. People with a PWS diagnosis will eat constantly because they never feel full. The doubled keyed deadbolt locks were placed on the doors after Brady was successful in eloping from his home several times. At this time all staff working with Brady are trained to carry the door key with them at all times so in the event of an emergency they can easily gain access to the outside. One key is required to open both doors as they are keyed alike. In addition, the staff in the home are also required to do monthly drills that included but are not limited to fire, tornado, earthquake ect. Enclosed you will find several documents that show the effects of the client being able to elope from his home. Keeping the keyed deadbolts on the doors in his apartment is a lifesaving factor. One example that nearly cost this young man his life is before the keyed deadbolts were placed on his doors he was able to elope and successfully elude the staff. He walked for a couple of miles until he reached a Steak n Shake where he ordered over \$100 worth of food. By the time he was located he was rushed to the hospital, had his stomach pumped and the physicians told his parents had he eaten any more his stomach would have ruptured causing death. It was with his safety in mind that the agency providing services placed the double keyed locks on his door so he could not get out his doors without the assistance of the staff.

*Please see attached documentation that further explains the seriousness of keeping Brady with the staff at all times.

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>Kim Hodges</i>	Please print name Kim Hodges	Date of signature (month, day, year) 4-12-2016
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.)

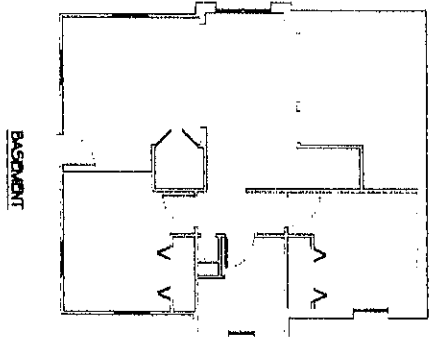
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

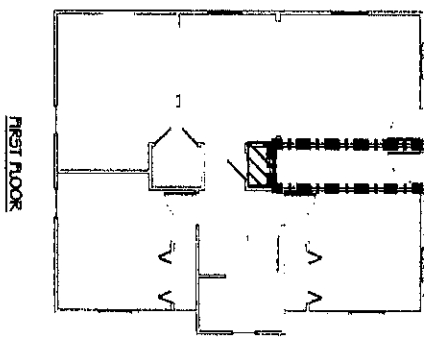
Please print name

Date of signature (month, day, year)

[Handwritten signature]
John Thompson






B BUILDING B2
CODE PLANS
 SCALE: NOT TO SCALE



E BUILDING B1
CODE PLANS
 SCALE: NOT TO SCALE

CODE PLAN KEY:

- 
 ONE-HOUR FIRE PARTITION (U/F US30): ONE LAYER 5/8" TYPE X GYPSUM WALLBOARD APPLIED PARALLEL OR AT RIGHT ANGLES TO EACH SIDE OF 2x4 WOOD STUDS 16" O.C. WITH 1-1/4" TYPE W DRINK WALL SCREWS 12" O.C.
- 
 ONE-HOUR FIRE RATED MEMBRANE: ONE LAYER 5/8" TYPE X GYPSUM WALLBOARD AFFIXED TO 2x4 WOOD STUDS 16" O.C.
- 
 ONE-HOUR FIRE RATED FLOOR SYSTEM: SEE DETAIL ABOVE

INTERNATIONAL RESIDENTIAL CODE

R321.1 TWO-FAMILY DWELLINGS. DWELLING UNITS IN TWO-FAMILY DWELLINGS SHALL BE SEPARATED FROM EACH OTHER BY WALL AND FLOOR ASSEMBLIES OF NOT LESS THAN 1-HOUR FIRE-RESISTIVE RATING WHICH TESTED IN ACCORDANCE WITH ASTM E 119. FIRE-RESISTIVE-RATED FLOOR-CILING AND WALL ASSEMBLIES SHALL EXTEND TO AND BE TIGHT AGAINST THE EXTERIOR WALL, AND WALL ASSEMBLIES SHALL EXTEND TO THE UNDERSIDE OF THE ROOF SHEATHING.

