



# 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/](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)

16-06-06

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Tyrone Anderson	
Name of organization	Branch Electric	
Address (number and street, city, state, and ZIP code)	2702 Granada Circle	
Title	Owner	
Telephone number	(317) 428-8018	
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant		
Name of organization		
Address (number and street, city, state, and ZIP code)		
Title		
Telephone number	( )	
3. DESIGN PROFESSIONAL OF RECORD (If applicable)		
Name of design professional	Electrician	
Name of organization	Branch Electric	
Address (number and street, city, state, and ZIP code)	2702 Granada Circle	
License number	E0002736	
Telephone number	(317) 428-8018	
4. PROJECT IDENTIFICATION		
Name of project	State project number	County
<del>4461 A Delaware St</del> Project		Marion
Address of site (number and street, city, state, and ZIP code)	4461 A Delaware St	
Type of project		
<input 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):		
<input type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)		
<input type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.		
<input type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application.		
<input type="checkbox"/> 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?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input type="checkbox"/> No		
Has a violation been issued?		
<input checked="" type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input type="checkbox"/> No		
Violation issued by:		
<input checked="" type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department		

**7. DESCRIPTION OF REQUESTED VARIANCE**

Name of code or standard and edition involved <i>Indiana Residential Code 2005</i>	Specific code section <i>E 3901.4.2 Island Counter spaces</i>
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)	

**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:

**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 owner of the property (Builder) Bobby Jennings had intended to put a moveable Island in kitchen because the entire kitchen floor sits on a slab, is what I was told. At completion of my job of wiring the house, apparently Mr Jennings decide he was going to change Island, which I was not told at this change. and when I return to start my finishes when I found out about the changes a month later*

**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>Tyrone Anderson</i>	Please print name <i>Tyrone Anderson</i>	Date of signature (month, day, year) <i>April 3 2016</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 <i>Tyrone Anderson</i>	Please print name <i>Tyrone Anderson</i>	Date of signature (month, day, year) <i>April 3 2016</i>
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## NOTICE OF VIOLATION

City of Indianapolis  
Department of Code Enforcement  
1200 Madison Avenue, Suite 100  
Indianapolis, IN 46225

Case Number: VIO16-000236

Date: 03/07/2016

Time: 12:44 pm

Inspector Signature:

Inspector Telephone Number: (317) 473-7151

Inspector Name: Joshua Napier

Inspector Fax Number: (317) 327-2621

Inspector Email: Joshua.Napier@Indy.Gov

Address of Violation: 4461 N DELAWARE ST

Person Served: TYRONE ANDERSON

Mailed To: 2702 GRANADA CR

INDIANAPOLIS, IN 46222

An inspection of the above noted property revealed the following violations:

**Indiana Residential Code 2005: E3801.4.2 Island counter spaces**

Room: Kitchen

Floor:

Specific Location:

Comments: Island counter does not have outlets.

The City of Indianapolis requests your cooperation in correcting the violation(s). Violations(s) that have not been corrected within 15 days of the date noted above, will result in further enforcement action, which may include but is not limited to:

- 1) Assessment of an administrative fee in the amount of two hundred fifteen dollars (\$215.00) for each scheduled visit to the property and the violation(s) have not been corrected (Section 536-609) and/or
- 2) Lawsuit with fines up to \$2,500 for each violation plus court costs (Section 536-709)

To further research the City of Indianapolis-Marion County code section mentioned above, please visit [www.municode.com](http://www.municode.com).

**Do Not Remove This Notification**

CITY OF INDIANAPOLIS  
 DEPARTMENT OF CODE ENFORCEMENT  
**WRECKING PERMIT**  
 1200 MADISON AVE., INDIANAPOLIS, IN 46225  
 PHONE: (317) 327-8700

Permit No.: **WRK16-00175**  
 Location: **5715 WASHINGTON BLVD**  
 Township: **WASHINGTON**

Issued: **04/06/2016**  
 Expired: **5/6/2016**  
 Subdivision: **J E Morris**

**CONTRACTOR**  
 MICHAEL RIVERA  
 RIVERA GROUP LLC  
 1073 OLIVER AVE  
 Indianapolis, IN 46221  
 317-328-1704

**OWNER**  
 Bobby Jennings  
 5715 Washington Blvd  
 Indianapolis, IN 46220

**APPLICANT**  
 MICHAEL RIVERA  
 RIVERA GROUP LLC  
 1073 OLIVER AVE  
 Indianapolis, IN 46221  
 317-328-1704

**PROJECT DESCRIPTION:**  
 J EDWARDS MORRIS / WRK 550 SF OF DET GARAGE / D2 / WASHINGTON TWP

City Contact:  
 Category of Wrecking:  
 Proposed Relocation:

**DEMOLITION**

Electrical: NA  
 Telephone: NA  
 Gas: NA

**Utility Disconnect Letters**

Water: NA  
 Sewer Lateral: NA  
 In-house Disconnect: YES

**Nature of Wrecking**

Height of Structure: 14  
 Number of Stories: 1  
 Ground Floor Area: 550  
 Type of Structure: **ACCESSORY STRUCTURE**  
 Existing Use: **ONE FAMILY DWELLING**

Number of Units: 1  
 Load Bearing Wall Construction: **WOOD FRAME**  
 Will Existing Slab Remain for Accessory Use?:  
 Slab Accessory: **Yes**  
**REBUILDING**

**FEEES**

Application Fee \$32.00  
 Accessory Structure Fee Res \$94.00  


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 Total Due: \$126.00  
 Balance: \$0.00

**INSPECTIONS:**

**INSPECTION DATE:**



