

**APPLICATION FOR VARIANCE**State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/lp_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)

14-09-51

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
Dana Muntz	Chief Executive Officer	
Name of organization	Telephone number	
St. Vincent Hospital	(812) 883-5881	
Address (number and street, city, state, and ZIP code)		
911 N Shelby Street, Salem, Indiana, 47167		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
Andrew Herrmann	Staff Geologist	
Name of organization	Telephone number	
August Mack Environmental, Inc	(317) 916-3153	
Address (number and street, city, state, and ZIP code)		
1302 North Main Street, Indianapolis, Indiana, 46202		
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
Washington County Memorial Hospital		Washington
Address of site (number and street, city, state, and ZIP code)		
911 North Shelby Street, Salem, Indiana, 47167		
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):		
<input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)		
<input checked="" 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 checked="" type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application.		
<input checked="" 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 checked="" type="checkbox"/> No		
Has a violation been issued?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input checked="" type="checkbox"/> No		
Violation issued by:		
<input 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	Specific code section
675 IAC 22 (<i>International Fire Code, 2014</i>)	675 IAC 22-2.5-16 Chapter 23 - TABLE 2306.2.3

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)
 According to table 2306.2.3, a 5,000 gallon UL142 above ground storage tank requires a minimum safe clearance distance of 10-ft from buildings and right-of-ways. The proposed installation location at the Washington County Memorial Hospital only allows for a maximum safe clearance distance of 7-ft from the nearest building and right-of-way at the widest portion and 5-ft at the narrowest. St. Vincent Hospital is asking for a variance to decrease the minimum 10-ft distance from buildings and right-of-ways to 5-ft.

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 AST to be installed at the facility is for non-explosive fuel oil that is drawn through on-demand pumps installed within the adjacent powerhouse building. The AST will be protected by steel bollards and include fusible fire prevention valves on supply and return lines. There is no electrical service to the AST and no nearby ignition source in relation to the proposed AST location. The nearby building is unoccupied, constructed of brick and concrete, and acts as a barrier between facility operations and the AST location.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

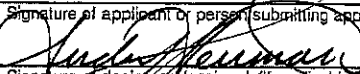
Select at least one of the following statements:

- 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 most appropriate location for the placement of the proposed AST has limited space between the powerhouse building and terminal extent of the city right-of-way. Alternate locations have been evaluated and found to be inappropriate or unsafe based current facility operations and utility services. The limited options for alternative placement include: 1. The municipal dumpster area, which is located between an electrical generator and liquid oxygen supply tanks and is approximately 30 feet from the Salem High School parking lot. Placement here would be unsafe due to the proximity to the liquid oxygen tanks and the school, and would cause operational problems relating to waste disposal at the facility. 2. The grassy area to the east of the powerhouse and physical therapy parking area, which is located approximately 150-feet from the proposed location, would result in limited patient access during installation and excessive costs associated with buried piping and utility excavation (see attached figure depicting each location presented here). Altering the construction of the tank from a UL142 to a UL2085 would also result in excessive costs beyond the current project funding.

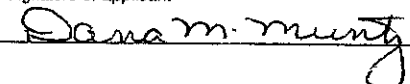
10. STATEMENT OF ACCURACY

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)
	Andrew Herrmann	8-5-2016
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)
	DANA M. MUNTZ	8-1-2016

City of Salem Fire Department



To whom it may concern,

This letter is for verification that we have received the application for variance that you will be submitting to the Indiana Department of Homeland Security, Code Services Section in regards to the Salem St. Vincent hospital.

A handwritten signature in black ink, appearing to read "T. S. Day".

Thomas S. Day

Chief, Salem Fire Department

City Of Salem Indiana
Building, Planning & Zoning Department
Building Commissioner Ronnie Voyles
201 E. Market Street Suite 104 Salem Indiana 47167
Ph. 812-883-5060 | Fax 812-883-5260 | Cell 812-620-2042
Email to: ronnie.voyles@cityofsalemin.com

August 09, 2016

To: Andrew Herrmann, LPG, CHMM
Project Manager
August Mack Environmental, Inc.

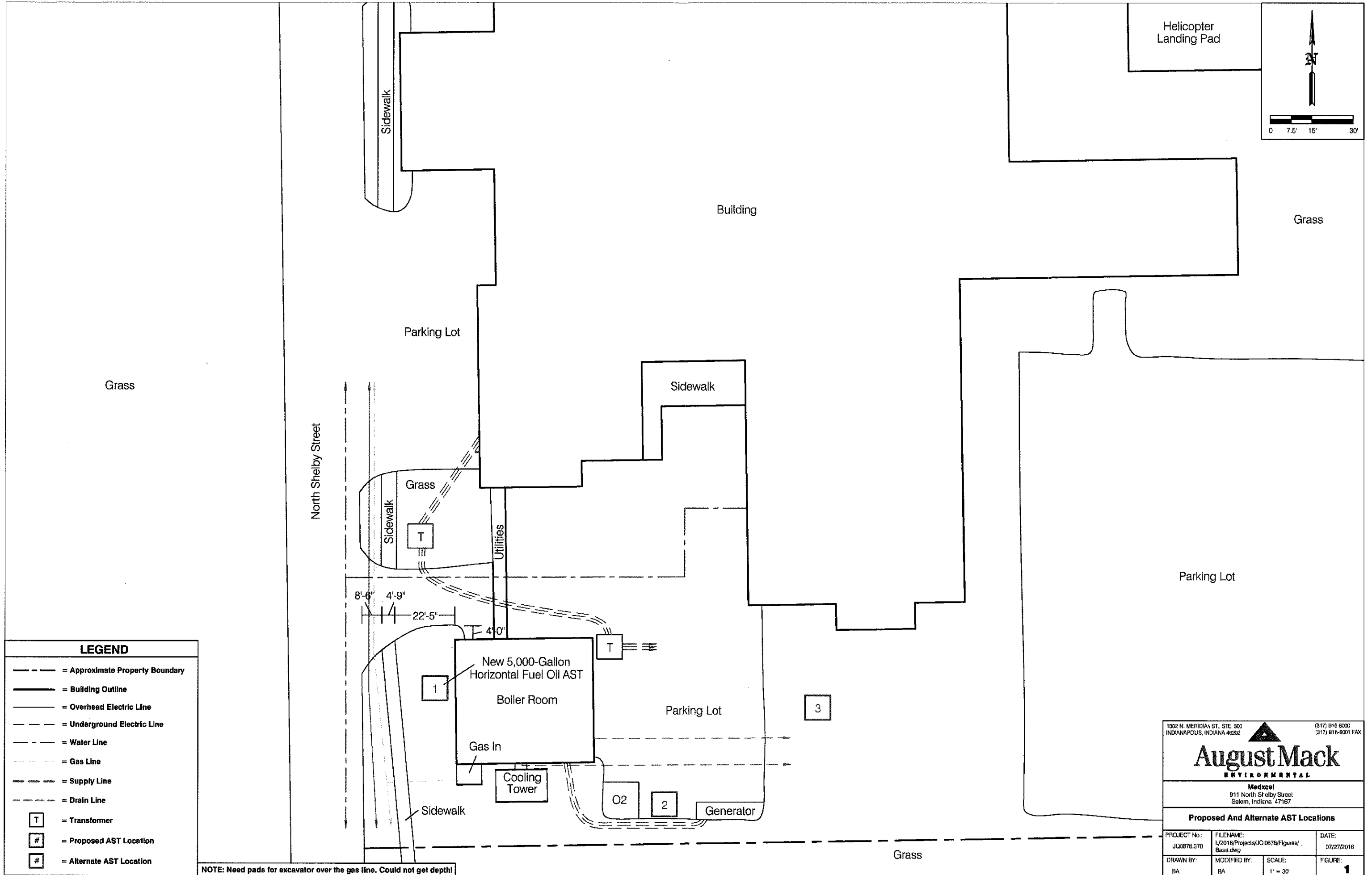
Re: Verification of receipt for Variance.

Dear Sir:

This letter is for verification that we have received the application for variance, that you will be submitting to the Indiana Department of Homeland Security, Code Services Section.

Thank You,

Ronnie Voyles
Building Commissioner
City of Salem



LEGEND

- = Approximate Property Boundary
- = Building Outline
- = Overhead Electric Line
- = Underground Electric Line
- - - = Water Line
- - - = Gas Line
- - - = Supply Line
- - - = Drain Line
- T = Transformer
- # = Proposed AST Location
- # = Alternate AST Location

NOTE: Need pads for excavator over the gas line. Could not get depth!

1302 N. MERIDIAN ST., STE. 300
INDIANAPOLIS, INDIANA 46202

(317) 916-6000
(317) 916-6001 FAX

August Mack
ENVIRONMENTAL

Medxcel
911 North Shelby Street
Salem, Indiana 47167

Proposed And Alternate AST Locations

PROJECT No.: JQ0878.370	FILENAME: I/2016/Projects/JQ 0878/Figures/ Bas.dwg	DATE: 07/27/2016
DRAWN BY: BA	MODIFIED BY: BA	SCALE: 1" = 30'
		FIGURE: 1