



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/fu_bs_conn_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)
16-11-01

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
west walnut church of christ		
Name of organization	Telephone number	
west walnut church of christ	(200) 726-4591	
Address (number and street, city, state, and ZIP code)		
204 Wwalnut st portland, IN 47371		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
Chris Dufek		
Name of organization	Telephone number	
Midwest accessibility products	(317) 607-9292	
Address (number and street, city, state, and ZIP code)		
2050 Stapleton ct Cincinnati, OH 45240		
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
west walnut church of christ		
Address of site (number and street, city, state, and ZIP code)		
204 W Walnut st portland, IN 47371		
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):		
<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 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 ASME A18.1 2005	Specific code section 3.1 runways
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.) 3.1.2.2 Headroom clearance during travel shall be not less than 60in. as measured vertically from any point on the surface of the platform. There is a structural beam crossing stairs left to right near bottom of stairs. When front edge of platform goes under beam the measurement is 45". As lift goes down it is within code once center of lift is under beam location.	

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:
We will install signs warning low overhead at each call/send at upper and lower landings. there will be a fold down seat on platform and an attendant remote for customer to operate lift while passenger is riding lift. We will also put padding over low overhead area.

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:
There is a structural beam located near the bottom of the stairs. The cost of construction would be excessive to remove. the church would like to be able to get someone in a wheelchair into sanctuary of church. the existing lift won't move someone in a wheelchair and will be removed if variance if granted.

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>Chris Dufek</i>	Please print name chris dufek	Date of signature (month, day, year) 9/8/16
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.

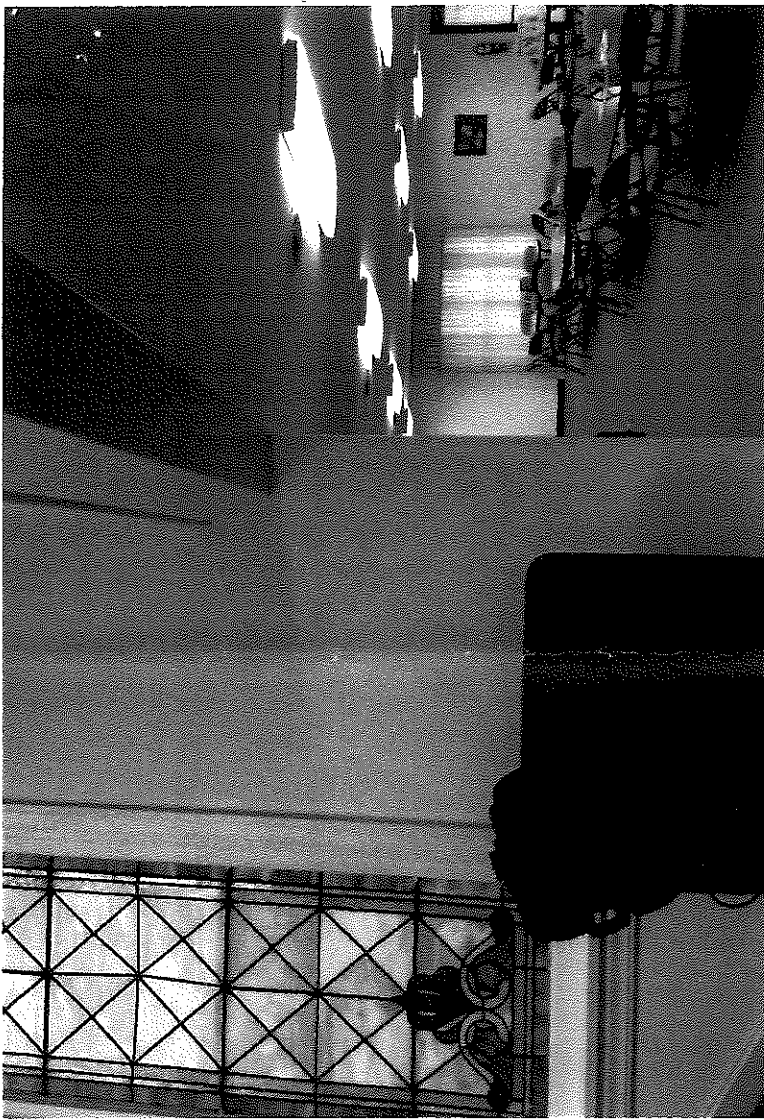
Signature of applicant <i>John Hemmelgarn</i>	Please print name JOHN HEMMELGARN	Date of signature (month, day, year) 9/19/16
<i>Michael G. Weitzel</i>	MICHAEL G WEITZEL FIRE CHIEF	9/19/16

Caution

Low

Overhead

Clearance



MIKE WEITZEL
FIRE CHIEF



PORTLAND FIRE DEPARTMENT

1616 North Franklin Street
Portland, Indiana 47371

Office: (260) 726-4500
Fax: (260) 726-4692

mweitzel@thecityofportland.net
www.thecityofportland.net

JAY/PORTLAND BUILDING & PLANNING

John Hemmelgarn

Director / Building Inspector

Cell: 260-729-3098

johnh@jpbp.comcastbiz.net

118 S Meridian Street / Suite E, Portland, Indiana 47371

Office: 260-726-6904 // Fax: 260-766-4224

