



# 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 W24B.  
Indianapolis, IN 46204-2739  
[http://www.in.gov/dhs/fire/fo\\_bs\\_comm\\_code/](http://www.in.gov/dhs/fire/fo_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)

16-12-15

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

Name of applicant	Title
Residences on Ronald Reagan- Jeanne Milan	Regional Manager
Name of organization	Telephone number
Residences on Ronald Reagan	(317) 737-2600
Address (number and street, city, state, and ZIP code)	
10531 Kings Row Dr. Avon, IN., 46123	

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

Name of applicant	Title
William Hockenbury	System Install Manager
Name of organization	Telephone number
Koorsen Fire and Security	(317) 543-7115
Address (number and street, city, state, and ZIP code)	
2719 N. Arlington Ave, Indianapolis, IN, 46218	

### 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
Residences on Ronald Reagan Fire Monitoring		Hendricks
Address of site (number and street, city, state, and ZIP code)		
10531 Kings Row Dr. Avon, IN., 46123		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" 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):

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	Specific code section
NFPA 72 2010 Edition	26.6.3.2.1.4- with Indiana Ademendments
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) The monitoring would be sole path cellular communciation; this would not be compliant with the Indiana admendment that requires two different forms of communication.	

**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 sole path monitoring will check in every 5 minutes as opposed to the code required 24 hours as set forth in NFPA 72 2010 edition.

**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.

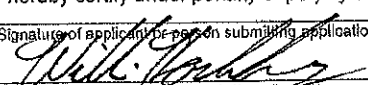
Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.

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:  
Due to the multiple buildings on site (15 buildings) and having no POTS phone lines available and the expense involved with providing internet service for each fire alarm system.

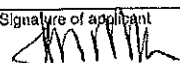
**10. STATEMENT OF ACCURACY**

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)
	William Hockenbury	11/8/2016
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)
	Jeanne M. Milan	11-9-16