



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/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

17-02-02

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

Name of applicant	Title
Health and Hospital Corporation of Marion County dba American Village	
Name of organization	Telephone number
American Senior Communities	(317) 788-2500
Address (number and street, city, state, and ZIP code)	
6900 South Gray Road Indianapolis, IN 46237	

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

Name of applicant	Title
Jennifer Voss	Adminstrator
Name of organization	Telephone number
American Village	(317) 253-6900
Address (number and street, city, state, and ZIP code)	
2026 East 54 th Street Indianapolis, IN 46220	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Name of organization	Telephone number
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Address (number and street, city, state, and ZIP code)	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Requesting Variance for 2 sets of disguised doors on memory care hallway	-----	Marion
Address of site (number and street, city, state, and ZIP code)		
2026 East 54 th Street Indianapolis, IN 46220		
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):

- 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 2014 Edition IFC 675 IAC 22-2.5	Specific code section Section 1008.1
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
 There are currently 2 sets of disguised doors on our memory care hallway. These doors are disguised as such to discourage residents with dementia from exit-seeking/elopment.

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:

There are 2 exit doors on this secured memory care hallway. One set of doors has a wall papered mural and the other is a painted scene. Camouflaging the exit doors is a way of safely protecting the exit seeking residents. Our campus sits on 54 wooded acres which includes a 5 acre pond/lake (previously a peat moss swamp). Having these doors muralled or painted deters those residents who would attempt to exit the hallway (with visitors) and go outside where they could be injured.

There are key pads located next to both sets of locked doors to unlock the doors. Once the correct code is entered, the doors will unlock. Once the fire alarm sounds, both sets of locked diguised doors automatically unlock allowing for easy exit.

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:

Operational problems:

- Safety of 32 dementia residents (middle to end stage) who reside on the secure hallway which could result to potential resident harm.
- There would be a need to increase staff to monitor these doors in order to prevent exit seeking residents from standing at the doorway waiting to elope.

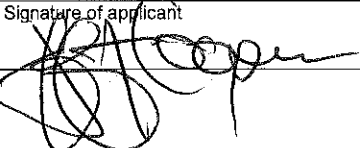
10. STATEMENT OF ACCURACY

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 Jennifer Voss	Date of signature (month, day, year) 1-11-17
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 Jeff A. Cooper	Date of signature (month, day, year) 1-11-17
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Memory Care Exit Door to Outside



American
Village
Harrison Healthcare
Auguste's Cottage II

Memory Care Exit Door to hallway