



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)

17-09-04

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

Name of applicant	Title
Mort Rubin	Home owner
Name of organization	Telephone number
College Rentals Inc.	(847) 272-1234
Address (number and street, city, state, and ZIP code)	
3330 Dundee Rd, Suite C4, Northbrook, IL, 60062	

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

Name of applicant	Title
Sara Tilley	Assistant Manager
Name of organization	Telephone number
Jeanne Walters Real Estate	(812) 331-8951
Address (number and street, city, state, and ZIP code)	
107 E 6 th St, Bloomington, IN, 47408	

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
		Monroe
Address of site (number and street, city, state, and ZIP code)		
321 E University St, Bloomington, IN, 47401		
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 1990 Indiana One and Two Family Dwelling Code, Section 210.2 Emergency Egress Openings	Specific code section Section 210.2 Emergency Egress Openings
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.) Emergency egress windows do not meet minimum requirements. Location: basement SE & SW bedrooms. SE bedroom measurements = height: 18", width: 28.75", sill height: 57", openable area: 3.59 sq ft. SW bedroom measurements = bedroom measurements = height: 18", width: 28.75", sill height: 57", openable area: 3.59 sq 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:
A repair technician will install a permanent step in both the SE & SW basement bedrooms to ensure the window sill will be properly reachable (within 36").

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.

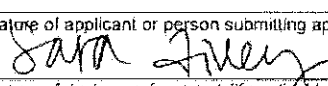
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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 material (limestone) this repair could become quite costly. Additionally, the alteration may damage the aesthetic of the home.

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 Sara Tilley	Date of signature (month, day, year) 9-15-17
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	Date of signature (month, day, year)
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