



# 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/](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)  
913.5

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

Name of applicant <b>Vaios Theodorakos</b>	Title <b>Owner</b>
Name of organization <b>Three Rivers Investments, LLC</b>	Telephone number <b>(260) 423-9511</b>
Address (number and street, city, state, and ZIP code) <b>101 Three Rivers North, Fort Wayne, IN 46802</b>	

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

Name of applicant <b>Jean Ann Hedges</b>	Title <b>Multi-Site Senior Property Manager</b>
Name of organization <b>Three Rivers Investments, LLC</b>	Telephone number <b>(260) 423-9511</b>
Address (number and street, city, state, and ZIP code) <b>101 Three Rivers North, Fort Wayne, IN 46802</b>	

### 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 <b>Fire Pump</b>	State project number	County <b>F</b>
Address of site (number and street, city, state, and ZIP code) <b>101 Three Rivers North, Fort Wayne, IN 46802</b>		
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 <del>913.1</del> - 2012 International Fire Code	Specific code section Fire Pump (2012) 913.5
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) Fire Pump not needed-variance previously approved for removal of fire hoses, so no need for the fire pump. However, we are looking at adding smoke detectors to our trash rooms (two trash rooms).	

**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 no longer have fire hoses, which the fire pump was tied into. Therefore, we no longer need the fire pump to be serviced at Three Rivers Luxury Apartments. The variance for the elimination of the fire hoses was issued several years ago and approved.

**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:  
Based on previous variance and feedback from Koorsen, the fire pump is no longer needed.

**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>[Signature]</i>	Please print name Jean Ann Hedges	Date of signature (month, day, year) 10-31-17
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 <i>[Signature]</i>	Please print name Jean Ann Hedges	Date of signature (month, day, year) 10-31-17
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See following letter



**V.T.T. Management, Inc.**

**"Protecting Our Investment... One Tenant At A Time..."**

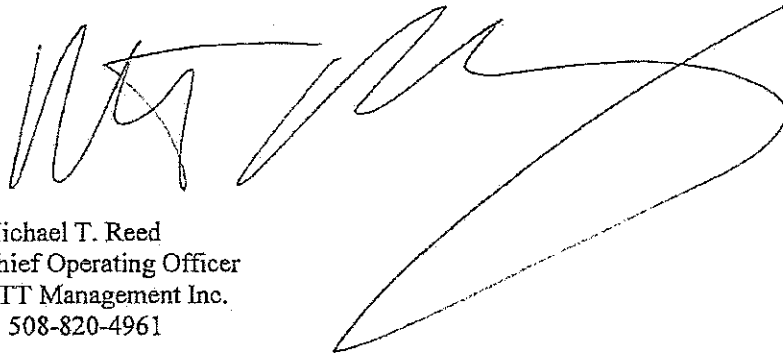
Indiana Dept. of Homeland Security Code Services Section  
302 West Washington Street, Room W246  
Indianapolis, IN 46204-2739

**RE: Jean Ann Hedges –Authorized Signer for Three Rivers Investments LLC.**

To whom it may concern:

Please allow this letter to be authorization for Jean Ann Hedges to sign variances and applications on behalf of Three Rivers Investments LLC.

Thank you for your help with this matter



Michael T. Reed  
Chief Operating Officer  
VIT Management Inc.  
P: 508-820-4961

100 Concord Street, Third Floor – Framingham, MA 01702  
Phone (508) 820-4961 - Fax (508) 820-4943

