



# 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)

17-10-03

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

Name of applicant	Title
Saeed Moaddeli      Email: s.moaddeli@gmail.com	Mr.
Name of organization	Telephone number
	(812) 391 9262
Address (number and street, city, state, and ZIP code)	
333 Main Street, #314 Redwood City CA 94063	

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

Name of applicant	Title
Same as applicant	
Name of organization	Telephone number
	( )
Address (number and street, city, state, and ZIP code)	

#### 3. DESIGN PROFESSIONAL OF RECORD (If applicable)

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

#### 4. PROJECT IDENTIFICATION

Name of project	State project number	County
Upstairs Bedroom Windows	N/A	Monroe
Address of site (number and street, city, state, and ZIP code)		
2204 S Laurelwood Dr. Bloomington Indiana 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

Specific code section

BMC-16.04.020

Nature of non-compliance *(Include a description of spaces, equipment, etc. involved as necessary.)*

A window in the upstairs bedroom in a rental house. See attached document from HAND

**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:

This house was built in 1996 like all other houses in Laurelwood neighborhood. Windows were not modified or replaced in any way. They are in good condition and fully functional.

**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:

**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)*

SAEED MOADDELI

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)*

SAEED MOADDELI



**City Of Bloomington**  
**Housing and Neighborhood Development**  
**CYCLE INSPECTION REPORT**

*Amended 02 August 2017*

**AUG 03 2017**

6110

Owner(s)

Saeed Moaddeli  
2204 S Laurelwood Dr  
Bloomington, IN 47401

Prop. Location: 2204 S Laurelwood DR  
Number of Units/Structures: 1/1  
Units/Bedrooms/Max # of Occupants: Bld 1: 1/3/3

Date Inspected: 04/05/2017  
Primary Heat Source: Gas  
Property Zoning: PUD  
Number of Stories: 2

Inspector: Mike Arnold  
Foundation Type: Slab  
Attic Access: Yes  
Accessory Structure: none

Monroe County records show this structure was built in 1996. The minimum emergency egress requirements at the time of construction were as follows:

Height: 24 inches  
Width: 18 inches  
Sill Height: 44 inches  
Openable Area: 4.75 sq. ft.

Interior:

Main Level:

Living Room/Dining Room (19-1 x 12-10), Kitchen (11-4 x 10-8), ½ Bathroom, Master Bathroom,

Laundry, Garage:

No violations noted

Master Bedroom (13-11 x 11-6):

Existing Egress:

Height: 25.25 inches  
Width: 27.5 inches  
Sill Height: 23 inches  
Openable Area: 4.82 sq. ft.

**Note: These measurements are for reference only. There is no violation of the emergency egress requirements.**

No violations noted

**Upper Level:****Bathroom:**

No violations noted

**North Bedroom (14-5 x 10-7), South Bedroom (10-0 x 9-11):****Existing Egress:****Height: 25.25 inches****Width: 26.75 inches****Sill Height: 23 inches****Openable Area: 4.69 sq. ft.**

**Note: These measurements are for reference only. There is no violation of the emergency egress requirements.**

The emergency egress windows for these rooms do not meet the minimum requirements for a one and two family dwelling/multi-unit structure built in 1996. The relevant code is the 1990 Indiana One and Two Family Dwelling Code

The emergency egress windows do not meet the minimum code requirements for the time the structure was built. For that reason, the City will not issue a rental permit until either the window is altered or replaced to meet the code requirement at the time of construction, or an egress variance is received from the Indiana Fire Prevention and Building Safety Commission. BMC-16.04.020 (b).

The State variance application forms are available at the *Department of Homeland Security* on the *Fire Prevention and Building Safety Commission's* web site at [www.in.gov/dhs/2375.htm](http://www.in.gov/dhs/2375.htm). Scroll down to *Downloadable Forms and Documents* and click on *Variance Application and Instructions*. If you need any further clarification, the Commission can be reached at 317.232.1402.

**Exterior:**

No violations noted

**Other Requirements:****Furnace Inspection Documentation:**

Thoroughly clean and service the furnace, inspect and test shut off valves for proper operation. Documentation from a professional HVAC contractor for this service is acceptable and encouraged. Servicing shall include a test for carbon monoxide. Acceptable levels of carbon monoxide are as follows:

Desired level: 0 parts per million (ppm)

Acceptable level in a living space: 9 ppm

Maximum concentration for flue products: 50 ppm

BMC 16.01.060(f), BMC 16.04.060(c), BMC 16.04.060(b)

When issued, a copy of the new Rental Occupancy Permit shall be posted as required by BMC 16.03.030(d): All rental units shall be required to have a current occupancy permit displayed in an accessible location inside the unit. The permit shall contain the name of the owner or his agent and the expiration date of the permit. BMC 16.03.030(c)

**This is the end of this report.**