



# 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)

17-12-06

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

Name of applicant	Title
Tom & Rob Sands	President & Vice President
Name of organization	Telephone number
Sands & Sands Properties dba Port Hole Inn	(812) 339-1856
Address (number and street, city, state, and ZIP code)	317.6(7, 2939 (e))
8939 East Southshore Drive Unionville IN 47468	

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

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

### 4. PROJECT IDENTIFICATION

Name of project	State project number	County
Sands & Sands Properties dba Port Hole Inn		Monroe
Address of site (number and street, city, state, and ZIP code)		
8939 East Southshore Drive Unionville IN 47468		
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?

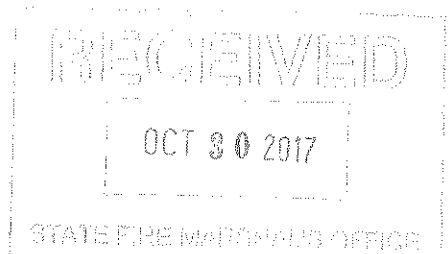
Yes (If yes, attach a copy of the Correction Order.)     No

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
Install Type 1 Hood	Sec.507.2.1 2014 Edition IMC 675 IAC 18-1.6
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) Port Hole opened in 1957... In 2008 a fire was set to coverup a break and entry robbing the Port Hole and fire was due to arson. 10.4.17 was issued a violation stating the hood was in violation. 2008 we were issue a permit from Monroe Co Building department stating the existing hood that was pulled from fire could be used, and complete testing from Koossen approved the Ansul system and hood installed in 2008. The existing equipment is installed and approved over the cooking applicances that produce grease or smoke. see pictures of area and equipment that are inside the area	

**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:  
In 2008 existing Hood Type 1 as specified by the Monroe Co Building Depart was approved and Koorsen approved and still approves the ansul system as 5.3.17. All Fire exists are marked, emergency lighting marked per code and all safety equipment and procdures posted and followed.

**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.

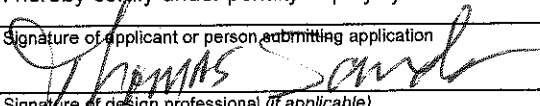
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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:  
Seasonal business

**10. STATEMENT OF ACCURACY**

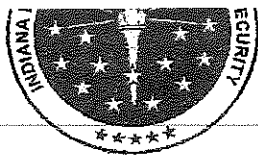
I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
	Tom Sands	10/17/17
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)



# INSPECTION REPORT ORDER

INDIANAPOLIS, IN 46204  
TELEPHONE: 317-232-2222  
WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number <b>AE533315</b>	Name of the facility <b>PORT HOLE INN INC</b>	County <b>MONROE</b>
Address of Property <b>8939 E SOUTH SHORE DR UNIONVILLE IN 47468</b>	Name of the Contact <b>DEANA KOHEN</b> <i>TOM SANDS</i>	Telephone Number <b>(812) 339-1856</b>
Email <b>zioncrossroads@yahoo.com</b> <i>W/DONG</i> <i>(Port Hole Inn@gmail.com)</i>	Inspection Type <b>ANNUAL</b>	Inspection Date <b>10/04/2017</b>
Inspection Category <b>ENTERTAINMENT PERMIT</b>	Inspection Status: <b>VIOLATION</b>	
Name of the Inspector <b>MILAN PECE</b>	Phone: <b>3174173712</b>	<i>812.339.1856</i>
Email: <b>mpace@dhs.in.gov</b>		

## Violations

VIO-LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	Sec. 507.2.1 2014 Edition IMC 675 IAC 18-1.6	Type I hoods shall be installed where cooking appliances produce grease or smoke as a result of the cooking process. Type I hoods shall be installed over medium-duty, heavy-duty and extra-heavy duty cooking appliances. Type I hoods shall be installed over light-duty cooking appliances that produce grease or smoke. Exceptions: 1. A Type I hood shall not be required for an cooking appliance where an testing agency provides documentation that the appliance effluent contains 5 mg/m3 or less of grease when tested at an exhaust flow rate of 500 cfm (0.236 m3/s in accordance with Section 17 of UL 710B. 2. Conveyor type pizza ovens not used to cook "raw fatty proteins" such as bone-in, skin-on chicken, raw hamburger, raw bacon, raw sausage, raw steaks, and similar items.  <b><u>INSTALL TYPE 1 HOOD.</u></b>	11/04/2017
2	IC 22-14-3-5	Operation without permit or special event endorsement; infraction Sec. 5. (a) This section applies to the following: (1) Each person who has control over the performance of an amusement or entertainment described in IC 22-12-1-23. (2) Each person who has control over a regulated place of entertainment. (b) A person described in subsection (a) commits a Class C infraction if: (1) a regulated place of amusement or entertainment is used for an amusement or entertainment described in IC 22-12-1-23; and (2) no regulated place of amusement or entertainment permit or special event endorsement issued under this chapter covers the conditions at the regulated place of amusement or entertainment that affect fire and explosion safety.  <b><u>RENEW AMUSEMENT &amp; ENTERTAINMENT PERMIT.</u></b>	11/04/2017

Facility Id

Received By Name

Signature and Date

**RESTAURANT SYSTEMS WORK ORDER**



WORK ORDER # \_\_\_\_\_

INVOICE TO \_\_\_\_\_

SERVICE LOCATION \_\_\_\_\_

EQUIPMENT LINE-UP AT TIME OF ARRIVAL (LEFT TO RIGHT)				Hood: Ft. <u>7</u> In. <u>62</u>	Duct: Qty <u>1</u> Dimensions <u>17x6</u>		
<u>Pressure</u>	<u>Flow</u>	<u>Pressure</u>	<u>Flow</u>				
<b>INDICATE INSPECTION PERFORMED:</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>INDICATE INSPECTION PERFORMED:</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Conduct Hazard Review /System pre check Verify hazard has not changed or been tampered with	<input checked="" type="checkbox"/>			Replace rubber blow off caps annually or as needed	<input checked="" type="checkbox"/>		
Notify proper personnel and disconnect system for inspection Monitoring Co. <u>X</u>	<input checked="" type="checkbox"/>			Check cartridge(s) for weight, hydro, proper type, and replacement <u>X</u> <u>5902</u> weight(s)	<input checked="" type="checkbox"/>		
Notify customer of fuel and power shutdown requirements Confirm location of reset devices and confirm who is to re-light pilots	<input checked="" type="checkbox"/>			Replace Cartridge Receiver Gasket			
Notify proper personnel to place system on test Verify system disarmed for inspection	<input checked="" type="checkbox"/>			Check regulator test date <u>X</u> <u>03/15</u> date	<input checked="" type="checkbox"/>		
Install test link and conduct automatic trip test of detection	<input checked="" type="checkbox"/>			Check tank(s) for hydro, proper agent/level, and corrosion <u>X</u> <u>1/15</u> date(s)	<input checked="" type="checkbox"/>		
Replace all fusible links. Manufacturer Date <u>2017</u>	<input checked="" type="checkbox"/>			Replace Burst Disc (annual or as needed only)	<input checked="" type="checkbox"/>		
Conduct test fire of system via remote pull	<input checked="" type="checkbox"/>			Check for excessive grease accumulation. See Comments	<input checked="" type="checkbox"/>		
Verify shutdown devices and confirm fuel and power is restored	<input checked="" type="checkbox"/>			Reset system, notify personnel and rearm for service	<input checked="" type="checkbox"/>		
Verify piping and conduit is secure and conduct air test (if Applicable)	<input checked="" type="checkbox"/>			Portable Fire Extinguishers			
Check/remove all nozzles to ensure they are clear of debris, wipe off exterior grease and reinstall system	<input checked="" type="checkbox"/>			Annually- Conduct annual maintenance check and apply plastic tag			
Is system UL300?	<input checked="" type="checkbox"/>			Semi-Annually - Conduct monthly quick check and sign OSHA TAG			
If YES: Confirm nozzle type, aiming point, and flow capacity of the system. Total flow points in system: <u>1</u>				KClass fire extinguisher present			
If NO: Provide a copy of the "Important Notice" <u>X</u> (initials)	<input checked="" type="checkbox"/>			Exit and Emergency Lighting			
				Are all lights working			
				Have lights been inspected per OSHA/KFS guidelines			
				System has deficiencies. See comments below			

COMMENTS: \_\_\_\_\_

**WARNING - READ CAREFULLY BEFORE SIGNING.** The above inspection is made for the purpose of checking the mechanical or electrical operation of the suppression system and NOT to determine guarantee, proper capacity, engineering, or original installation. If a more thorough inspection of the fire system is desired or recommended to determine proper capacity and installation then it is recommended that a survey and full discharge of the system be performed at an additional cost. The reverse of this agreement is incorporated herein. Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. User acknowledges receipt of copy and that he has read and understands reverse of this agreement.

PRINT CUSTOMER NAME \_\_\_\_\_

CUSTOMER \_\_\_\_\_

TECHNICIAN Oliver B.H.

DATE 5-3-17

**RESTAURANT SYSTEMS WORK ORDER**



WORK ORDER # \_\_\_\_\_

INVOICE TO: WILE INN  
850 E QUINN ROAD DR  
ONEVILLE IN

SERVICE LOCATION:  
WILE INN  
850 E QUINN ROAD DR  
ONEVILLE IN

CUSTOMER PAYMENT  CASH  CHECK # 1192  VISA  MC  AMEX CARD #

EXP DATE

PAID IN FULL \$232.19 5-03-17

**RESTAURANT INSPECTION / SERVICE**

SYSTEM MFG.	PART NUMBER	QTY	UNIT PRICE	TOTAL
CYLINDERS				
99-TEST-REG				
HT-REST				
SYSTEM RECHARGE				
ACT / PIPE INSP				
PIRANHA FLOW TEST				
DISCHARGE PROTECTION				

**LINKS**

DISCHARGE PROTECTION				
PART NUMBER	QTY	UNIT PRICE	TOTAL	
BRG360 (A K ML)				
BRG500ML	5			
TEST LINK BRGTL1				

**NOZZLES / CAPS / OTHER**

PART NUMBER	QTY	UNIT PRICE	TOTAL
AN77695 (CAPS)	5		
AN 433208 (METAL CAPS)			
AM12334 (RUBBER CAP)			
BG9197290 (CAPS)			
BRKR97054 (FOILS)			
BRG45 (CART GASKET)	1		
AN56909 ("O" RING GASKET)			
AN417911 BURST DISC	2		
AN68800 VENT PLUG			

**FIRE EXTINGUISHER INSP. AND SERVICE**

QTY	SIZE / TYPE	QTY 6 YEAR	QTY RECH	QTY HYDRO	6YR/RE PRICE	HYDRO PRICE	TOTAL
	5/6#ABC						
	10#ABC						
	K CLASS						
<b>TOTAL</b>							UNIT PRICE

**EXIT & EMERGENCY LIGHT SERVICE**

PART NUMBER	QTY	UNIT PRICE	TOTAL
QCK CHK/ANL BAT TEST/90 MIN			
LIGHT INSTALLATION			
BRBT6			
BRBT65S			
BRPRB64			
BRPRB67			
BPPRB612			

**PILOT CARTRIDGES**

PART NUMBER	QTY	UNIT PRICE	TOTAL
BRPCC			
BRKRC			

**TAGS / LABELS**

PART NUMBER	QTY	UNIT PRICE	TOTAL
KL021 KL022			
KL023 KL024			
KL059 KL028			
KT077			
KT009 (INSPECTION TAG)			
KT008 (RED TAG)			
BRKS (R.W.Y.) PULL SEAL	1		
KT023 (NECK COLLARS)	2		
KT003 KT001			
KL008 KL011			

**MISCELLANEOUS PARTS**

PART NUMBER	QTY	UNIT PRICE	TOTAL
BRASBR (BREAK ROD)			
PULL PIN BRNPP			
DISPOSAL PER UNIT			
EE5A H S R			
EE10A H S R			
EEK-H			

TOTAL LEFT 1

TOTAL RIGHT 2

CUSTOMER \_\_\_\_\_ DATE \_\_\_\_\_

TRUCK # \_\_\_\_\_ TECHNICIAN \_\_\_\_\_ DATE 5-3-17

TOTAL LEFT 1

TOTAL RIGHT 2

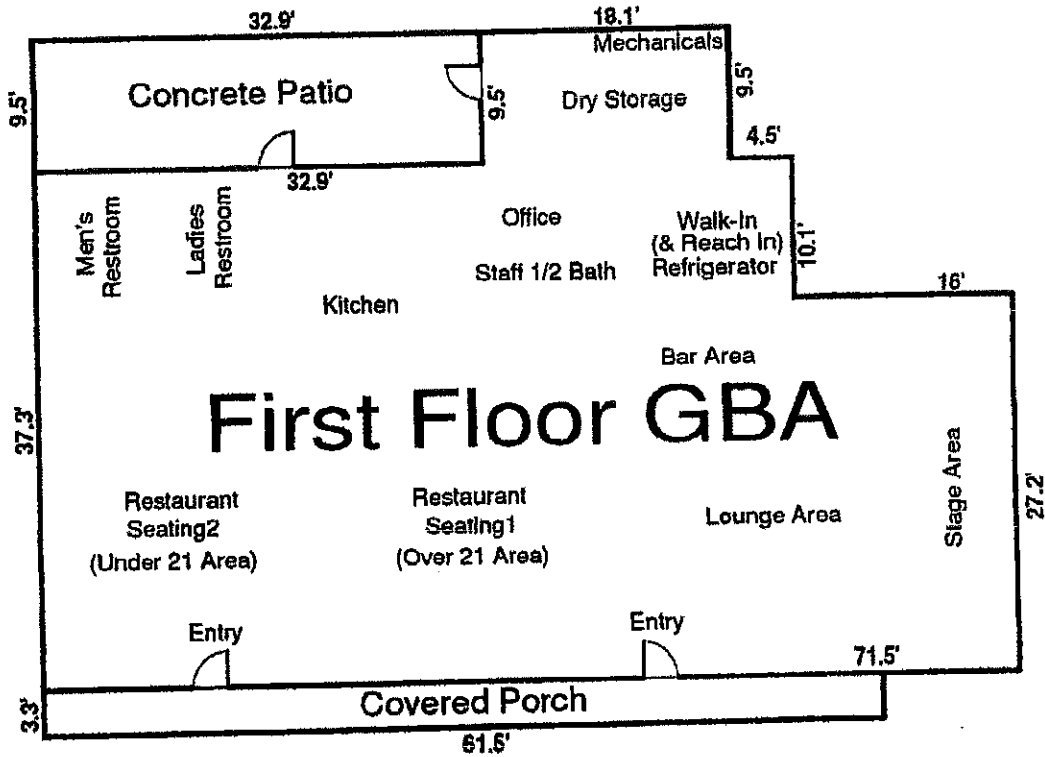
TAX

INSPECTION TOTAL

TOTAL \$ 232.19

SUMMARY APPRAISAL REPORT #03-11-039  
 PROPERTY: PORT HOLE INN/8939 SOUTH SHORE DRIVE, LAKE LEMON  
 CLIENT: THE PEOPLES STATE BANK

Sketch of Improvements



SUMMARY	SQ FT AREA	PERIMETER	AREA CALCULATION DETAILS
Building Area			1st Floor GBA
1st Floor GBA	2677	237	18.1 X 46.8 = 847.0
			32.9 X 37.3 = 1227.1
			4.5 X 37.3 = 167.8
			16.0 X 27.2 = 435.2
			Total 2677.1
Porches/Patios	313	85	
Concrete Patio	209	130	
Covered Porch			

**KEVIN W JANSEN**

The interior floor plan layout is typical of the standard small bar and restaurant. The building contains a bar, two separate dining areas, a kitchen, walk-in cooler, storage rooms, two standard public restrooms and a staff restroom.

The interior has commercial grade tile flooring, fluorescent lighting and bulb lighting, painted drywall walls and ceilings and some open ceiling areas. In addition to the primary retail structure, the subject's retail building also includes a large covered concrete porch leading to two separate entrances and a large concrete patio at the rear of the building.

Parking exists at the front, west and east sides of the building. It appears to be adequate for the current use; however, parking may be short during typical peak business hours. No apparent adverse easements or encroachments were noted during the inspection; however, the appraiser received no survey or environmental assessment.



**Monroe County Building Department**

501 N. MORTON ST RM 220-B  
Bloomington, IN 47404  
(812) 349-2580

*2008*

**BUILDING PERMIT**

Permit Date: 08/05/2008

Permit #: 20080874

Address: 8939 SOUTH SHORE DR E

Lot #: N/A

Parcel #: 003-05620-00

Subdivision: N/A

Township: SB 2

Scope of Work: COMMERCIAL REMODEL

Square Footage Finished: 2667

Unfinished: 0

Owner: HOLLCRAFT, RICHARD

Telephone:

Contractor: DAVIESS COUNTY METAL SALES

A permit to erect and/or modify a structure upon payment of a fee of \$573.39 is hereby granted. Receipt number: 25580

The undersigned hereby certifies that the statement and drawings submitted are true and correct, agrees to perform the work covered by the permit in conformity with the applicable laws, regulations, and ordinances; and to comply with, and conform to, the deed and plat restrictions of the lot herein named. The undersigned here by acknowledges that it is illegal to occupy any new or remodeled structure prior to the issuance by the Monroe County Building Department of a CERTIFICATE OF OCCUPANCY AND COMPLIANCE for the structure and that a civil penalty of up to Two Hundred Fifty Dollars (\$250.00) per day for each violation which exists may be levied against the undersigned and/or the responsible party. The undersigned hereby further agrees that he/she will not occupy the structure prior the issuance by the Monroe County Building Commissioner of a CERTIFICATE OF OCCUPANCY AND COMPLIANCE for the project. IF ANY CHANGES OR DEVIATIONS ARE MADE FROM THE ORIGINAL APPLICATION A NEW PERMIT WILL BE REQUIRED.

Owner/Agent:

Jim Gerstbauer  
Monroe County Building Commissioner

  
Staff

Approved by State Board of Accounts for Monroe County, 2001

\*\*\*DUPLICATE RECEIPT\*\*\*



MONROE COUNTY BUILDING DEPARTMENT  
501 N. MORTON ST RM 220-B  
(812) 349-2580

\* \* \* RECEIPT \* \* \*

Permit #: 20080874  
Receipt #: 25580 08/05/2008  
Application #: 42451  
Lot #: N/A  
Address: 8939 SOUTH SHORE DR E  
Description: COMMERCIAL REMODEL  
AMOUNT PAID: \$573.39  
PAYMENT TYPE: CHK-8873  
FEES: ILP FEE COMM 126.68  
COMM REMOD 446.71

AMOUNT DUE: \$0.00

By: 

Approved by State Board of Accounts for Monroe County, 2001



BUILDING

PERMIT COSTS

COMMERCIAL REMODEL

Site Address: 8939 SOUTH SHORE DR E

Permit #: 20080874 Type: B

Site City: BLOOMINGTON

Zip: 47404-

App #: 42451

R/C/I/A: C

Status: C

App Date: 7/23/2008

Permit Date: 8/5/2008

Temp C. O.

Final C. O.  
10/30/2008

Est Cost: 0

Revised Cost: 0

Amount Paid: 573.39

Balance Due: 0

2

INSRECTION INQUIRY

Display App #: 42451 07/23/2008

Permit #: 20080874 App Type: B

DAVISS COUNTY METAL SALES 8939 SOUTH SHORE DR E

Contractor: Address:

Work Type: COMMERCIAL REMODEL Living Sq Ft: Nonliving Sq Ft: Basement Sq Ft: 0

Inspector	Ins Type	Ins Date	Due Date	Time	Approved	Final	Not
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WILLIAM SCHICK	CONSULTATION	10/14/2008	10/14/2008	10 : 15	Y	N	Y
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Tuesday Tuesday

- type I hood: make up air to have fire damper, make up air to be filtered
- install fire suppression system
- when system is activated the make-up air, elec. under hood & gas supply is to shut down & the exhaust is to continue running.
- Install grease collector at bottom of filters
- provide type "k" fire extinguisher
- install grease tray at roof top exhaust fan
- provide 1" air break at food prep sink
- provide 2nd exit sign in dining rm
- verify flex hose approved for gas water heater t & p pipe to be metal or pvc-flow gold
- ice machine to have open site drain
- insulate piping under sinks in bathrooms
- bathroom doors to be lever handle
- bs
- sjd

APPLICATION INQUIRY

Search Criteria

Permit #: 20080874 App Type: B

OR

Application #: 42451

OR

Site Address: 8939 Street Name: SOUTH SHORE DR E  
OR

Owner Name: HOLLCRAFT, RICHARD

OR

Lot #: N/A

OR

Parcel ID: 003-05620-00

OR

Contractor Name: SWARTZENTRUBER First Name: KENNY

OR

DBA Name: DAVIESS COUNTY METAL SALES

OR

Project Name: PORTHOLE INN-COMMERCIAL

OR

Subdivision: N/A

OR

Business Name: Suite:

INSPECTION INQUIRY

Display App #: 42451 07/23/2008

Permit #: 20080874 App Type: B

DAVISS COUNTY METAL SALES 8939 SOUTH SHORE DR E

Contractor: Address:

Work Type: COMMERCIAL REMODEL Living Sq Ft:Nonliving Sq Ft:Basement Sq Ft: 0

Inspector	Ins Type	Ins Date	Due Date	Time	Approved	Final	Not
DANIEL KARLOV	FINAL	10/10/2008	/ /	02 : 00	Y	N	Y
		Friday					

Restrooms did not meet ADA clearances. Contractor to adjust heights and placement of plumbing fixtures.. Type I hood (existing from fire) reinstalled into remodeled restaurant. Fire suppression system not installed yet. Will inspect for final when Hood system is operational and ready for testing



