



# 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/lp\\_bs\\_comm\\_code/](http://www.in.gov/dhs/fire/lp_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)

18-04-02

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

Name of applicant	Title
Terry Carter	Manager
Name of organization	Telephone number
US Steel	(219) 688-2719
Address (number and street, city, state, and ZIP code)	
1 N Broadway -Gary, IN 46402	

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

Name of applicant	Title
Tom Sulhoff	Repair Manager
Name of organization	Telephone number
Thyssenkrupp Elevator Corp	(708) 372-1199
Address (number and street, city, state, and ZIP code)	
355 Eisenhower Land South- Lombard, IL 60148	

### 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
4 Boiler	38243	Lake
Address of site (number and street, city, state, and ZIP code)		
1 N Broadway -Gary, IN 46402		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input 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
Smoke Alarms and Heat Detection Not Present With Device	2.27.3.2
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) Elevator structure has no smoke alarms and heat detection present with device.	
Requesting a variance of no smokes due to adverse condition on site ( heat, smoke and dust)	

**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:  
Smoke Dectors and detecors would constantly faulse fire due to the extream heat, dust, smoke, and adverse envirmenal conditions. Elevator is a freight not in contact with the general public. There are no devices available.

**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:  
Smoke Dectors and detecors would constantly faulse fire due to the extream heat, dust and adverse envirmenal conditions. Elevator is a freight not in contact with the general public. There are no devices available.

**10. STATEMENT OF ACCURACY**

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

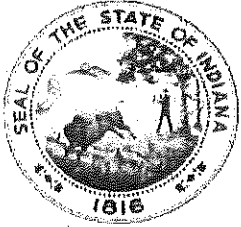
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
	Ryan W. McGhan	1/16/17
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)

**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)

Original gave to Roy 1/16/18



INSTALLATION OR ALTERATION PERMIT

# INDIANA

Operating Certificate Not Valid Until Certified by an Indiana Licensed Inspector

This Certificate has been issued by the Division of Fire and Building Safety

State Number  
38243

Date Issued  
05/04/2017

Contract #  
4594247

Owner:  
US STEEL  
1 N BROADWAY  
91 E 2  
GARY IN 46402  
Type: PASS TRC

Contractor:  
THYSSENKRUPP ELEVATOR  
355 EISENHOWER LN  
SOUTH LOMBARD IN 60148

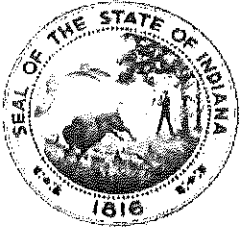
Capacity: 3500

Indiana State Fire Marshal : James L. Greeson

## HOOSIER SAFETY

Department of Homeland Security  
Division of Fire & Building Safety  
302 W. Washington St., Rm W246  
Indianapolis, IN 46204

INDIANA LAW REQUIRES CONSPICUOUS POSTING OF THIS CERTIFICATE



OPERATING CERTIFICATE

# INDIANA

Operating Certificate Not Valid Until Certified by an Indiana Licensed Inspector

This Certificate has been issued by the Division of Fire and Building Safety

State Number  
38243

Date Issued

Elevator Location:  
#4 BOILERHOUSE FREIGHT ELEVATOR  
~~#4 BOILER HS~~  
1 N BROADWAY ST  
GARY IN 46402

CERTIFICATION

Inspector:

Date Inspected:

State Lic. #:

QEI #:

Capacity: 3500

Type: PASS TRC

Indiana State Fire Marshal : James L. Greeson

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Division of Fire & Building Safety  
302 W. Washington St., Rm W246  
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