



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)

18-04-03

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
JAMES CALKINS	MANAGING MEMBER	
Name of organization	Telephone number	
COVENTRY COURT WEST, LLC d/b/a COVENTRY COURT WEST APTS	(260) 745-2849	
Address (number and street, city, state, and ZIP code)		
5810 MEADOWS DRIVE, FORT WAYNE IN 46804		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
JAMES CALKINS	MANAGER	
Name of organization	Telephone number	
COVENTRY COURT WEST APARTMENTS	(260) 745-2849	
Address (number and street, city, state, and ZIP code)		
522 PINEGROVE LANE, FORT WAYNE IN 468007		
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
COVENTRY COURT WEST APARTMENTS		ALLEN
Address of site (number and street, city, state, and ZIP code)		
5810 MEADOWS DRIVE, FORT WAYNE IN 46804		
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):		
<input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)		
<input checked="" type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.		
<input checked="" type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application.		
<input type="checkbox"/> 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?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input checked="" type="checkbox"/> No		
Has a violation been issued?		
<input type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input checked="" type="checkbox"/> No		
Violation issued by:		
<input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department		

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved	Specific code section
INDIANA FIRE CODE - 2012 EDITION	901.6.1

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
PURCHASED BUILDINGS WITH FIRE ALARMS ALREADY DE-COMMISSIONED.
SINGLE PULL STATIONS WITH SINGLE HORN.
WE INSTALLED HARD-WIRED SMOKE DETECTORS WITH BATTERY BACK-UP IN EVERY HALLWAY AND IN EVERY APARTMENT.

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 HAVE INSTALLED HARD-WIRED SMOKE DETECTORS WITH BATTERY BACK-UP IN EVERY HALLWAY AND EVERY APARTMENT.

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.

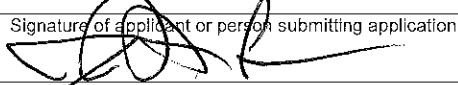
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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:
THE DE-COMMISSIONED SINGLE EXTERIOR PULL STATIONS WITH A SINGLE EXTERIOR HORN DO NOT WORK DUE TO NO ELECTRIC POWER. THERE HAS NOT BEEN ANY ELECTRIC POWER SINCE WE PURCHASED THE PROPERTY IN 2007. CONSEQUENTLY, THE PULL STATIONS HAVE BEEN INACTIVE SINCE AT LEAST 2007.

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)
	JAMES CALKINS	3-1-18
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)

7017 2400 0000 2037 1493

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\$	\$2.75
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$1.21
\$	\$7.41
Total Postage and Fees	\$7.41
\$	

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<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$1.21
\$	\$7.41
Total Postage and Fees	\$7.41
\$	

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 Street and Apt. No., or PO Box No. One East Main St, Suite 901
 City, State, ZIP+4® Fort Wayne IN 46802