

☐ Local Building Department

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/



Variance number (Assigned by department) INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application. 18-05-02 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) VVAdiMIR ShLjONSKY OWNER Telephone number (8/8) 509 - 1373 Name of organization

VSF WABASH INCIANA PROPERTY LLC

Address (number and street, city, state, and ZIP code) 12125 RIVERSIDE DR., 5'tE #202, VALUEY VILLAGE, CA 91607 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) PRINCIPAL
Telephone number
(765) 251-3099 Name of organization 3101 SO. WASHINGTON ST., MARION, IN 46953 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 Address of site (number and street, city, state, and ZIP code)

Address of site (number and street, city, state, and ZIP code) WABASH 950 No. CASS ST., WABASH, IN 46992 Type of project ☐ New **X** Existing ☐ Addition ☐ Alteration ☐ Change of occupancy 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.) Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) No IV Violation issued by:

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☐ State Fire and Building Code Enforcement Section

☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE	Specific code section	
Name of code or standard and edition involved 2012 INTANAMENT BUIDING		refac
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Nature of non-compliance (Include a description of spaces, equipment, etc.) TEMPOR AR (14 - 1007) THE Flow of WATER TO TO	PERM AN ENCL	1 - GTOPPINZ BRUKEN
THE Flow of WATER TO TO	A 1-103 EX 11XC	> BRUTE
Sprinkler Gygxem Locate	e on PORIR CA.	Sy GINERI INC
Springer 1911	WABASK 3	TWD IANA
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND V	VELFARE 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 complian public health, safety, or welfare. Explain why alternative actio		of the variance will not be adverse to
Facts demonstrating that the above selected statement is true:	12000	L. B. d. a. los a com
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Concrete Block CongTi	aveton with	Greek
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9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICAL	LY SIGNIFICANT STRUCTURE	
Select at least one of the following statements:		
Imposition of the rule would result in an undue hardship (unusua		
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Imposition of the rule would prevent the preservation of an arch		The state of the s
Facts demonstrating that the above selected statement is true: UN DUE HARD 5 H I P - F I	NANCIAL - BE	CAUSE with
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ACCURATION OF ACCURACY		
10. STATEMENT OF ACCURACY		The state of the s
I hereby certify under penalty of perjury that the information	contained in this application is acc	curate.
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
Mandall 1	PAUL MILFORD	03/12/2016
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
11. STATEMENT OF AWARENESS (If the application is submit	tted on the applicant's behalf, the ap	plicant must sign the following statement.)
I hereby certify under penalty of perjury that I am aware of this		
Signature of applicant	Please print name	Date of signature (month, day, year)
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As a member of the Wabash Building Department for the City of Wabash Indiana, I have personally received a copy of the Application for Variance on March 12th, 2018:

For

Building Inspector John Stephens

Email buildingdept@cityofwabash.com

Wadash Fire Department Berry Stroup bstroup@wadashfire.com

Kor/

As a member of the Wabash Fire Department for the City of Wabash Indiana, I have personally received a copy of the Application for Variance on March 12th, 2018: