



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)

18-06-05

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
David Koepper	Principle Owner	
Name of organization	Telephone number	
LaOtto Brewing LLC	(260) 897-3360	
Address (number and street, city, state, and ZIP code)		
202 S Main St, LaOtto, IN 46763		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
Joshua Brames	Co-owner	
Name of organization	Telephone number	
LaOtto Brewing LLC	(260) 897-3360	
Address (number and street, city, state, and ZIP code)		
202 S Main St, LaOtto, IN 46763		
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
LaOtto Brewing Range Hood		Noble
Address of site (number and street, city, state, and ZIP code)		
202 S Main St, LaOtto, IN 46763		
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 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 checked="" 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 checked="" type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input type="checkbox"/> No		
Violation issued by:		
<input type="checkbox"/> Local Building Department <input checked="" 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

2014 Edition IMC 675 IAC 18-1.6

Specific code section

~~675 IAC 18-1.6~~ 507.2

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

Commercial cooking hood was required over countertop panini press that was being used to cook hamburgers (grease laden vapor).

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:

Mr. Shaver explained to us the reason he was citing the violation and ordering corrective action was because of the hazards of grease laden vapor not being properly evacuated. He explained that if we were not cooking those unprocessed meats, he would not be requiring installation of the hood. Installation of a hood presented a unique challenge because of the close proximity of a neighboring structure. Our only option would be going up through the roof, which we fear would be cost prohibitive in our 100+ year old building as it would require significant alteration to ceiling, attic, and roof. Taking this into consideration, we decided it was in our best interest to discontinue preparation of unprocessed meats so as to eliminate the generation of grease-laden vapor. We have changed our menu completely to eliminate this hazard, and we are now purchasing and using previously prepared meats in our sandwiches.

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.

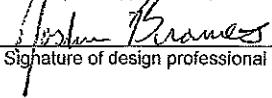
Facts demonstrating that the above selected statement is true:

Installation of a hood presented a unique challenge because of the close proximity of a neighboring structure. Our only option would be going up through the roof, which we fear would be cost prohibitive in our 100+ year old building as it would require significant alteration to ceiling, attic, and roof.

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

Joshua Brames

Date of signature (month, day, year)

2/1/18

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

David Koepper

Date of signature (month, day, year)

2/2/18