



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

18-06-07

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

Name of applicant <b>Gary Green</b>	Title <b>Chairman, Board of Trustees</b>
Name of organization <b>Calvary United Methodist Church</b>	Telephone number <b>(574) 457-3778</b>
Address (number and street, city, state, and ZIP code) <b>801 South Huntington St., Syracuse, IN 46567</b>	

### 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 <b>ANSUL System in kitchen</b>	State project number	County
Address of site (number and street, city, state, and ZIP code) <b>Same</b>		
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 <b>Sec. 901.6, 2014 Edition IFC</b>	Specific code section <b>675 IAC 22-2.5</b>
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) <b>Maintenance or removal of the ANSUL system</b>	

**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 removed the commercial oven and range to comply but didn't realize that the removal of the fire suppression hood was required.**

**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.

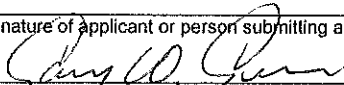
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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:  
**Removal of the hood, ductwork and roof vent would be very expensive, as well as the cost to repair the ceiling and roof. The shingles are obsolete so a patch would be unsightly.**

**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 <b>Gary W. Green</b>	Date of signature (month, day, year) <b>03/09/2018</b>
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)
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**FIRE AND BUILDING  
CODE ENFORCEMENT  
INSPECTION REPORT  
ORDER**

DIVISION OF FIRE AND BUILDING SAFETY  
INDIANA DEPARTMENT OF HOMELAND SECURITY  
302 WEST WASHINGTON STREET, RM E241  
INDIANAPOLIS, IN 46204  
TELEPHONE: 317-232-2222  
WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number BU28761	Name of the facility SYRACUSE CALVARY UNITED METHODIST CHURCH	County KOSCIUSKO
Address of Property 806 S HUNTINGTON ST SYRACUSE 46567	Name of the Contact	Telephone Number (574) 457-3778
Email syrvalv@kcaccess.com		Inspection Date 01/25/2018
Inspection Category BUSINESS/MANUFACTURING	Inspection Type PARTIAL	Inspection Status: VIOLATION
Name of the inspector ED SORENSEN		Phone: 3175174524
Email: esorensen@dhs.in.gov		

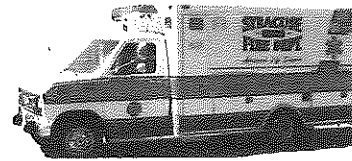
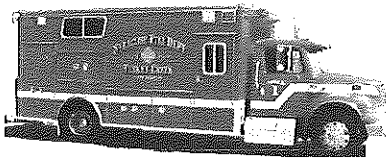
**Violations**

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	Sec. 901.6 2014 Edition IFC 675 IAC 22-2.5	Fire detection, alarm, and extinguishing systems, mechanical smoke exhaust systems, and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed.  <u>The ANSUL system in the kitchen either needs to be maintained or removed per the above code section. Also a variance could be applied for to keep it in place without maintaining it.</u>	02/25/2018

Facility Id BU28761	Received By Name	Signature and Date
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NOTES - KITCHEN FIRE EXTINGUISHERS NEED TO BE MOUNTED IN A CONSPICUOUS PLACE.

- ALL FIRE DOORS NEED TO BE KEPT CLOSED (NOT WEDGED OPEN) AND MAINTAINED INCLUDING REPLACING MISSING CLOSERS



## Turkey Creek Fire Territory

8138 E. McClintic Rd.  
Syracuse, Indiana 46567

**Chief Mickey Scott**

PHONE (574) 457-5507 (OFFICE) (Station #2)

PHONE (574) 457-4100 (Station #1)

CELL (574) 457-6917

E-MAIL: [msscott8138@yahoo.com](mailto:msscott8138@yahoo.com)

**04/26/18**

**To whom it may concern:**

**We, the Turkey Creek Fire Territory, the Authority Having Jurisdiction (AHJ), in the State of Indiana, in the Kosciusko County, in the Town of Syracuse are aware of the fact that there is a fire extinguishment hood suppression system that is in place and no longer in use at the Calvary United Methodist Church located at 801 S. Huntington St. in the Town of Syracuse.**

**If you should have any further questions regarding this subject matter, please feel free to contact us by email at: [msscott8138@yahoo.com](mailto:msscott8138@yahoo.com)**

**Thank you,**

**Mickey Scott,  
Fire Chief**