



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/firefo_ba_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)

18-07-03

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
David Elmer	Engineering Manager	
Name of organization	Telephone number	
Indiana-American Water Company, Inc.	(317) 885-2440	
Address (number and street, city, state, and ZIP code)		
153 N. Emerson Ave., Greenwood, IN 46143		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
Ryan Vevang	Project Engineer	
Name of organization	Telephone number	
Donohue & Associates, Inc.	(317) 500-4218	
Address (number and street, city, state, and ZIP code)		
101 W. Ohio Street, Indianapolis, IN 46204		
3. DESIGN PROFESSIONAL OF RECORD (If applicable)		
Name of design professional	License number	
James Hurst	19500002	
Name of organization	Telephone number	
Donohue & Associates, Inc.	(317) 500-4210	
Address (number and street, city, state, and ZIP code)		
101 W. Ohio Street, Indianapolis, IN 46204		
4. PROJECT IDENTIFICATION		
Name of project	State project number	County
Crawfordsville WTP Chlorine Conversion Project		Montgomery
Address of site (number and street, city, state, and ZIP code)		
809 Banjo Drive, Crawfordsville, IN 47933		
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):		
<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 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 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
2014 Indiana Building Code	903.2.4

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)
 Sprinklers will not be provided in a chemical storage room classified as an H-4 occupancy. Buildings that exceed the maximum allowable quantity of materials that are health hazards are classified as an H-4 occupancy. The building will store sodium hypochlorite, a corrosive liquid, which is used by the water treatment facility.

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:
 1. Sodium hypochlorite is not a flammable or combustible liquid. The building is classified as a hazardous occupancy because sodium hypochlorite is a corrosive liquid, a health hazard.
 2. Secondary containment will be provided for the tanks.
 3. The room will not be used to store combustible materials.
 4. The room will have a smoke/fire detection system linked to the building internal and external notification system.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

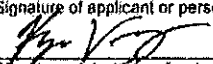
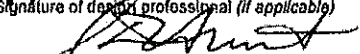
Select at least one of the following statements:

- 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:
 Sodium hypochlorite is a required chemical to treat water for public use. A sprinkler system presents risk of interference with the entire water treatment operation.

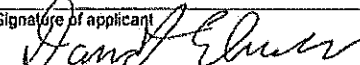
10. STATEMENT OF ACCURACY

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 Vevang	5/29/18
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
	Jim Hurst	5/29/18

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)
	David Elmer	5-29-18

Hurst, Jim

From: Brandy Allen <ballen@crawfordsville-in.gov>
Sent: Friday, June 8, 2018 3:06 PM
To: Hurst, Jim
Subject: RE: INAWC Crawfordsville WTP Chlorine Conversion Project - Sprinkler Variance Request

I have received it...thank you!

Brandy Allen, AICP
Director of Planning & Community Development
City of Crawfordsville
300 E. Pike St.
Crawfordsville, IN 47933
765-364-5152
ballen@crawfordsville-in.gov

From: Hurst, Jim [mailto:jhurst@donohue-associates.com]
Sent: Friday, June 08, 2018 2:46 PM
To: Brandy Allen
Subject: FW: INAWC Crawfordsville WTP Chlorine Conversion Project - Sprinkler Variance Request
Importance: High

Ms. Allen,

IDHS is requiring us to provide written documentation (similar to Mr. Bechtel's email below) that you have received the variance request for Indiana-American's chlorine conversion project at the Banjo Drive plant, of which we spoke several weeks ago.

Could you please reply that you've received my email below?

Thanks much,

Jim



James I. Hurst, P.E., BCEE | Vice President
101 W. Ohio St., Suite 820 | Indianapolis, IN 46204
Direct: 317.500.4210 | Cell: 317.440.2728
jhurst@donohue-associates.com

From: Brian L. Bechtel [mailto:BBechtel@crawfordsville-in.gov]
Sent: Tuesday, May 22, 2018 9:46 AM
To: Hurst, Jim <jhurst@donohue-associates.com>
Subject: RE: INAWC Crawfordsville WTP Chlorine Conversion Project - Sprinkler Variance Request

Mr. Hurst