

VARIANCE # 19-01-02

19036

SBC PROJECT #

PROJECT NAME

Country Lake Worship Center

SIGNATURES _____ ✓

APPROPRIATE CODE/SECTION _____

PLANS _____

LBO NOTIFICATION _____

NOTIFICATION OF COMM MEETING _____

LFO NOTIFICATION ~~_____~~

CONTACT/DATE

- SC: ~~OK~~ Email Sent to Karen Burt (who answers for Renaissance Design Build, Inc.) about missing LBO notification. -ok

- Up to date acknowledgement from LFO3 Emailed ~~need ok~~

- Correct Code & section -ok 12/20/18

done

STAFF COMMENTS

19-02-02



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)

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

Name of applicant Ross Knecht	Title Executive Director
Name of organization Country Lake Christian Retreat	Telephone number (812) 294-4789
Address (number and street, city, state, and ZIP code) 815 Country Lake Road Underwood, IN 47177	

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant Nathan R. Grimes	Title President
Name of organization Renaissance Design Build, Inc.	Telephone number (812) 246-5897
Address (number and street, city, state, and ZIP code) 117 South Indiana Avenue Sellersburg, IN 47172	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional Nathan R. Grimes	License number PE 60890235
Name of organization Renaissance Design Build, Inc.	Telephone number (812)246-5897
Address (number and street, city, state, and ZIP code) 117 South Indiana Street Sellersburg, IN 47172	

4. PROJECT IDENTIFICATION

Name of project Country Lake Worship Center	State project number 381472	County Clark
Address of site (number and street, city, state, and ZIP code) 815 Country Lake Road Underwood, IN 47177		
Type of project <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input 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):

- 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
NFPA 13, 2010 Edition

Specific code section
Sections 23.1.2, 23.1.3.1, 23.1.3.2

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

Fire suppression system will be installed but water supply to operate system is not available due to site logistics. System will be operational when utilities supply infrastructure is increased to area. Will only operate on current 2" water main supply.

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:

**Worship center is only occupied 3-5 hours/day during summer camp sessions (June & July).
 Worship center is only occupied 3-5 hours/week throughout rest of year. There are 7 exits out of building located around building. Building is constructed of non-combustible construction.**

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:

Attached documentation shows hardship cost of several options;
 1. Pump system from lake = \$340,695.00 (1/4 cost of building)
 2. Estimated water system upgrade = \$250,000.00 (1/5 cost of building)

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 <i>Nathan R Grimes</i>	Please print name NATHAN R GRIMES	Date of signature (month, day, year) 12/31/2018
Signature of design professional (if applicable) <i>Nathan R Grimes</i>	Please print name NATHAN R. GRIMES	Date of signature (month, day, year) 12/31/2018

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 <i>Ross Knecht</i>	Please print name Ross Knecht	Date of signature (month, day, year) 12/31/2018
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7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved 2012 IBC with Indiana Amendments	Specific code section 903.2.1.3
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
Fire suppression system will be installed but water supply to operate system is not available due to site logistics. System will be operational when utilities supply infrastructure is increased to area. Will only operate on current 2" water main supply.

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Facts demonstrating that the above selected statement is true:
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 Worship center is only occupied 3-5 hours/week throughout rest of year. There are 7 exits out of building located around building. Building is constructed of non-combustible construction.**

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**Attached documentation shows hardship cost of several options;
 1. Pump system from lake = \$340,695.00 (1/4 cost of building)
 2. Estimated water system upgrade = \$250,000.00 (1/5 cost of building)**

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 <i>Nathan R. Grimes</i>	Please print name NATHAN R. GRIMES	Date of signature (month, day, year) 11/28/2018
Signature of design professional (if applicable) <i>Nathan R. Grimes</i>	Please print name NATHAN R. GRIMES	Date of signature (month, day, year) 11/28/2018

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 <i>Ross Knecht</i>	Please print name ROSS KNECHT	Date of signature (month, day, year) 11/26/2018
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RENAISSANCE DESIGN BUILD, INC.
 17 S Indiana Avenue
 Sellersburg, IN 47172
 Tel: 812-246-5697 Fax: 812-248-4320
 www.renaissancebuild.com

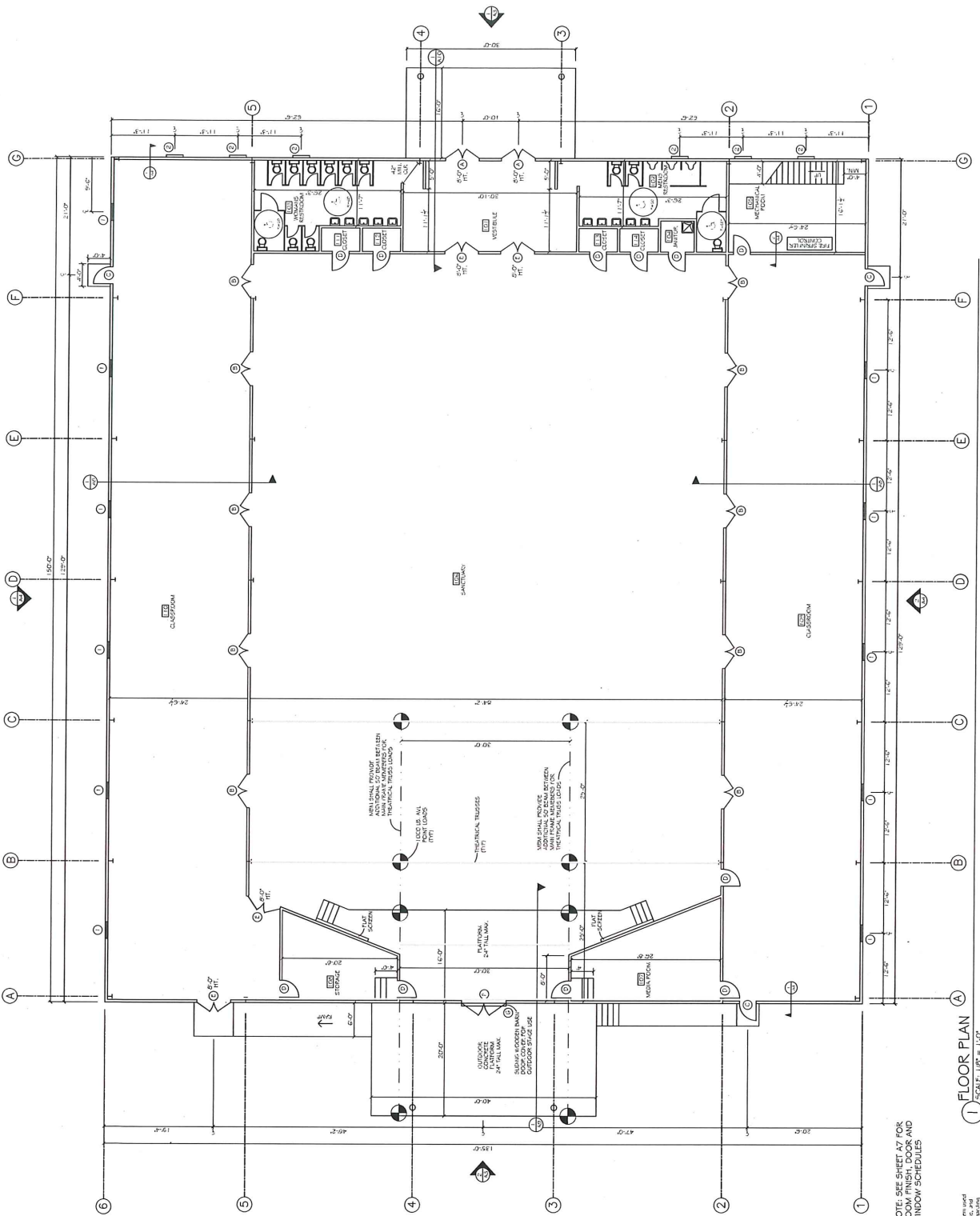


FLOOR PLAN
 COUNTRY LAKE CHRISTIAN RETREAT
 815 COUNTRY LAKE ROAD
 UNDERWOOD, INDIANA 47177

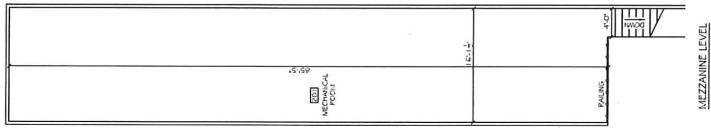
DATE: 04/11/15
 CHECKED BY: J. Jones
 DESIGNED BY: J. Jones
 PROJECT NO.: 15-001
 SHEET NO.: 2015-015

SCALE: 1/8" = 1'-0"
 JOB NO.: 2015-015
 SHEET NUMBER

A2



1 FLOOR PLAN
 SCALE: 1/8" = 1'-0"



NOTICE: The contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities. The contractor shall be responsible for coordinating with the architect and other trades to ensure that all work is completed in accordance with the contract documents. The contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities. The contractor shall be responsible for coordinating with the architect and other trades to ensure that all work is completed in accordance with the contract documents.



William R. Shaw

RENAISSANCE DESIGN BUILD, INC.
117 S Indiana Avenue
 Sellersburg, IN 47172
 Tel: 812-246-5897 Fax: 812-248-4320
 www.renaissancecdeignbuild.com



BUILDING ELEVATIONS
COUNTRY LAKE CHRISTIAN RETREAT
815 COUNTRY LAKE ROAD
UNDERWOOD, INDIANA 47177

DATE: 10/01/15
DRAWN BY: J. G. GIBBS
CHECKED BY: M. GIBBS
PROJECT NO.: 15-0001
11/19/2017
12/15/2017
01/12/2018
01/22/2018

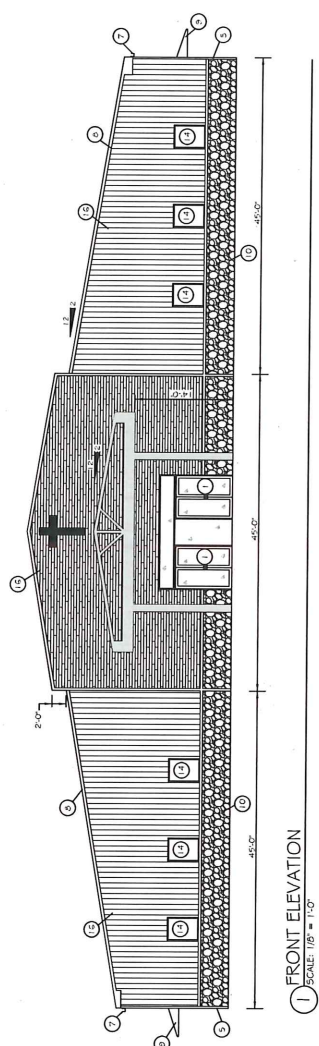
SCALE: 1/8" = 1'-0"
JOB NO.: 2015-075

SHEET NUMBER

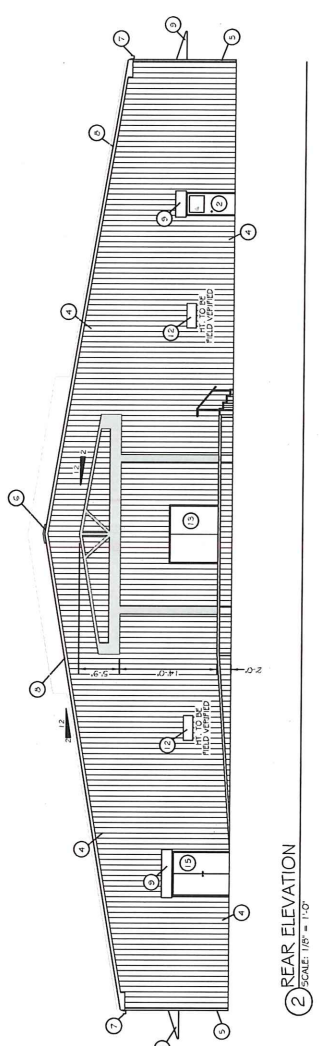
A3

NOTICE:
The Architect/Contractor shall not define the scope of mechanical, electrical, plumbing, fire protection, or security. Any interconnecting systems and equipment shall be coordinated by the Architect/Contractor. The Architect/Contractor is not intended to define a subcontractor's scope of work. Information regarding subcontractors' scope of work shall be obtained from the subcontractor's contract documents and included in all contract documents. No responsibility shall be assumed by the Architect/Contractor for the accuracy of the information and prices and specifications.

- ELEVATION LEGEND
- 1 3/4" x 6" OF POLYMER FINISHED SDOCK
 - 2 3/4" x 6" OF METAL SDOCK
 - 3 3/4" x 6" OF METAL SDOCK
 - 4 METAL WALL PANELS (COLOR: MEDIUM BROWN)
 - 5 METAL EDGE FINISH (COLOR: BROWNWOOD)
 - 6 METAL ROOF GUTTER
 - 7 6" METAL INS. GUTTER, 1/2" OF CONCRETE
 - 8 METAL ROOF FINISH (COLOR: POLYURETHANE)
 - 9 ASPHALT (AS PER OWNER)
 - 10 PRE-FINISHED WALL PANELS (AS PER OWNER)
 - 11 3/4" x 2" DOUBLE FRAME WINDOW
 - 12 12" x 12" T-FLASH UNITS
 - 13 2" x 12" T-FLASH UNITS
 - 14 3/4" x 6" x 4" FRAME WINDOW
 - 15 3/4" x 6" x 4" FRAME WINDOW
 - 16 3/4" x 6" x 4" FRAME WINDOW
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 - 98 3/4" x 6" x 4" FRAME WINDOW
 - 99 3/4" x 6" x 4" FRAME WINDOW
 - 100 3/4" x 6" x 4" FRAME WINDOW



1 FRONT ELEVATION
SCALE: 1/8" = 1'-0"



2 REAR ELEVATION
SCALE: 1/8" = 1'-0"

NOTICE:
 The Architect/Engineer does not define the scope of material brands, manufacturer, or product lines. It is the responsibility of the contractor to determine which material, manufacturer, or product line is to be used. The contractor shall be responsible for obtaining all necessary permits, approvals, and specifications for the work. The contractor shall be responsible for obtaining all necessary permits, approvals, and specifications for the work. The contractor shall be responsible for obtaining all necessary permits, approvals, and specifications for the work.

SCALE: 1/8" = 1'-0"
 DRAWING NO. 201-275
 SHEET NUMBER

A4

DATE: 11/18/18
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 APPROVED BY: [Name]

REVISIONS:
 1. 11/18/2018
 2. 11/18/2018
 3. 11/18/2018

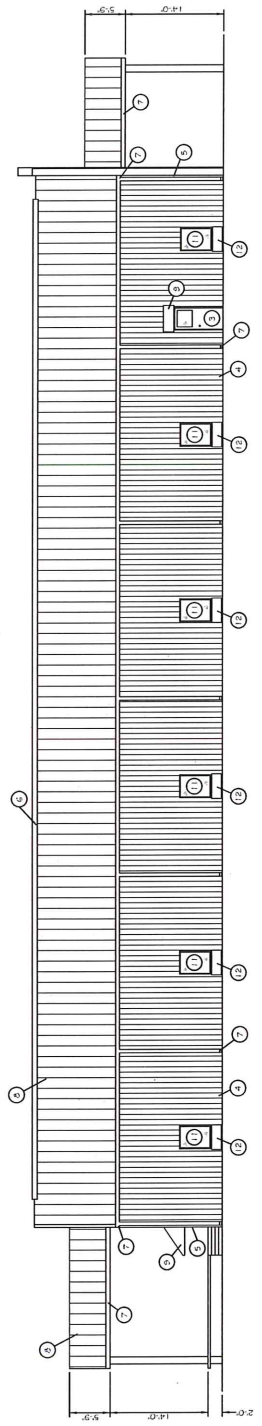
BUILDING ELEVATIONS
 COUNTRY LAKE CHRISTIAN RETREAT
 815 COUNTRY LAKE ROAD
 UNDERWOOD, INDIANA 47177



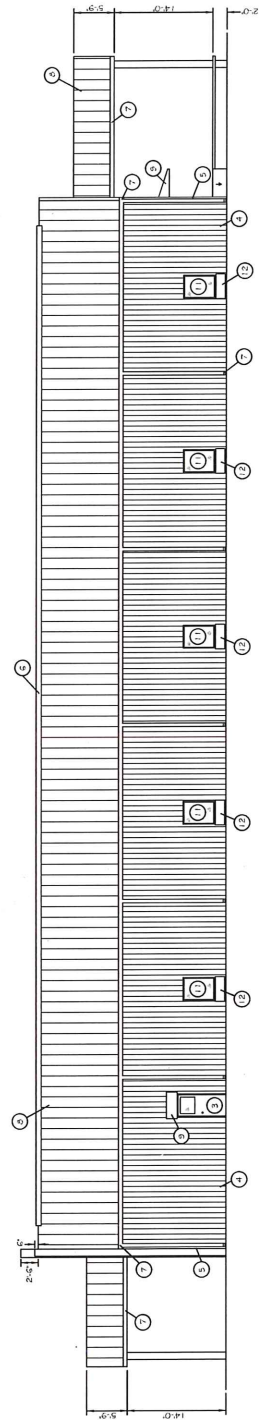
RENAISSANCE DESIGN BUILD, INC.
 117 S Indiana Avenue
 Sellersburg, IN 47172
 Tel: 812-246-5897 Fax: 812-248-4320
 www.renaissancebuild.com



- ELEVATION LEGEND**
- ① 3'-0" x 4'-0" DOUBLE ALUMINUM GLASS DOOR
 - ② 3'-0" x 7'-0" METAL GLASS DOOR
 - ③ 3'-0" x 6'-0" METAL DOOR
 - ④ METAL WALL FINISHES (CROWN LAMBERT BRONZE)
 - ⑤ METAL EDGE FINISH (GOLF BRONZE/BRONZE)
 - ⑥ METAL FINISH (VET)
 - ⑦ METAL DOOR GLASS 4' x 7'-0" DOWNPOUT
 - ⑧ METAL DOOR PANELS (GOLF AS PER CHANGE)
 - ⑨ WINDOW CASING (VET)
 - ⑩ 2'-0" x 4'-0" DOUBLE PINE WINDOW
 - ⑪ 1'-0" x 4'-0" DOUBLE WINGS
 - ⑫ 3'-0" x 4'-0" TRIPLE WINDOW
 - ⑬ 3'-0" x 4'-0" TRIPLE WINDOW
 - ⑭ 3'-0" x 6'-0" DOUBLE DOOR



① LEFT ELEVATION
 SCALE: 1/8" = 1'-0"



② RIGHT ELEVATION
 SCALE: 1/8" = 1'-0"



RENAISSANCE DESIGN BUILD, INC.
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Sellersburg, IN 47172
Tel: 812-246-5897 Fax: 812-248-4320
www.renaissancebuid.com



BUILDING SECTIONS
815 COUNTRY LAKE ROAD
UNDERWOOD, INDIANA 47177

DATE: 11/19/18
DRAWN BY: [Redacted]
CHECKED BY: [Redacted]
APPROVED BY: [Redacted]

REVISIONS:
1. 11/19/2018
2. 11/19/2018
3. 11/19/2018
4. 11/19/2018
5. 11/19/2018

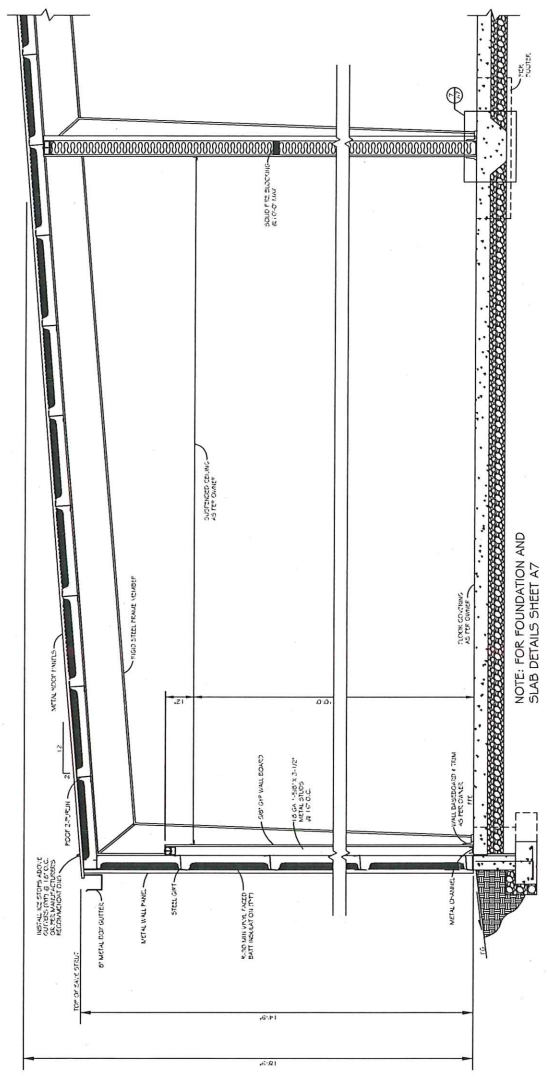
SCALE: as noted
JOB NO.: 2015-ETS

11/19/2018
11/19/2018
11/19/2018
11/19/2018
11/19/2018

SCALE: as noted
JOB NO.: 2015-ETS

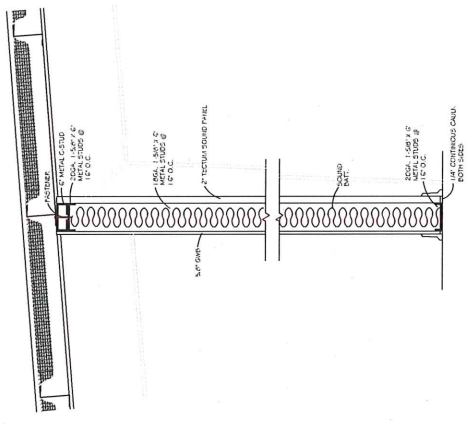
A8

NOTICE:
The undersigned does not affirm the truth or accuracy of the
subcontract, material schedule, or details. Any subcontract system used
is not intended to serve as a substitute for the design. Information regarding
the design of the building is contained in the contract documents. The
contract documents are subject to change without notice. The contractor
is responsible for providing all materials and labor necessary to complete
the project in accordance with the contract documents and drawings.

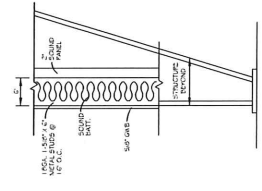


NOTE: FOR FOUNDATION AND
SLAB DETAILS SHEET A7

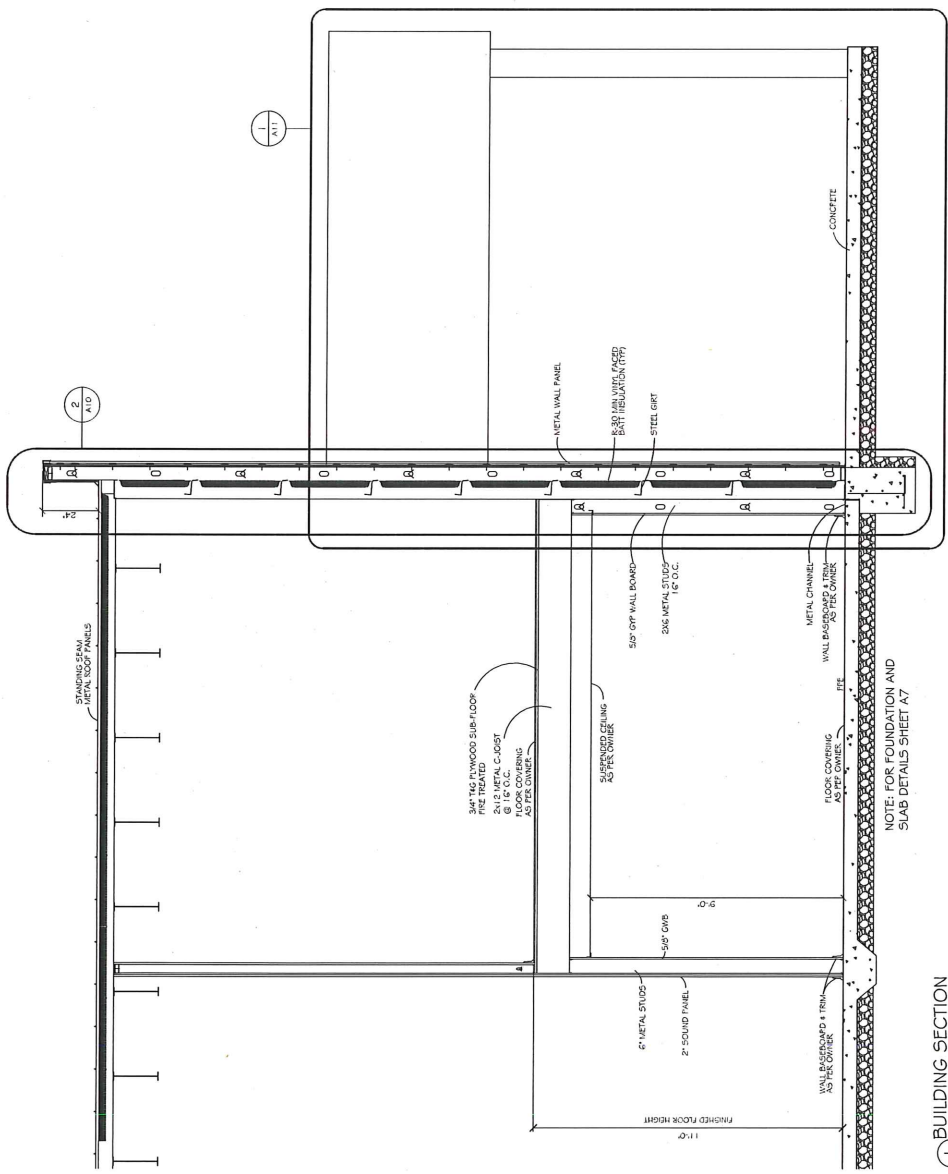
BUILDING SECTION
SCALE: 1" = 1'-0"



WALL DETAIL
SCALE: 1" = 1'-0"

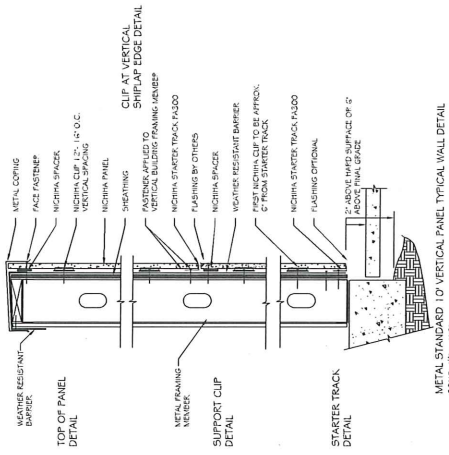


WALL STRUCTURE DETAIL
SCALE: 1" = 1'-0"



1 BUILDING SECTION
 SCALE: 1/12" = 1'-0"

NOTES:
 1. THIS CONCEPTUAL DETAIL IS A GUIDE FOR INSTALLATION OF NICHHA PRODUCTS. SUBMITTAL DESIGN AND CONSTRUCTION MUST BE IN ACCORDANCE WITH BEST PRACTICES AND LOCAL BUILDING CODES.
 2. FOR THIS APPLICATION ONLY USE NICHHA 557 PANEL SET VERTICALLY.
 3. NICHHA 557 PANEL SET IS NOT TO BE USED FOR CURVED WALLS.
 4. METAL FINISHING ADHESIVE MUST BE APPLIED TO ALL METAL SURFACES.
 5. AT CUT EDGES, PANEL CLIPS APPLIC. 6" O.C. FROM BOTTOM OF PANEL.



2 NICHHA METAL STANDARD 1'0\"/>
 SCALE: 1/2\"/>

NOTE:
 The manufacturer does not affect the safety of the building materials, materials, or safety. Any sheet metal system used in this application must be installed in accordance with the manufacturer's instructions. The manufacturer is not responsible for the safety of the building materials used in this application. The manufacturer is not responsible for the safety of the building materials used in this application. The manufacturer is not responsible for the safety of the building materials used in this application.



NOTE:
 ALL UTILITIES ON THESE PLANS ARE APPROXIMATE. THE EXACT LOCATION AND DEPTH OF UTILITIES SHALL BE DETERMINED BY THE CONTRACTOR PRIOR TO CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

NOTE:
 AREA OF DISTURBANCE:
 3.46 ACRES / 150,700 SF

NOTE:
 ALL UTILITIES ON THESE PLANS ARE APPROXIMATE. THE EXACT LOCATION AND DEPTH OF UTILITIES SHALL BE DETERMINED BY THE CONTRACTOR PRIOR TO CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

TOP OF DETENTION BASIN: 653.00
 BOTTOM OF DETENTION BASIN: 642.00
 BOTTOM OF FOOTING: 642.00

NOTES:
 1. ALL UTILITIES SHOWN ON THESE PLANS ARE APPROXIMATE. THE EXACT LOCATION AND DEPTH OF UTILITIES SHALL BE DETERMINED BY THE CONTRACTOR PRIOR TO CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.



MICHAEL R. PENCE, Governor
STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY

DAVID W. KANE, EXECUTIVE DIRECTOR
Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980

Ross Knecht
Country Lake Christian Retreat
815 COUNTRY LAKE RD

UNDERWOOD, IN 47177

October 6, 2016

Dear Ross Knecht,

This letter provides notice below of the action taken by the Fire Prevention and Building Safety Commission on your application(s) for a variance(s) from the Commission's rules under IC 22-13-2-11 and 675 IAC 12-5. The Commission considered the application with all alternatives offered, as a part of its published agenda, at its regular meeting on October 4, 2016.

Project Number	Project Name	Variance Number
381472	Country Lake Worship Center	16-10-20

Commission Conditions

This variance will be valid until October 4, 2018.

Edition	Code	Code Section	Commission Action & Date
NFPA 13	2010	23.1.2, 23.1.3.1, 23.1.3.2	Approved with Commission condition(s) 10/04/2016

You are advised that if you desire an administrative review of this action, you must file a written petition for review at the above address with the Fire Prevention and Building Safety Commission. Your petition must fully identify the matter for which you seek review no later than eighteen(18) calendar days from the above stated date of this letter, unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours; in which case the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this action will be final.

Please be further advised that you may request an opportunity to informally discuss this matter prior to filing a petition for review. Such informal discussion, or request therefore, does not extend the deadline for filing a petition for review and, therefore, any request for an informal discussion should be made promptly, preferably by telephone or e-mail, upon receipt of this letter.

Sincerely,



Dean Illingsworth
State Building Law Compliance Officer,
Department of Homeland Security

Monroe Township Volunteer Fire Department

Box 88, 315 South Ferguson

Henryville, IN 47126

812-294-1738

Fax 294-1222

April 25, 2016

To Whom It May Concern;

Re: Country Lake Christian Retreat planned Worship building sprinkler flow.

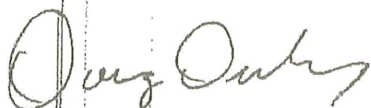
The MTVFD is aware of the low pressure and volume of potable water available at The CLCR. We are working with the local water suppliers to solve this problem. At some point a larger water main will need to be installed to serve the facility.

The water main to the facility shall be of required size to allow needed flow once the water utility increases main size.

As far as required water flow for the proposed Worship building, I Doug Dunlevy (Fire Chief) will allow connection of this sprinkler system to the water mains with less than required flow.

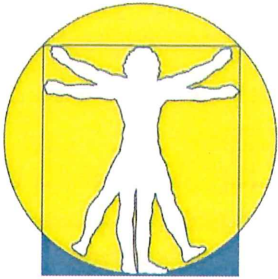
The MTVFD will connect and support the system at the FDC with hauled water and/or lines laid from a water source (lake).

Thank you,



Doug Dunlevy, Chief

Monroe Township Firefighters
"at your service since 1949"



RENAISSANCE DESIGN BUILD, INC.

INDIANA OFFICES
117 S Indiana Avenue
Sellersburg, IN 47172
Tel: 812-246-5897
Fax: 812-248-4320

rdbi@sbcglobal.net

KENTUCKY OFFICES
1012 S. Fourth Street
Louisville, KY 40203
Tel: 502-424-8373
Fax: 502-587-0931

www.renaissancedesignbuild.com



November 26, 2018

Underwood Fire Department
22808 Highway 31 S
Underwood IN 47177

Re: Job No. 2015-375B
Country Lake Christian Retreat
815 Country Lake Road
Underwood IN 47177

To Whom it May Concern,

This letter is being submitted with all variance applications. Its purpose is to provide "written documentation showing that the local fire department is aware of the nature of the variance." By my signature affixed below, I am not necessarily approving the requested variances, only stating that I am aware of the request and its nature.

Please return this letter to our office via mail or email, with signature affixed. If you have any questions, please contact our office.

Sincerely,

Karen Burt
Licensing Director
Renaissance Design Build, Inc.

(Local Fire Department Official)

Fitzpatrick, Denise

From: Robbie Stewart <rstewart.mtvfd@gmail.com>
Sent: Wednesday, January 02, 2019 11:25 AM
To: Fitzpatrick, Denise
Cc: kburt.rdbi@yahoo.com; mfurnish1@frontier.com; Bill Maloney
Subject: Job No. 2015-375B Variance for Country Lake
Attachments: Renaissance for Country Lake Variance.pdf

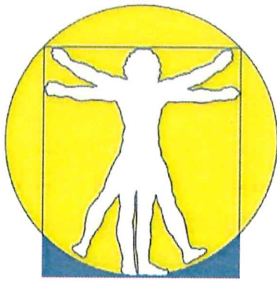
**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Denise,

This email is to confirm that Monroe Township Volunteer Fire Dept is aware of the variance request for Country Lake Christian Retreat. Attached is a copy of the letter signed by the Chief, Mark Furnish.

--

Robbie Stewart
Bookkeeper
Monroe Township Volunteer Fire Dept
812.989.7958



RENAISSANCE DESIGN BUILD, INC.

INDIANA OFFICES
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Louisville, KY 40203
Tel: 502-424-8373
Fax: 502-587-0931

www.renaissancedesignbuild.com



November 26, 2018

Clark County Government Center
Building Commissioner, Ilpo Majuri
501 East Court Avenue
Jeffersonville, IN 47130

Re: Job No. 2015-375B
Country Lake Christian Retreat
815 Country Lake Road
Underwood IN 47177

Dear Commissioner,

This letter is being submitted with all variance applications. Its purpose is to provide “written documentation showing that the local building official is aware of the nature of the variances.” By my signature affixed below, I am not necessarily approving the requested variances, only stating that I am aware of the request and its nature.

Please return this letter to our office via mail or email, with signature affixed. If you have any questions, please contact our office.

Sincerely,

Karen Burt
Licensing Director
Renaissance Design Build, Inc.

(Local Building Official)

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 Ad: Find Your Package. Enter Tracking Number. Track Any Package Instantly!

Track Your Package Now | Enter Your Tracking Number
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 Ad: Track Any Package Instantly with our Free App Extension. It's Fast & Easy!

Track a package

70182290000163549296

USPS package #70182290000163549296
www.usps.com

Delivered: Wed, Nov 28, 03:45 PM

Processed In transit Delivered

DATE	TIME	LOCATION	STATUS
Nov 28	3:45 PM	Jeffersonville, IN, United States	Delivered, left with individual
Nov 28	1:13 AM	Louisville, KY, United States	Departed USPS facility
Nov 27	11:08 PM	Louisville, KY, United States	Arrived at USPS facility
Nov 27	3:52 PM	Sellersburg, IN, United States	USPS in possession of item

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JEFFERSONVILLE, IN 47130

OFFICIAL USE

Certified Mail Fee	\$3.45	0772
Extra Services & Fees (check box, add fee as appropriate)	\$7.75	02
<input type="checkbox"/> Return Receipt (hardcopy)	\$3.00	
<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	\$1.42	
Total Postage and Fees	\$7.62	

Postmark Here
 11/27/2018

Sent To: Clark Co. Government Center
 Street and Apt. No., or PO Box No. 501 E. COURT
 City, State, ZIP+4® Jeffersonville IN 47130

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>Mary K. Dorgan</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Mary K. Dorgan</u> C. Date of Delivery</p>																
<p>1. Article Addressed to: <u>CLARK Co. Government</u> <u>501 E. COURT AVE</u> <u>Jeffersonville IN 47130</u></p> <p> 9590 9402 4450 8248 9662 60</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>2. Article Number (Transfer from service label) <u>7018 2290 0001 6354 9296</u></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Mail Restricted Delivery																	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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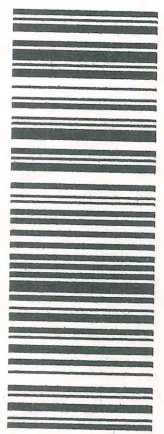
<https://www.17track.net/en>

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slawrg IN 47172

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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INDIANA DEPARTMENT OF HOMELAND SECURITY

CODE SERVICES SECTION

302 WEST WASHINGTON STREET

ROOM W246

INDIANAPOLIS IN 46204-2739

RETURN RECEIPT
REQUESTED

RETURN RECEIPT
REQUESTED

Vertical text on the right edge of the envelope, likely a return address or tracking information.