

VARIANCE # <u>U 19-03-02</u>	
SBC PROJECT #	
PROJECT NAME <u>New life Baptist Church sprinklers</u>	
SIGNATURES <u>✓</u>	APPROPRIATE CODE/SECTION <u>✓</u>
PLANS <u>✓</u>	LBO NOTIFICATION <u>✓</u>
NOTIFICATION OF COMM MEETING	LFO NOTIFICATION <u>✓</u>
CONTACT/DATE <u>(02/13/2019)</u>	

STAFF COMMENTS

* let them know that we are missing edition and specific code. Told them we need it to move forward. Explained I could word it how it should appear. Emailed copy of instructions and told him he could email me if he had questions and I would try to get more information.

19-03-02



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)

19-03-02

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
Scott Johnston	Pastor	
Name of organization	Telephone number	
New Life Baptist Church	(260) 563-2545	
Address (number and street, city, state, and ZIP code)		
4381 West 300 North, Wabash, Indiana 46992		
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	State project number	County
Lobby Addition	402219	Wabash
Address of site (number and street, city, state, and ZIP code)		
4381 West 300 North, Wabash, Indiana 46992		
Type of project		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" 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 checked="" type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input 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 Fire Protection Systems	Specific code section 903.2.1.3
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) Required installation of an automatic sprinkler system.	

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:
The subject building is only used for periodic occupation. Adequate exits with panic hardware are being added to insure a safe egress of the the facility in the event of a fire.

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:
Facility is located in a rural area of the county and is not on municipal water. To install a automatic sprinkler system would involve excessive renovation of existing structure. The cost from thirty to forty thousand dollars creates undue hardship to the church.

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 Scott Johnston	Date of signature (month, day, year) 01/14/2019
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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New Life Baptist Church
Scott Johnston
4381 W 300 N
Wabash, IN 46992
260-563-2545

February 1, 2019

Indiana Dept of Homeland Security
Code Services Section
302 West Washington St, Room W246
Indianapolis, IN 46204-2739

Re: Variance for project 402219

Departments of Interest,

New Life Baptist Church is requesting a variance for project 402219. I have enclosed the Application of Variance, required payment, a letter from the County Building Commission, a letter from our local fire official, and copies of plan drawings.

Respectfully,

Scott Johnston

Scott Johnston
Pastor, New Life Baptist Church



WABASH COUNTY PLAN COMMISSION

One West Hill Street, Suite 205

Wabash, IN 46992

Telephone 260-563-0661 EXT 1252, 1267

Fax 260-563-5895

plandirector@wabashcounty.in.gov

1/15/2019

Indiana Dept of Homeland Security
Code Services Section
919 Pike St
302 W Washington Street
Room W246
Indianapolis, IN 46204

Re: Permitting Variance

Departments of Interest

The Wabash County Plan Commission has received and reviewed the requested Variance for omission of the automatic sprinkler system at New Life Baptist Church located at 4381 W 300 N Wabash, IN 46992

Respectfully,

Mike Howard

Mike Howard
Director, Wabash County Plan Commission

Trustee of Noble Township

4181 S 150 W Wabash, IN 46992

P: 260-563-6526 F: 260-563-1754

January 22, 2019

To whom it may concern:

Myself and our Noble Township Fire Chief have received the application for variance from Scott Johnston, New Life Baptist Church.

Sincerely,



Lori J Harnish
Noble Township Trustee
trusteent@gmail.com

New Life Baptist Church
4381 W 300 N
Wabash, IN 46992



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Indiana Dept. of Homeland Security
Code Services Section
302 West Washington St.
Indianapolis, IN 46204-2739