



# 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/](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)  
**56040/16-04-01**

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

Name of applicant	Title
John Seifert	State Forester
Name of organization	Telephone number
Forestry Division/ Department of Natural Resources	(317) 232-4105
Address (number and street, city, state, and ZIP code)	
402 West Washington Room W296, Indianapolis Indiana 46204	

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

Name of applicant	Title
Ronald G. Peterson P.E.	Chief MEP Engineer
Name of organization	Telephone number
Engineering Division / Department of Natural Resources	(317) 232-4153
Address (number and street, city, state, and ZIP code)	
402 West Washington Room W299, Indianapolis IN 46204	

### 3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Same	
Name of organization	Telephone number
	( )
Address (number and street, city, state, and ZIP code)	

### 4. PROJECT IDENTIFICATION

Name of project	State project number	County
Campground Cabins @ Starve Hollow SRA	None	Jackson
Address of site (number and street, city, state, and ZIP code)		
4345S C.R. 275W, Vallonia IN 47281		
Type of project		
<input type="checkbox"/> New <input checked="" 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

2.6-14 clasp 12 6771413-2.6-14

7. DESCRIPTION OF REQUESTED VARIANCE		
Name of code or standard and edition involved	Specific code section	
675 IAC 13-2.6-1 <del>1</del> 2014 INBC 2012 edition	1205.1 and 903.2.8	
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)		
Cabin does not have Heating, Ventilation, or Air Conditioning. Cabin does not have insulation or energy efficient envelope. Cabin does not have provision for maintaining a minium temperature as required by the building code.		
Cabin does not have inside plumbing and therefore does not have sprinkler fire protection as required by code.		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED		
Select one of the following statements:		
<input type="checkbox"/> Non-compliance with the rule will not be adverse to the public health, safety or welfare; or <input checked="" type="checkbox"/> 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:		
Cabins will be located in primitive campground. Cabins will be provide without heat or cooling as a shelter for campers equipped to withstand the prevailing weather conditions.		
A combination electric and battery back-up smoke detector will be installed per code.		
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE		
Select at least one of the following statements:		
<input checked="" type="checkbox"/> Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services. <input type="checkbox"/> 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. <input type="checkbox"/> Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. <input type="checkbox"/> 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:		
This building with interior space of 270 square feet of living space will offer considerably more freedom and protection from the elements than the other forms of primitive camper equipment available. It will be equipprd with the hardwired smoke detector with battery backup to adequately protect the occupants from the danger of fire!		
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)
	Ronald G. Peterson	
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)
	John Seifert	