



# APPLICATION FOR VARIANCE

State Form 44400 (R4 / 6-10)

Approved by State Board of Accounts, 2008

INDIANA DEPARTMENT OF HOMELAND SECURITY

CODE SERVICE SECTION

402 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/)



**INSTRUCTION:** 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 the applicant <b>Mick Scheetz</b>	Title <b>Owner</b>
Name of organization <b>Century 21 Scheetz Carmel</b>	Telephone number
Address (number and street, city, state, and Zip code) <b>270 E. Carmel Drive, Carmel, IN 46032</b>	

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

Name of person on behalf of the applicant <b>Melissa M. Tupper, P.E.</b>	Title <b>Fire Protection Engineer</b>
Name of organization <b>RTM Consultants, Inc.</b>	Telephone number <b>(317) 329-7700</b>
Address (number and street, city, state, and Zip code) <b>6640 Parkdale Place, Suite J., Indianapolis, IN 46254</b>	

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

Name of design professional <b>Stuart Shade</b>	License number <b>AR00034184</b>
Name of organization <b>Mitsch Design, Inc.</b>	Telephone number <b>(317) 573-2222</b>
Address (number and street, city, state, and Zip code) <b>200 South Rangeline Rd., Suite 213, Carmel, IN 46032</b>	

### 4. PROJECT IDENTIFICATION

Name of project <b>Century 21 Scheetz Carmel</b>	State project number <b>Unfiled</b>	County <b>Hamilton</b>
Site Address (number and street, city, state, and Zip code) <b>270 E. Carmel Drive, Carmel, IN 46032</b>		
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):

- 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 & 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

**2014 Indiana Building Code**

Specific code section

**Table 1018.1**

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

**Describe the noncompliance here**

**The variance request is to permit the new corridor walls and doors to be non-rated construction. The project involves the renovation of an existing office space. The existing corridors are not rated.**

**The building is classified as a B Occupancy. The existing building is 1-story with a basement. The 1<sup>st</sup> floor is 6,500 sq.ft, the basement is 4,700 sq.ft.**

**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

**Describe facts here**

- 1. The existing building has a fire alarm system throughout.**
- 2. Smoke detectors will be provided throughout the building and will be tied to the fire alarm system.**
- 3. The maximum travel distance to an exit is approximately 84 feet, 200 feet is permitted by code.**
- 4. NFPA 101, Life Safety Code, Sec. 38.3.6, exc. 2, permits nonrated corridors in a B Occupancy tenant space since it is a "space occupied by a single tenant".**
- 5. Similar variances have been granted for office build-outs, including 11-06-32, 12-10-28, 13-03-45, and 14-03-32. A B Occupancy administrative office building was also granted the same variance; 13-03-36(a).**

**9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE**

Select 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:

**Describe facts here**

**The hardship is the cost providing floor-to-deck fire partitions to separate the corridor, and the added operational hardship of taking all of the new and existing walls to deck.**

**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

Melissa M. Tupper, P.E.

Date of signature (month, day, year)

12/9/14

Signature of design professional (if applicable)

Please print name

Stuart Shade

Date of signature (month, day, year)

12/5/14

**11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following)**

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

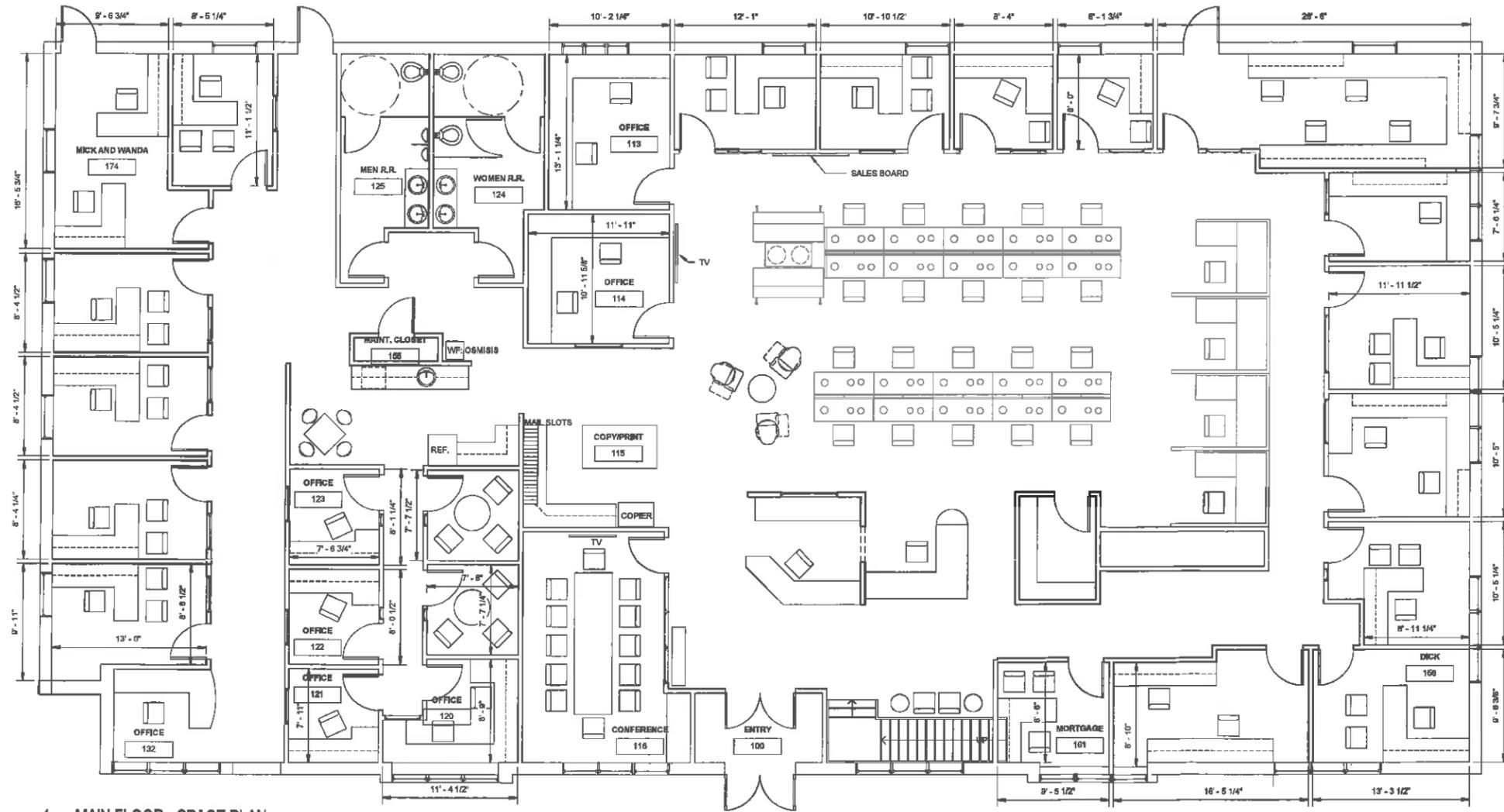
Signature of applicant

Please print name

Mick Scheetz

Date of signature (month, day, year)

12.5.14



1 MAIN FLOOR - SPACE PLAN  
SCALE: 3/16" = 1'-0"

CONSTRUCTION LEGEND

- NOT IN CONTRACT
- EXISTING WALL OR ITEM TO REMAIN
- X#.## NEW FLOOR TO CEILING PARTITION REFER TO 265001
- X#.## NEW FLOOR TO DECK PARTITION REFER TO 265001
- X#.## NEW PARTIAL HEIGHT PARTITION REFER TO 365001
- X#.## NEW 1 HOUR RATED PARTITION REFER TO 465001
- X#.## NEW 2-HOUR RATED PARTITION REFER TO 565001

CONSTRUCTION KEYNOTES

101 DOOR SCHEDULE

GENERAL CONSTRUCTION NOTES

- A. REFER TO SHEET G-101 FOR DOOR TYPES AND WALL DETAILS.
- B. DOORS NOT INDICATED BY A DOOR NUMBER DESIGNATION ARE EXISTING.
- C. CONTRACTOR TO PROVIDE BUILDING WINDOW BLINDE, 95-LINE EXISTING WHERE APPLICABLE.
- D. PREPARE ALL EXISTING WALLS AND FLOORS TO RECEIVE NEW FINISHES. PATCH AND REPAIR AS REQUIRED.
- E. PROVIDE BLOCKING IN WALLS TO ACCOMMODATE ALL CASEWORK AND WALL MOUNTED EQUIPMENT.



**mitsch  
DESIGN**

200 s rangeline road  
suite 213  
carmel, indiana 46032

ph 317.573.2222  
fx 317.573.2230

www.mitschdesign.com

CENTURY 21  
CARMEL RENOVATION

CARMEL, IN

SPACE PLAN 10.01.14

ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE  
CONTRACT DOCUMENTS AND THE PROJECT'S ARCHITECTURAL  
DRAWINGS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR  
VERIFYING THE EXISTING CONDITIONS AND THE LOCATION  
AND DEPTH OF ALL UTILITIES AND STRUCTURAL ELEMENTS  
BEFORE COMMENCING WORK. ALL WORK SHALL BE  
DONE IN ACCORDANCE WITH THE CONTRACT DOCUMENTS.

DATE PRELIMINARY SET  
DATE PRICING SET  
DATE STATE SUBMITTAL SET  
DATE CONSTRUCTION SET

DRAWN BY: DH  
CHECKED BY: KD  
MD PROJECT #: 14110

MAIN FLOOR - SPACE  
PLAN

A-102



**mitsch  
DESIGN**

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suite 213  
carmel, indiana 46032

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fx 317.573.2230

www.mitschdesign.com

CENTURY 21  
CARMEL RENOVATION

CARMEL, IN

SPACE PLAN 10.01.14

ALL COSTS, DESIGN AND PERMITS TO BE  
PROVIDED BY THE CONTRACTOR UNLESS  
OTHERWISE NOTED. CONTRACTOR SHALL  
VERIFY ALL DIMENSIONS AND BE RESPONSIBLE  
FOR ANY DISCREPANCIES. CONTRACTOR  
SHALL VERIFY ALL DIMENSIONS AND BE  
RESPONSIBLE FOR ANY DISCREPANCIES.  
DATE PRELIMINARY SET  
DATE PRICING SET  
DATE STATE SUBMITAL SET  
DATE CONSTRUCTION SET

DRAWN BY: DH  
CHECKED BY: KD  
MD PROJECT #: 14110

BASEMENT - SPACE PLAN

A-101

### CONSTRUCTION LEGEND

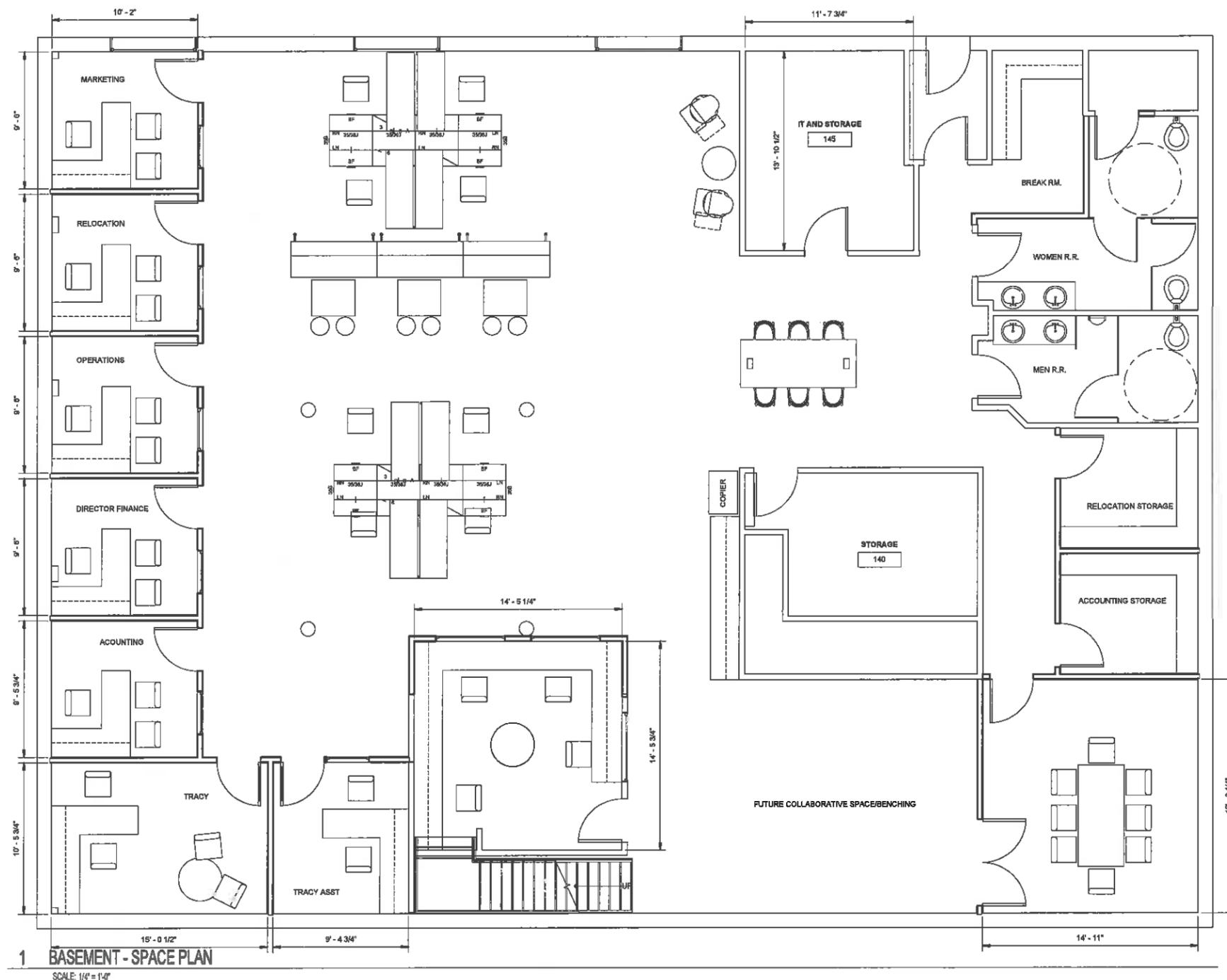
-  NOT IN CONTRACT
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-  X#.## NEW FLOOR TO CEILING PARTITION  
REFER TO 1/G001
-  X#.## NEW FLOOR TO DECK PARTITION  
REFER TO 2/G001
-  X#.## NEW PARTIAL HEIGHT PARTITION  
REFER TO 3/G001
-  X#.## NEW 1 HOUR RATED PARTITION  
REFER TO 4/G001
-  X#.## NEW 2-HOUR RATED PARTITION  
REFER TO 5/G001

### CONSTRUCTION KEYNOTES

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1 BASEMENT - SPACE PLAN  
SCALE: 1/4" = 1'-0"