



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/

COPY



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	Title	
James J. Curtis, Jr.	Member Manager	
Name of organization	Telephone number	
Southern Dunes Partners, LLC	(317) 849.6900	
Address (number and street, city, state, and ZIP code)		
6930 Atrium Boardwalk Dr., S.; Indianapolis, IN 46250		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
Kenneth A. Sebree	President/Architect	
Name of organization	Telephone number	
SEBREE Architects, Inc.	(317) 272.7800	
Address (number and street, city, state, and ZIP code)		
97 Dover Street, Suite 400; Avon, IN 46123-7356		
3. DESIGN PROFESSIONAL OF RECORD (If applicable)		
Name of design professional	License number	
Kenneth A. Sebree // Gordon Clark	AR00032498 // AR00032537	
Name of organization	Telephone number	
SEBREE Architects, Inc.	(317) 272.7800	
Address (number and street, city, state, and ZIP code)		
97 Dover Street, Suite 400; Avon, IN 46123-7356 // 4820 Buttonwood Crescent; Indianapolis, IN 46228		
4. PROJECT IDENTIFICATION		
Name of project	State project number	County
Southern Dunes Apartments	372697 Clubhouse // 374250 Pool	Marion
Address of site (number and street, city, state, and ZIP code)		
7125 Wellingshire Boulevard; Indianapolis, IN 46241		
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):		
<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		

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7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved Rule 2 Section 27 ISPSWAC C675IAC	Specific code section 20-2-27 Section 27a
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) Code requires designated changing facilities within 300 feet of swimming pool. This is a private pool for the apartment residents and is not opened to the public. It is customary for residents to change at their apartment and walk to the pool. Full handicapped accessible restrooms with baby changing is provided in the clubhouse facility adjacent to the swimming pool.	

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:

Residents almost always change at their apartment, not at the pool. Therefore, changing rooms, if provided, would seldom be used. Toilet compartments in the clubhouse restrooms could be used for changing on the rare occasions when a pool visitor wanted to change.

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.

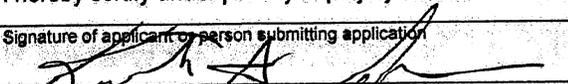
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

State Construction Design Release for the building structures of this project was issued 08/12/2014, and construction began. The clubhouse structure is now constructed. Separate swimming pool dressing rooms were not originally designed into the clubhouse. In November of 2014, a separate design professional submitted application and drawings for state approval of the swimming pool component, and the reviewer cited the requirement for changing rooms.

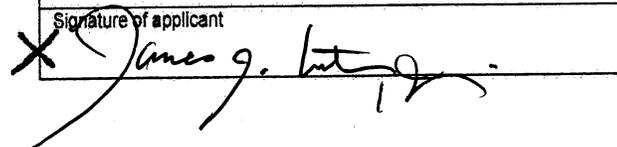
10. STATEMENT OF ACCURACY

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 Kenneth A. Sebree	Date of signature (month, day, year) January 15, 2015
Signature of design professional (if applicable) 	Please print name Kenneth A. Sebree	Date of signature (month, day, year) January 15, 2015

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 James J. Curtis, Jr.	Date of signature (month, day, year) January 16, 2015
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Would you like to reduce your turnaround time?

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at <http://www.in.gov/dhs/2650.htm>.

This on-line filing is through a secure site, you can use it to submit your project information, pay the fees and upload your project plans.

Use Internet Browser to View this report, other browsers are not compatible to view this report



REQUEST FOR ADDITIONAL INFORMATION

**DEPARTMENT OF HOMELAND SECURITY
PLAN REVIEW DIVISION
402 West Washington Street
Room E245
Indianapolis, IN 46204**

Project Number 374250	Receipt No. 0	RFI Date 11/26/2014
Construction type POOL	Occupancy classification CLASS C	
Scope of release requested		
Type of release requested		
Project Name POOL FOR SOUTHERN DUNES		
Street address 7247 Vista Circle		
City Indianapolis	County MARION	

REPORT PRINTED ON: 11/26/2014

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To: Owner / Architect / Engineer **FAX: 3172525573**

Gordon Clark Architect AIA
Gordon Edward E Clark AR00032537
4820 Buttonwood Crescent
Indianapolis IN 46228
GClark4820@aol.com

We are holding the above referenced project from further review and release for the reasons indicated below:

- 10S227 : Bathhouse facilities shall be provided in accordance with Rule 2, Section 27, ISPSWAC (675 IAC 20-2-27). Section 27(a) requires dressing, shower, sanitary facilities and baby-changing stations for each sex within 300 feet of all Class C pools. ***NOTE: Applicant's 11/17/14 response noting outdoor shower facility addresses only one of the requirements of this section of the code. Toilet stalls are not considered dressing facilities. Additionally, evidence must be provided that there are baby-changing stations for each sex as well. All requirements of the code section must be satisfied, or a variance obtained.
- A101 : Plans/Information in response to a correction request and/or balance of plans may be uploaded to our website using the "Upload Additional Plans" bullet at: <http://www.in.gov/ai/appfiles/dhs-drs/>

RETURN THIS SHEET along with a minimum of 1 set of the corrected plans as soon as possible to the Code Review Official in order for us to continue processing your plans. If corrected plans and specifications are not received within 30 days of this request the application will be subject to denial by the Branch Director, Code Enforcement and Plan Review in accordance with Section 12, GAR 675 IAC 12-6-12 (b). IMMEDIATE ATTENTION AND RESPONSE IS REQUIRED.

Any questions concerning this matter should be addressed to the Code Review Official.

Code Review Official CRAIG BURGESS cburgess@dhs.in.gov
Telephone Number (317)234-1423