

McClure Oil Corporation

June 1, 2017

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

To Whom It May Concern:

Enclosed is our updated application for a variance. The original application along with our check for \$276.00 was mailed to you on April 26, 2017.

Please let us know if anything else is needed.

Sincerely,

McCLURE OIL CORPORATION

G. Richard McClure
Executive Vice President

GRM/s

CC: Steve Jones, Pike Township Fire Department
Indianapolis Department of Code Enforcement

Enclosures

General Offices and Master Distribution Center
Junction of Highways 35 and 37
P.O. Box 1750, Marion, Indiana 46952-8150
Ph. (765) 674-9771 Toll Free 1-800-783-0275
FAX # (765) 677-3223



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	Title
Kelly McClure	President
Name of organization	Telephone number
McClure Oil Corporation	(765) 674-9771
Address (number and street, city, state, and ZIP code)	
PO Box 1750 Marion, Indiana 46952	

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

Name of applicant	Title
Tracy Wines	Director of Maintenance
Name of organization	Telephone number
McClure Oil Corporation	(765) 674-9771
Address (number and street, city, state, and ZIP code)	
PO Box 1750 Marion, Indiana 46952	

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
McClure Oil Corporation #43	NA	NA
Address of site (number and street, city, state, and ZIP code)		
4945 W 71 st Indianapolis, Indiana 46268		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input checked="" 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 or code or standard and edition involved

2014/ Sec.2303.1-#2

Specific code section

2303.1-2 & 2303.1-5

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

Dispenser within 10' of building having combustible exterior wall.
Nozzel reaching within 5' of opening (window)

This has been the situation for both of the above items for at least 25 years.

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:

Add crash bar to building extension for faster, non obstructed exit
Per Fire Inspector (Stephen Jones)

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:

In order to conform with IDEM rules, we would need ti install new double wall pipe to all dispensers and would need to add sumps in order to move the dispenser that is by the pay window. Aprox. cost \$125,000.00.

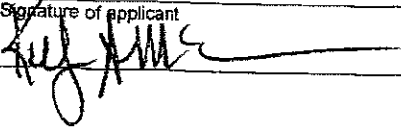
10. STATEMENT OF ACCURACY

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 Tracy Wines	Date of signature (month, day, year) 4-25-2017
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 Kelly A. McClure	Date of signature (month, day, year) 4-25-2017
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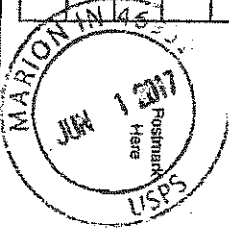
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Total Postage & Fees	\$ 9.31



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City, St
Indianapolis Dept. of
Code Informcent
1200 Madison Ave.
Indianapolis, In. 46225

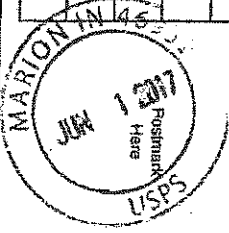
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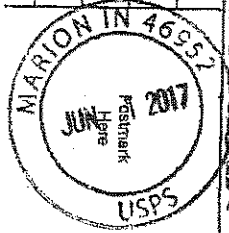
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City, St
Indianapolis Dept. of
Code Informcent
1200 Madison Ave.
Indianapolis, In. 46225

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Total Postage & Fees	\$ 9.31



Sent To
Street,
or PO Box
City, St
Stephen Jones
Pike Township Fire Dept.
Prevention Services Div.
4881 W. 71st Street
Indianapolis, In. 46268

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed for:

Stephen Jones
 Pike Township Fire Dept.
 Prevention Services Div.
 4881 W. 71st Street
 Indianapolis, In. 46268

9590 9402 1491 5329 5566 37



2. Article Number (Transfer from service label)

7007 2560 0000 5485 6120

PS Form 3811, July 2015 PSN 7530-07-000-9058

Application

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Paul Morgan* Addressee
 B. Received by (Printed Name) Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery™
 - Priority Mail Express®
 - Registered Mail™

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Paul Morgan Application

Postage	\$ 4.64
Carrier Fee	3.35
Return Receipt Fee (Endorsement Required)	2.95
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.94

Sent to: Indianapolis Dept. of Code Enforcement
 1200 Madison Ave.
 Indianapolis, In. 46225

Postmark Here

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Paul Morgan Application

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Carrier Fee	3.35
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.94

Sent to: Stephen Jones
 Pike Township Fire Dept.
 Prevention Services Div.
 4881 W. 71st Street
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DATE & TIME	STATUS OF ITEM	LOCATION
June 5, 2017, 11:27 am	Delivered, Left with Individual	INDIANAPOLIS, IN 46225



Your item was delivered to an individual at the address at 11:27 am on June 5, 2017 in INDIANAPOLIS, IN 46225.

June 3, 2017, 9:27 am	Business Closed	INDIANAPOLIS, IN 46204
June 3, 2017, 9:03 am	Business Closed	INDIANAPOLIS, IN 46225
June 3, 2017, 8:13 am	Arrived at Unit	INDIANAPOLIS, IN 46204

