

From: [Haywood Joshua S](#)
To: [Fire Prevention and Building and Safety Commission](#)
Cc: [Callahan, Sean](#)
Subject: Franciscan Health - Mooresville campus - COVID-19 testing - Temporary Structures
Date: Thursday, June 4, 2020 3:53:52 PM
Attachments: [Proposal for Emergency Rules for Shelters Care Facilities Hospitals.pdf](#)
[MOORESVILLE TEMPORARY-TRIAGE-UNITS_R20 CENTRAL DWGS.pdf](#)
[Exemption Letter-Moorseville 03242020.pdf](#)
[Franciscan Health-MO Campus-COVID19 Application.pdf](#)

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To whom it may concern at the Indiana Department of Homeland Security,

I am transmitting separate emails for Franciscan Health property locations and their continued use of Temporary Triage Facilities beyond the initially designated 90-day period for temporary structures (per the attached Proposal). I have also attached the Exemption Letter received from your office, the signed Homeland Security Application, and associated drawings for the Franciscan Health Mooresville Campus COVID-19 Temporary Structures.

Per the directions of the Proposal, the following is information pertinent for the Franciscan Health Indianapolis Campus location:

- I. Address: 1201 Hadley Rd, Mooresville, IN 46158
- II. Purpose: Per the attached drawings, there are (2) temporary structures which will continue to be used in the proposed capacity in response to the COVID-19 public health emergency for the duration of the current public health emergency (Franciscan Health leadership anticipates the continued need for these structures through the first quarter of 2021). These temporary structures include:
 - a. a command center trailer (PAC-VAN manufactured ground level trailer unit) used for healthcare staff work/office space adjacent to the drive-up testing location, as depicted on the attached drawings
 - b. a free-standing canopy for sheltering healthcare staff from the weather between the command center trailer and the vehicular drive-up testing lane
- III. Requesting continued use of these temporary structures (beyond the 'traditional' 90-day time frame of a temporary structure), per the Proposal's request regarding Citation #4, 675 IAC 12-6-2(f) to "Modify the definition of temporary structure..."
- IV. Compliance Following Expiration of Proposal: In the event Franciscan Health's need for these temporary structures coincides with the Expiration of Proposal, these structures will be removed in their entirety and conditions of their location will be restored to their previous state. Should Franciscan Health's need for these temporary structures continue beyond the duration of the Proposal/declared public health emergency, a Variance will be sought/obtained to permit such continued use.

Please contact me by phone to discuss further if needed. My cell phone is (317) 752-8435.

Sincerely,

Josh Haywood, AIA, NCARB

Project Architect

TONN AND BLANK CONSTRUCTION, LLC.

5721 Progress Rd, Indianapolis, IN 46241

O: (317) 423-1020 Ext.116

C: (317) 752-8435

Joshua.Haywood@tonnandblank.com

tonnandblank.com

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Plan Review Division
(317) 232-2222

March 19, 2020

Rafael C. Tudor
Town and Blank Construction, LLC
Michigan City – Indianapolis – FortWayne - Lafayette
1623 Greenwood Avenue
Michigan City, Indiana 46360

RE: COVID-19 Temporary Testing Structure
Fransican Health - Mooreville
1201 Hadley Road,
Mooreville, IN 46158
Morgan County

Mr. Tudor:

We have received your request for an exemption for the construction of a Temporary COVID-19 Testing Structure to be erected outside of the main Fransican Health Facility.

Section 4(a)(2) of the 1987 General Administrative Rules {675 IAC 12-6} Provides that Temporary Structures are exempt from the State release requirement.

The Definition for a Temporary Structure is provided in Section 2(f) of the 1987 General Administrative Rules {675 IAC 12-6} and states:

“Temporary structure” means any of the following:

1. A Class 1 structure that is erected or installed for a period of not more than ninety (90) days after which it will be demolished or relocated.
2. Portable structures on construction job sites for use by persons involved in the construction process.
3. Mobile structures as set forth at IC 22-12-1-17.

Therefore, this project is considered Exempt from filing with the State of Indiana DHS Plan Review section in accordance with 675 IAC 12-6-4 with the limitations and restrictions presented in 675 IAC 12-6-2.

Sincerely,

Sean Callahan, PE
Plan Review Assistant Section Chief
SCallahan@dhs.in.gov
Ph. 317-234-8787



APPLICATION FOR CONSTRUCTION DESIGN RELEASE

Slate Form 37318 (R15 / 1-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
PLAN REVIEW BRANCH
302 West Washington Street, Room E245
Indianapolis, IN 46204
www.in.gov/dhs/2372.htm



INSTRUCTIONS: Please type or print clearly. If multiple design professionals are involved in the certification process, submit an additional page 1 with the appropriate information.

Type of application			
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Partial <input type="checkbox"/> Foundation Request			
PROJECT LOCATION (Must Be Complete and Accurate)			
Name of project		Closest intersecting street or road	
Franciscan Health-Mooresville Campus-COVID-19 Temporary Testing Structures		Hadley Rd and State Road 67	
Address (site location, number and street)		Suite or floor	Direction FROM intersection TO project
1201 Hadley Rd, Mooresville, IN 46158		Ground Floor	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West
City	County	Is project within city limits?	Is building State owned?
Mooresville	Morgan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OWNER'S CERTIFICATE (Must Be Executed)			
As owner of the project for which this application is being filed, I hereby certify:			
1. the description of use and information contained on this application are correct; 2. the project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission; and 3. any changes to the released documents will be filed with the Indiana Department of Homeland Security, Division of fire and Building Safety, Plan Review Branch.			
Authorized signature		Date (month, day, year)	
<i>[Signature]</i>		3-23-2020	
Name (typed or printed)		Title	
Keith Rodebeck		Director Engineering Facilities	
Telephone number	Fax number	E-mail address	
317 1528-8672	317 1528-8415	Keith.Rodebeck@franciscanalliance.org	
Name of owner or business		Facility use	
Francisca Alliance - Indianapolis			
Address (number and street, city, state, and ZIP code)			
8111 S. Emerson Ave., Indpls. IN 46237			
Foundation Requested - I agree to take full responsibility for removing and replacing any construction found, by plan examination or by inspection, to be in violation of the building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Home land Security, Division of Fire and Building Safety, Plan Review Branch.			
DESIGN PROFESSIONAL CERTIFICATE *			
(Must Be Executed for all new buildings or additions exceeding 30,000 Gross Cubic feet or any alteration affecting Structural Safety)			
As the design professional for the project for which this application, plans and specifications are being filed, I hereby certify:			
1. I am qualified and competent to design such buildings, structures, and systems and have attached a copy of my current registration card; 2. the plans and specifications filed in conjunction with this application were created by me and / or by my persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission; 3. the project data contained on this application are correct and correspond with the plans and specifications to be filed in conjunction with this application; 4. the design professional identified below will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and 5. I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D Felony punishable by a prison term and a fine of up to \$10,000.			
Responsibility is for the following systems:		<input type="checkbox"/> Plumbing <input type="checkbox"/> Foundation <input type="checkbox"/> Structural <input type="checkbox"/> Architectural <input type="checkbox"/> Mechanical	
<input type="checkbox"/> Site <input type="checkbox"/> Electrical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> All of the above		<input checked="" type="checkbox"/> Other Temporary Structures Exemption	
Signature		Date (month, day, year)	
<i>[Signature]</i>		03/23/2020	
Name (typed or printed)		Indiana registration number	
Claudiu Rafael Tudor		AR11800167	
Telephone number		E-mail address	
(219) 873-4375		rafael.tudor@tonnandblank.com	
Name of firm (if applicable)			
Tonn and Blank Construction			
Address (number and street, city, state, and ZIP code)			
1623 Greenwood Avenue, Michigan City, IN 46360			
Designated inspecting design professional		Indiana registration number	Telephone number
JOSHUA HAYWOOD		AR11200181	(317) 752-8435

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL

Part of State Form 37318 (R15 / 1-12)

SBC project number

Filing date (month, day, year)

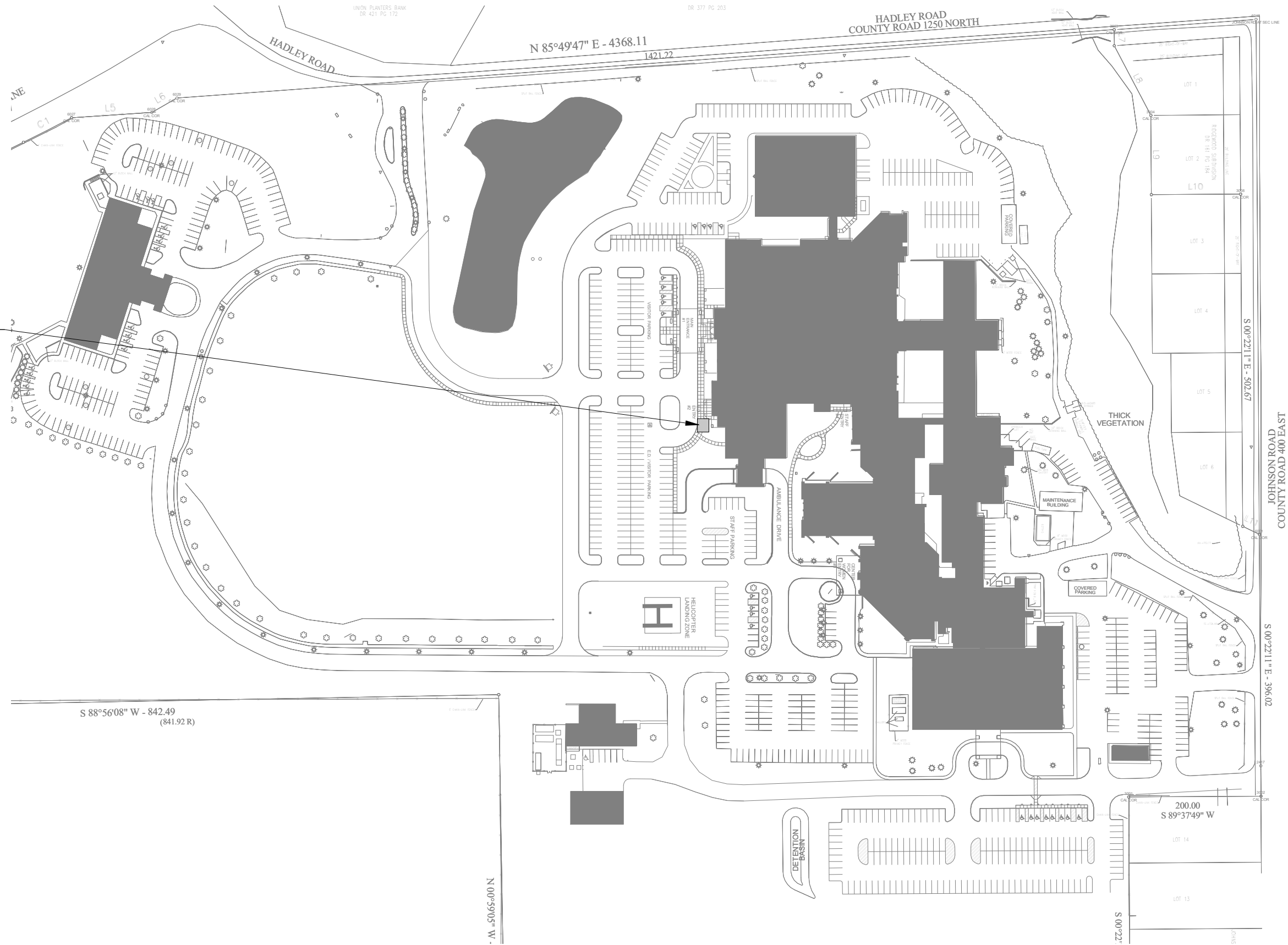
Please answer all pertinent questions and use a separate sheet if additional space is required.

1. One Application for Construction Design Release (*original signatures*), together with correct filing fees. (*See fee schedule.*)
2. One complete set of plans and specifications. This set will be returned to the applicant for use at the job site. Additional collated sets may be submitted and returned if stamped sets are needed for other purposes. Please limit the weight of each submitted package to 30 pounds.
 - A. Site plan showing dimensioned location of building to all property lines and to all existing buildings on the property, as well as width of any streets or easements bordering the property.
 - B. Foundation and basement plans and details.
 - C. Dimensioned floor plans for all floors.
 - D. Fire and life safety plan showing graphically or by legend the location and rating of building elements such as area separation walls, smoke barriers, fire-resistive corridor walls, stair enclosures, shaft enclosures and horizontal exits.
 - E. Wall elevations of all exterior walls including adjacent ground elevation.
 - F. Sections and details of walls, floors and roof, showing dimensions, materials, and heat transfer factors (*R-Values*).
 - G. Structural plans and elevations showing size and location of all members, truss designs showing all connection details, and all stress calculations, if specifically requested.
 - H. Room finish schedule showing finishes for walls, ceilings and floors in all rooms, stairways and corridors.
 - I. Door schedule showing material, size, thickness and fire-resistive rating for all doors.
 - J. Construction specifications (*may be on plans for small projects*).
 - K. Electrical plans, diagrams, details of service entrance, and power or lighting information required for energy conservation.
 - L. Plumbing plans showing location of fixtures, risers, drains and piping isometrics.
 - M. Mechanical plans showing location and size of ductwork, equipment, fire dampers and smoke dampers and equipment schedules showing capacity.

PROJECT DESCRIPTION (Must Be Complete)		FLOOR AREAS	ESTIMATED COSTS
Scope of work <input checked="" type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling		Total existing (If applicable) 0 Square Feet	
Is this construction the result of fire or natural disaster? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sewer <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	Addition (If applicable) Square Feet	Addition (If applicable) \$
Fire suppression system in building <input type="checkbox"/> Full <input type="checkbox"/> Partial <input checked="" type="checkbox"/> None	Detailed suppression system plans / specs <input type="checkbox"/> Provided <input type="checkbox"/> To follow	Remodeled (If applicable) Square Feet	Remodeling (If applicable) \$
If partial, specify where*	Located in flood plain (check county plan commission) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Total building area square feet 1,100sf	Total project cost \$ 30,000
Building construction type and occupancy classification Temporary	Building height (Stories) 1	Number of buildings this submittal (Describe if necessary) * 3	Volume cubic feet (Fee category E only) 13,830cf
Indiana rehabilitation standard (Chapter 34) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Evaluation documents provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use of conversion rule (Rule 13) proposed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does project include: (Check if Yes) <input type="checkbox"/> High pile storage <input type="checkbox"/> Boiler or pressure vessel <input type="checkbox"/> Hazardous or flammable materials storage <input type="checkbox"/> Elevator or lift <input type="checkbox"/> Combustible fibers storage <input type="checkbox"/> Fireworks storage <input type="checkbox"/> Explosives storage			
Describe proposed use of facility IN DETAIL, including types of flammable or combustible materials stored or handled -----			
The project consists of an open steel-shelter canopy(home depot), a manufactured unit and a (menards) pole-barn. The Manufactured Unit will be used as non-flammable testing storage. The Pole Barn will be used as a waiting area for Covid-19 virus testing.			
Describe previous or current use of facility IN DETAIL (If existing facility). -----			
General comments This is am emergency response - temporary facility to serve for the purpose of COVID-19 testing.			
Number of persons employed (Maximum per shift) 6		Number of persons (public) 27	

Has other work at this location ever been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Does project include use of a master plan design release or a factory built modular or mobile structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What year and month	Previous SBC project number	Name of manufacturer Menards Pole Barn & Pac-Van	Master plan / modular number
Has construction started? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, has a notice of violation or investigation been issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No, probable construction starting date? (month, day, year) 03/24/2020	

TEMPORARY TRIAGE UNITS

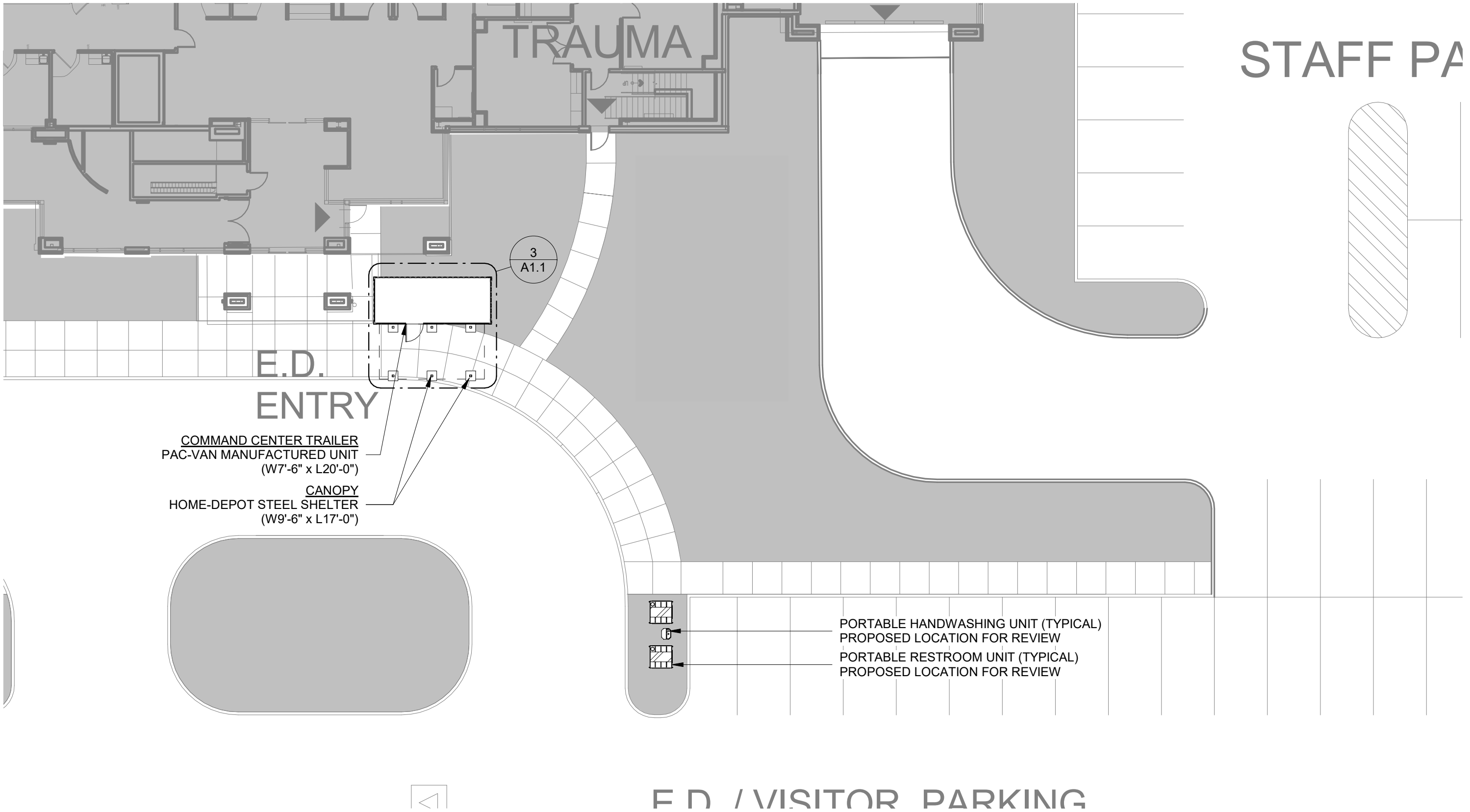


1 FRANCISCAN HEALTH
TYPICAL OVERALL SITE PLAN
1" = 160'-0"

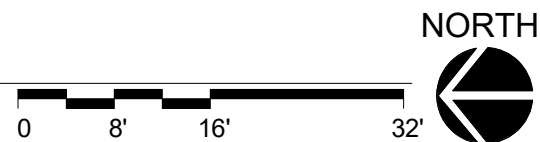
NORTH

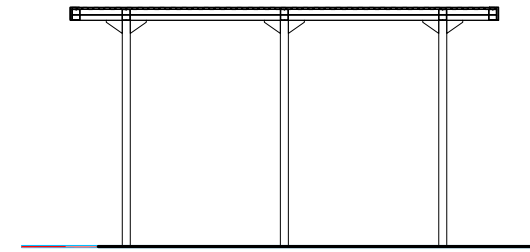
FRANCISCAN HEALTH (TYPICAL) OVERALL SITE PLAN
COVID 19 TTU (TEMPORARY TRIAGE UNITS)



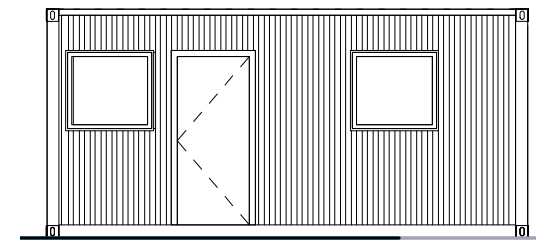


① TEMPORARY TRIAGE UNITS-SITE PLAN
1/16" = 1'-0"

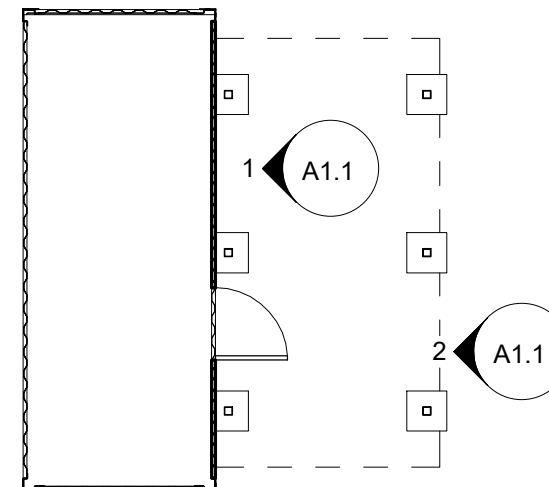




① HOME-DEPOT STEEL SHELTER
ELEVATION
1/8" = 1'-0" 0 4' 8' 16'



② PAC-VAN MANUFACTURED UNIT
ELEVATION
1/8" = 1'-0" 0 4' 8' 16'



③ PAC-VAN & STEEL SHELTER
FLOOR PLAN
1/8" = 1'-0" 0 4' 8' 16'

