From: Haywood Joshua S

To: Fire Prevention and Building and Safety Commission

Cc: <u>Callahan, Sean</u>

Subject: Franciscan Health - Stones Crossing campus - COVID-19 testing - Temporary Structures

Date: Thursday, June 4, 2020 3:36:50 PM

Attachments: Proposal for Emergency Rules for Shelters Care Facilities Hospitals.pdf

StoneCrossing-Covid-19 Temporary Structures Homeland Security Application Signed.pdf

Exemption Letter-Stones Crossing Campus 03242020.pdf

A0.1 TEMPORARY TRIAGE UNIT OVERALL SITE PLAN (STONES CROSSING).pdf

A0.3 TEMPORARY TRIAGE UNIT (STONES CROSSING).pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

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 Stones Crossing 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: 1703 Stones Crossing Rd, Greenwood, IN 46143
- 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

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ERIC J. HOLCOMB, Governor

STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY

302 West Washington Street Indianapolis, IN 46204



Plan Review Division (317) 232-2222

March 25, 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 – Stones Crossing Campus 1703 Stones Crossing Road, Greenwood, IN 46143 Johnson 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

State 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 F245

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 **Standard** ☐ Partial ☐ Foundation Request PROJECT LOCATION (Must Be Complete and Accurate) Name of project Closest intersecting street or road Franciscan Physician Network-Stones Crossing Campus-COVID-19 Temporary Testing Structures SR 135 and Stones Crossing Rd W Address (site location, number and street) Suite or floor **Direction FROM Intersection TO project** 1703 Stones Crossing Rd, Greenwood, IN 46143 **Ground Floor** North ■ South ■ East □ West City County Is project within city limits? Is building State owned? Greenwood Johnson Yes □ No ☐ Yes **■** 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; the project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission; and any changes to the released documents will be filed with the Indiana Department of Homeland Security, Division of fire and Building Sefety, Plan Review Branch. Date (month, day, year) 03-24-2020 inted) Title Mary Conway/Benjamin Administrative Director Fax number E-mail oddress 317) 528-7027 317) 889-4145 mary.benjaminconway@franciscanalliance.org Name of owner or business Facility use Franciscan Alliance Healthcare Provider Address (number and street, city, state, and ZIP code) 1515 W. Dragoon Trail, Mishawaka, IN 46522 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: Plumbing ☐ Foundation ☐ Structural ☐ Architectural ☐ Mechanical ☐ Electrical ☐ Site ☐ Fire Suppression All of the above Other Temporary Structures Exe Signature Date (month, day, year) 03/23/2020 Name (typed or printed) Indiana registration number Architect Claudiu Rafael Tudor AR11800167 Engineer Telephone number Fax number E-mail address (219) 873-4375 rafaei.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

PROJECT DATA

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

FOR OFFICE USE ONLY					
SBC project number	Filing date (month, day, year)				

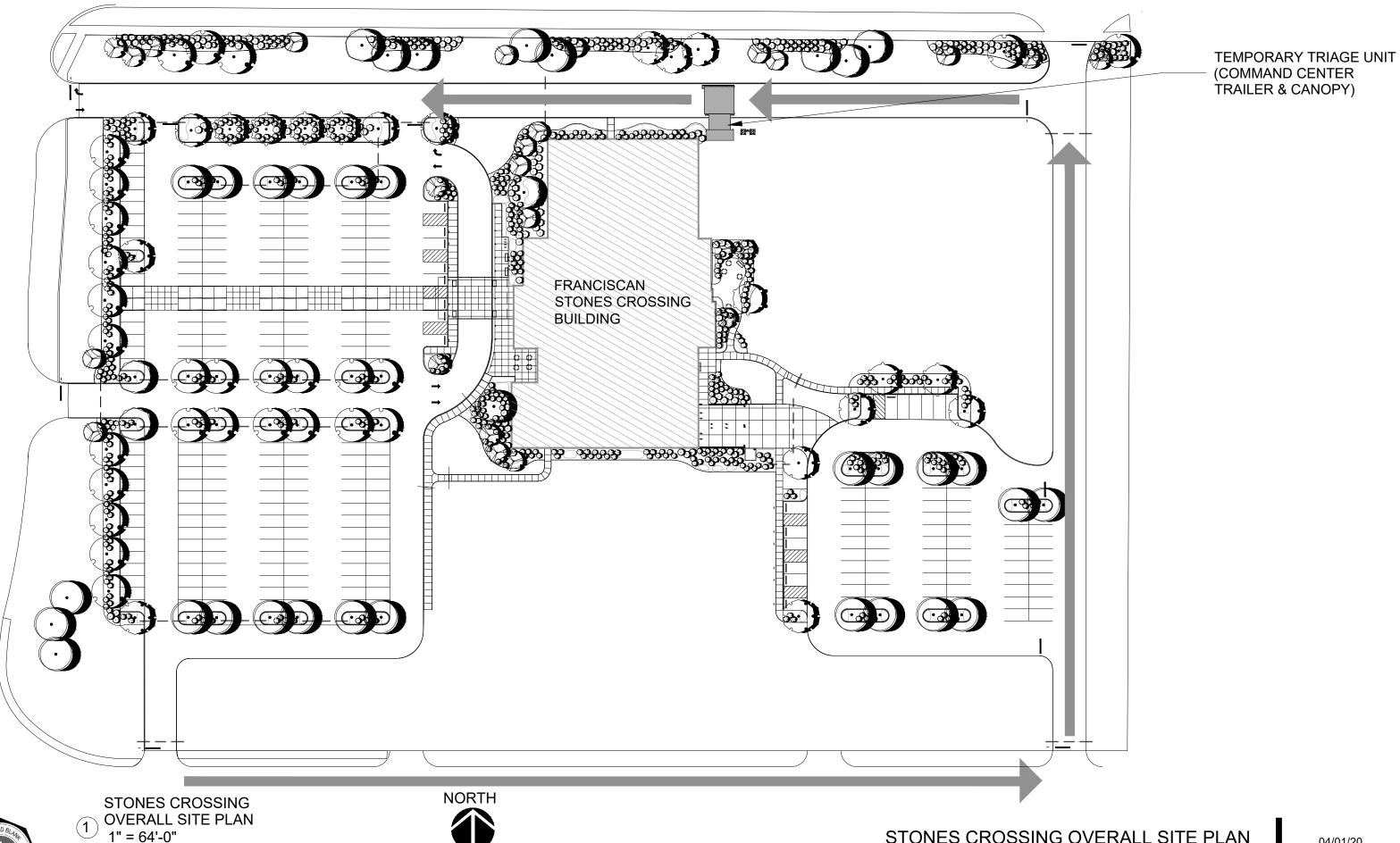
INSTRUCTIONS: This page must be completed by the submitter.

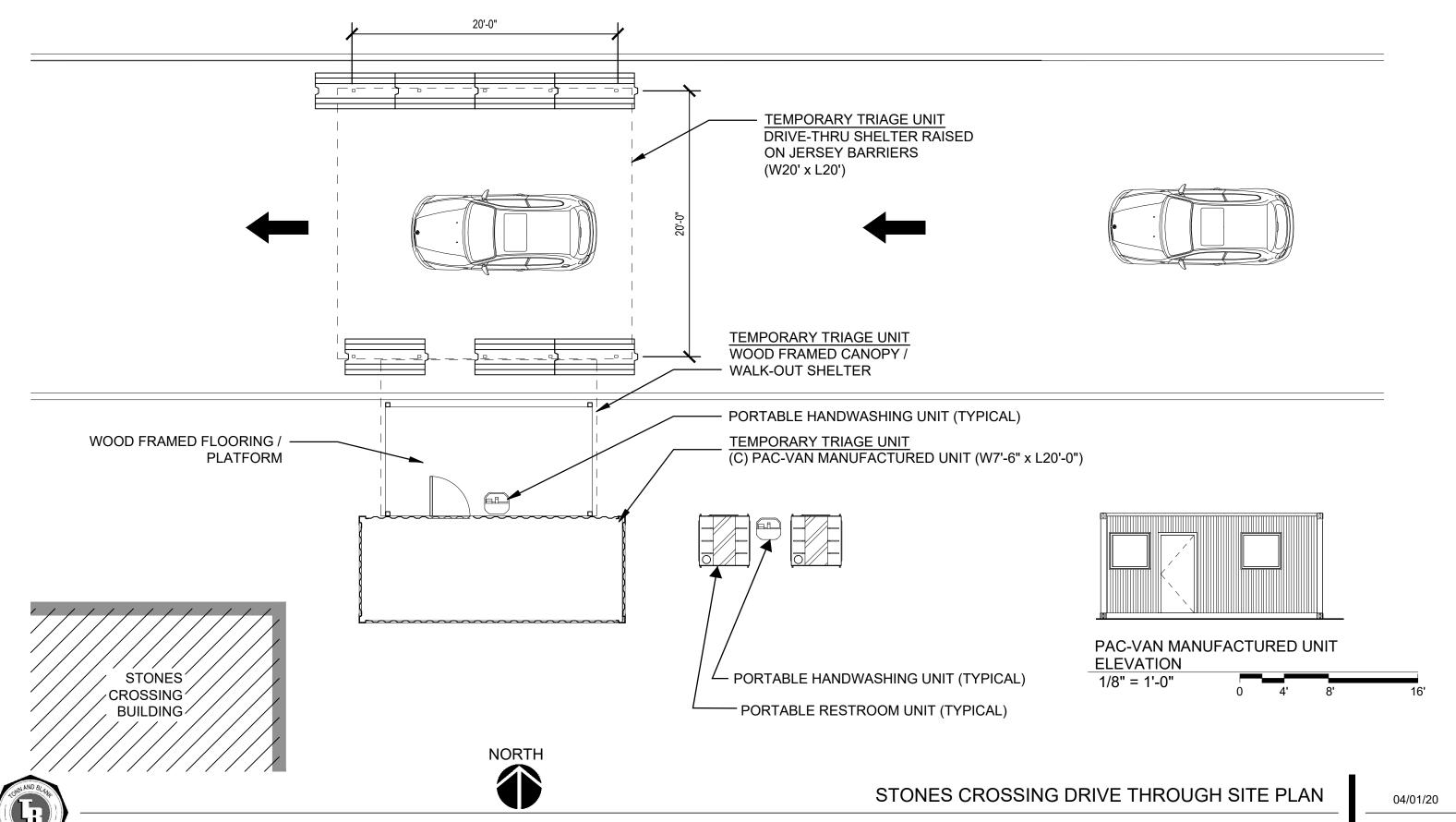
Please answer all pertinent questions and use a separate sheet if additional space is required.

DOCUMENTS REQUIRED FOR FILING

- 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, cellings and floors in all rooms, stairways and corridors.
 - 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	on (Must Be	Complete)	FLOOR AF	REAS	ESTIMATED COSTS	
Scope of work			Total existing (If applicab	ile)		
■ New building □ Addition	Remo	odeling	0	Square Feet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Is this construction the result of fire or natural disaster?	Sewer	☐ Existing ☐ Proposed	Addition (# applicable)		Addition (If applicable)	
Yes No	Public	c Private None		Square Feet	\$	
Fire suppression system in building Detailed suppression system plans / specs		Remodeled (If applicable)	Remodeling (If applicable)		
☐ Full ☐ Partial ☐ None	□ F	Provided 🔲 To follow		Square Feet	\$	
If partial, specify where*		nod plain (check county plan Total building area se		e feet	Total project cost	
	commission)	Yes No	1,100sf		\$ 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)	ndiana rehabilitation standard (Chapter 34) used? Evaluation documents provided? Use of conversion rule (Rule 13) proposed?					
☐ Yes	■ No	🔲 Yes 🔳 No	☐ Yes ■ No			
	High pile sto		re vessel Haz	ardous or flamma	able materials storage	
☐ Elevator or lift ☐ Combustible fibers storage ☐ Fireworks storage ☐ Explosives storage						
Describe proposed use of facility IN DETAIL, including types of flammable or combustible materials stored or handled The project consens of an open steel-shelter canopy(home depot), a manufactured unit and a (menants) pole-barn. The Manufactured Unit will be used as non-flammable testing storage. The Pole Barn will be used as a waiting erea 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) Number of persons (public) 27						
GENERAL INFORMATION						
Has other work at this location ever been filed? Does project include use of a master plan design release or a factory built modular or mobile structure?						
Yes No Luknown Yes No						
hat year and month Previous SBC project number Name of manufacturer Master plan / modular number				Master plan / moduler number		
Menards Pole Barn & Pac-Van						
Has construction started?		fes, has a notice of violation or investigation been issued? If No, probable construction starting date? (month. day, year)				
☐ Yes	No		Yes No	03/24/2020		





COVID 19 TTU (TEMPORARY TRIAGE UNITS)