From:	Haywood Joshua S					
To:	Fire Prevention and Building and Safety Commission					
Cc:	Callahan, Sean					
Subject:	FW: Franciscan Health - Emerson Parkway campus - COVID-19 testing - Temporary Structures					
Date:	Thursday, June 4, 2020 3:39:24 PM					
Attachments:	Exemption Letter-Emerson Campus 03242020.pdf					
	Proposal for Emergency Rules for Shelters Care Facilities Hospitals.pdf					
	A0.2 TEMPORARY TRIAGE UNITS-SITE PLAN (EMERSON CAMPUS).pdf					
	A1.1 TEMPORARY TRIAGE UNITS-FLOOR PLAN & PERSPECTIVES (EMERSON CAMPUS).pdf					
	Emerson-Covid-19 Temporary Structures Homeland Security Application Signed.pdf					

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

Please note that I inadvertently included the wrong city in the address information of my prior transmittal of this message. This location is in **Greenwood**, Indiana.

Thank you, Joshua Haywood

From: Haywood Joshua S
Sent: Thursday, June 4, 2020 3:20 PM
To: buildingcommission@dhs.in.gov
Cc: Callahan, Sean <SCallahan@dhs.IN.gov>
Subject: Franciscan Health - Emerson Parkway campus - COVID-19 testing - Temporary Structures

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 Emerson Parkway COVID-19 Temporary Structures.

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

I. Address: 965 E. Emerson Parkway, Greenwood, IN 46143

- II. Purpose: Per the attached drawings, there are (2) temporary structures which will continue to be used in the proposed capacity by the Hospital 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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INDIANA DEPARTMENT OF HOMELAND SECURITY 302 West Washington Street Indianapolis, IN 46204

STATE OF INDIANA

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 – Emerson Campus 965 East Emerson Avenue, 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 <u>SCallahan@dhs.in.gov</u> 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 E245 Indianapolis, IN 46204 www.in.gov/dhs/2372.htm



in the Type of application	certification proces	ss, submit an additiona	l page 1 with	the appro	priate information	n.		Landaria for a link and lineation	
	Standard	🗋 Partia	BI	[] Foundation Re	quest			
		PROJECT LOC.	ATION (Mus	t Be Com	plete and Accur.	ate)			
Name of project				Closest in	tersecting street or	road			
Franciscan Physician Network-Emerson Parkway-COVID-19 Temporary Testing Structures				County	Line Rd and	Eme	rson Avenue		
Address (site location, number and street)				Suite or fi	TOO	Directio	on FROM Intersection 1	O project	
965 E. Emerson Avenue, Greenwood, IN 46143				Ground	Floor	🗌 North 🗐 South 🗍 East 🗐 We			
City	2	xunty		Is project	within city fimits?		Is building State		
Greenwood	Jo	hnson			🔳 Yes		ło	🗌 Yes 🗐 No	
		OWNER'S	CERTIFICA	TE (Must	Be Executed)				
the project will be	f use and informatic constructed in acco	on contained on this ap rdance with the released its will be filed with the In	plication are	correct;	able rules of the F meland Security, (Division	rention and Building S of fire and Building Sa nonth, day, year)	afety Commission; and lfety, Plan Review Branch	
Mar all	nong y	Salap				03-24	-2020		
Name (typed or printed)	11	()		Title					
Mary Conway Benjan	nin U	\bigcirc		Adminis	strative Directo	or			
Telephone number		x number		E-mail add	tress				
(317-) 528-7027		317) 889-4145		mary.be	enjaminconway	v@frar	nciscanalliance.o	D	
Name of owner or business				· · · · · · · · · · · · · · · · · · ·	-	Facility		3	
Franciscan Alliance						Healt	hcare		
Address (number and stree	Address (number and street, city, state, and ZiP code)								
1515 Dragoon Trail, N	lishawaka, IN 4	6544							
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)									
 the plans and spi supervision and v the project data c the design profest compliance with t code violations to I affirm under per 	I competent to desi scifications filed in c will comply with all a ontained on this ap sional identified bel the released docum be corrected or no balty of perjury that i	gn such buildings, stru- conjunction with this ap applicable building laws plication are correct an low will inspect the con- ents and applicable rui dify the owner and auth	ctures, and s plication wer and rules of d correspond struction cov les of the Co- ontiles havin- ontiles havin-	systems an a created i the Comm i with the p rered by th mmission : g jurisdiction in are true	Id have attached by me and / or by nission; kans and specific is application at a and will cause all on of all specific o and i further unc	a copy my personal appropriation noted of deviation	of my current registr mons under my imm to be filed in conjunc late intervals to dete deviations from release deviations from release	nediale personal tion with this application, mine general	
Responsibility is for the folio		Plumbing Fire Suppression	All of the		Structura	ll	Architectural	Mechanical Mechanical	
Signature						Date (m	onth, day, year)		
	- En					03/23			
Name (typed or printed) Claudiu Rafael Tudor				Indiana registration number In					
Telephone number Fax number E-mail eddress							T Cullinaat		
(219) 873-4375	L'INDI GUUESS								
Name of firm (if applicable)	l.								
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									
								317) 752-8435	
STANDARD FILING FEE	PROCESSING	PARTIAL	FOUND	ATION	INSPECTION	• T	LATE FILING	TOTAL	
	••••••••••••••••••••••••••••••••••••••	1							

PROJECT DATA

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

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

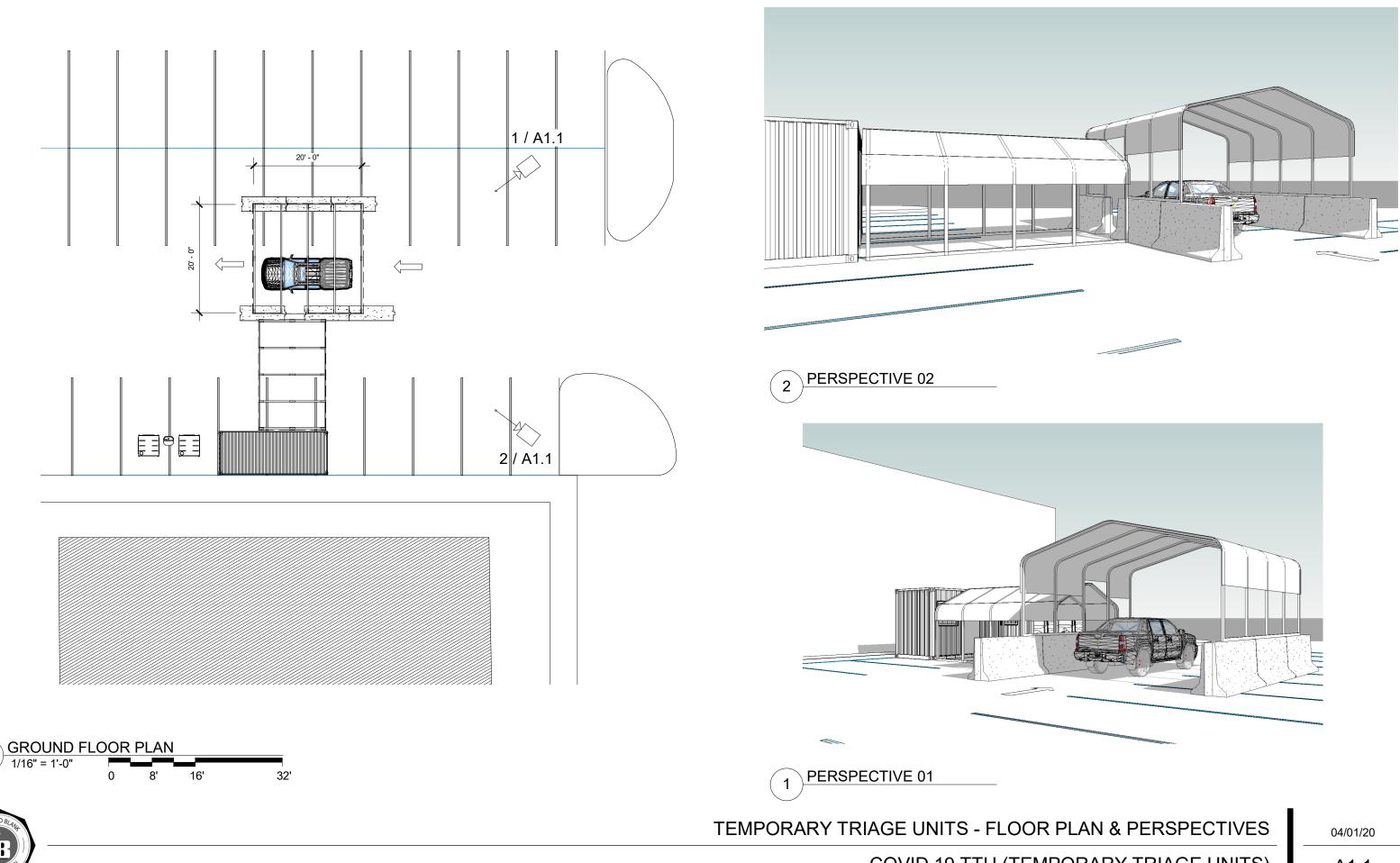
INSTRUCTIONS: This page must be completed by the submitter.

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 legand 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. Wall elevations of all exterior walls including adjacent ground elevation. E. Sections and details of walls, floors and roof, showing dimensions, materials, and heat transfer factors (R-Values). E. 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. Door schedule showing material, size, thickness and fire-resistive rating for all doors. I. Construction specifications (may be on plans for small projects). Electrical plans, diagrams, details of service entrance, and power or lighting information required for energy conservation. κ. Plumbing plans showing location of fuctures, risers, drains and piping isometrics. Mechanical plans showing location and size of ductwork, equipment, fire dampers and smoke dampers and equipment schedules showing capacity. Μ. PROJECT DESCRIPTION (Must Be Complete) FLOOR AREAS ESTIMATED COSTS Scope of work Total existing (If applicable) New building Addition Remodeling **O** Square Feet Is this construction the result of fire or Sava Existing Proposed Addition (If applicable) Addition (If applicable) natural disaster? Yes 1 No Public Private None Square Feet Detailed suppression system plans / specs Fire suppression system in building Remodeled (If applicable) Remodeling (If applicable) G Full Partial None None Provided To follow Square Feet 2 If partial, specify where' Located in flood plain (check county plan Total building area square feet **Total project cost** commission) T Yes No No 1.100sf \$ 30,000 Building construction type and occupancy classification Number of buildings this submittal (Describe if necessary) * 3 Volume cubic feet (Fee category E only) 13,830cf **Building height** (Stories) 1 Temporary Indiana rehabilitation standard (Chapter 34) used? Evaluation documents provided? Use of conversion rule (Rule 13) proposed? Yes No No T Yes No. Yes No No Does project include: (Check if Yes) High pile storage Boiler or pressure vessel Hazardous or flammable 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 matarials stored or handled The project consists of an open steel-shalter canopy(home depot), a me ng 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) Number of persons (public)

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GENERAL INFORMATION										
Has other work at this location ever been filed?			Does project include use	Does project include use of a master plan design release or a factory built modular or mobile structure?						
Yes	No	Unkno								
What year and month		Previous SBC	project number	Name of man			Master plan / modular number			
				_ 1		& Pac-Van				
Has construction started?			If Yes, has a notice of violation of	or investigation bee			ion starting date? (month. day, year)			
	Yes	No No		🗌 Yes	No	03/24/2020				



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COVID 19 TTU (TEMPORARY TRIAGE UNITS)

A1.1