



# 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/fo\\_bs\\_comm\\_code/](http://www.in.gov/dhs/fire/fo_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)

15-07-01

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of applicant	Title	
James S. Wynn	Superintendent	
Name of organization	Telephone number	
Indiana Department of Correction- Reception Diagnostic Center	(317) 839-7727 ext 3001	
Address (number and street, city, state, and ZIP code)		
737 Moon Road, Plainfield, Indiana 46168		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)		
Name of applicant	Title	
William Dean	Safety Hazard Manager	
Name of organization	Telephone number	
Indiana Department of Correction- Reception diagnostic Center	(317) 839-7727 ext 3209	
Address (number and street, city, state, and ZIP code)		
737 Moon Road, Plainfield, Indiana 46168		
3. DESIGN PROFESSIONAL OF RECORD (If applicable)		
Name of design professional	License number	
NA	NA	
Name of organization	Telephone number	
NA	(NA) NA	
Address (number and street, city, state, and ZIP code)		
NA		
4. PROJECT IDENTIFICATION		
Name of project	State project number	County
Reception Diagnostic Center- Fire Hose Removal		Hendricks
Address of site (number and street, city, state, and ZIP code)		
737 Moon Road, Plainfield, Indiana 46168		
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):		
<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 type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input checked="" 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 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		

**7. DESCRIPTION OF REQUESTED VARIANCE**

Name of code or standard and edition involved

International Fire Code 2006 edition

Specific code section

901.4.1

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

Facility has 14 hose/hose stations that are due for testing or replacement. Additionally no staff have been trained in proper use of fire hoses and proper protective turn-out gear has never been purchased.

**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:

Facility has a approved evacuation plan to move staff and offenders to safe areas. Staff receive annual training on evacuation plan, as well as, proper use of hand-held fire extinguishers. The facility has total of 52 hand-held fire extinguishers in place throughout facility, including in hose stations. Authority having jurisdiction, Plainfield Fire Territory, has indicated that they would use their own equipment if the need were to ever arise.

Building is constructed of Masonry, block and steel, minimal items that would contribute to a fire.

Currently there are two Fire Stations, both within 5 minutes of facility and in the future, plans are in place for station and administration offices to be immediately north of facility on State property.

**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:

The Stae would have to procure appropriate turn-out gear for staff, as well as, have all staff trained in proper use of fire hoses. Also removal of hoses would prevent an avenue of escape for offenders housed here.

**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

*William Dean*

Please print name

William Dean

Date of signature (month, day, year)

05/07/2015

Signature of design professional (if applicable)

N/A

Please print name

NA

Date of signature (month, day, year)

N/A

**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

*James S. Wynn*

Please print name

James S. Wynn

Date of signature (month, day, year)

5-7-15