



APPLICATION FOR VARIANCE

State Form 4400 (R2 / 12-08)
Approved by State Board of Accounts, 2007

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICE SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/

INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

15-07-66

1. APPLICANT INFORMATION - (Person who would be in violation if variance is not granted; usually this is the owner)		
Name of the applicant Don Page	Title TLR	
Name of organization Good Samaritan Hospital	Telephone number 812-885-3381	
Address (number and street, city, state, and Zip code) 520 South 7th Avenue, Vincennes, IN 47591		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant)		
Name of person on behalf of the applicant Christina M Collester, PE	Title Fire Protection Engineer	
Name of organization RTM Consultants, Inc.	Telephone number (317) 329-7700	
Address (number and street, city, state, and Zip code) 6640 Parkdale Place, Suite J, Indianapolis, IN 46254		
3. DESIGN PROFESSIONAL OF RECORD (if applicable)		
Name of design professional Kevin Downey	License number AR 00060056	
Name of organization BSA LifeStructures	Telephone number 317-819-7878	
Address (number and street, city, state, and Zip code) 9366 Counselors Row, Indianapolis, IN 46225		
4. PROJECT IDENTIFICATION		
Name of project Beacon Project Cardiology and Nursing	State project number	County Knox
Site Address (number and street, city, state, and Zip code) 520 South 7th Avenue, Vincennes, IN 47591		
Type of project: <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Occupancy <input 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 the local fire official has received a copy of the variance application.		
<input checked="" type="checkbox"/> Written documentation showing 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 & 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 checked="" 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

Specific code section

ASME A17.42010 Edition

2.7.3.2

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

A means of egress stair is not provided from the Penthouse level to the Elevator Equipment Room. A vertical access ladder and roof hatch are provided and will be used for temporary access for a period not to exceed 6 months from this filing.

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:

Temporary access will be provided by a permanent ladder and access hatch while the design and installation of an exterior stair are under way.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select 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 freight elevator is required for occupancy of the hospital.

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 <i>Christina M. Colletter</i>	Please print name Christina M. Colletter, P.E.	Date of signature (month, day, year) 6/17/2015
Signature of design professional (if applicable) <i>Kevin Downey</i>	Please print name Kevin Downey	Date of signature (month, day, year) 6/17/2015

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

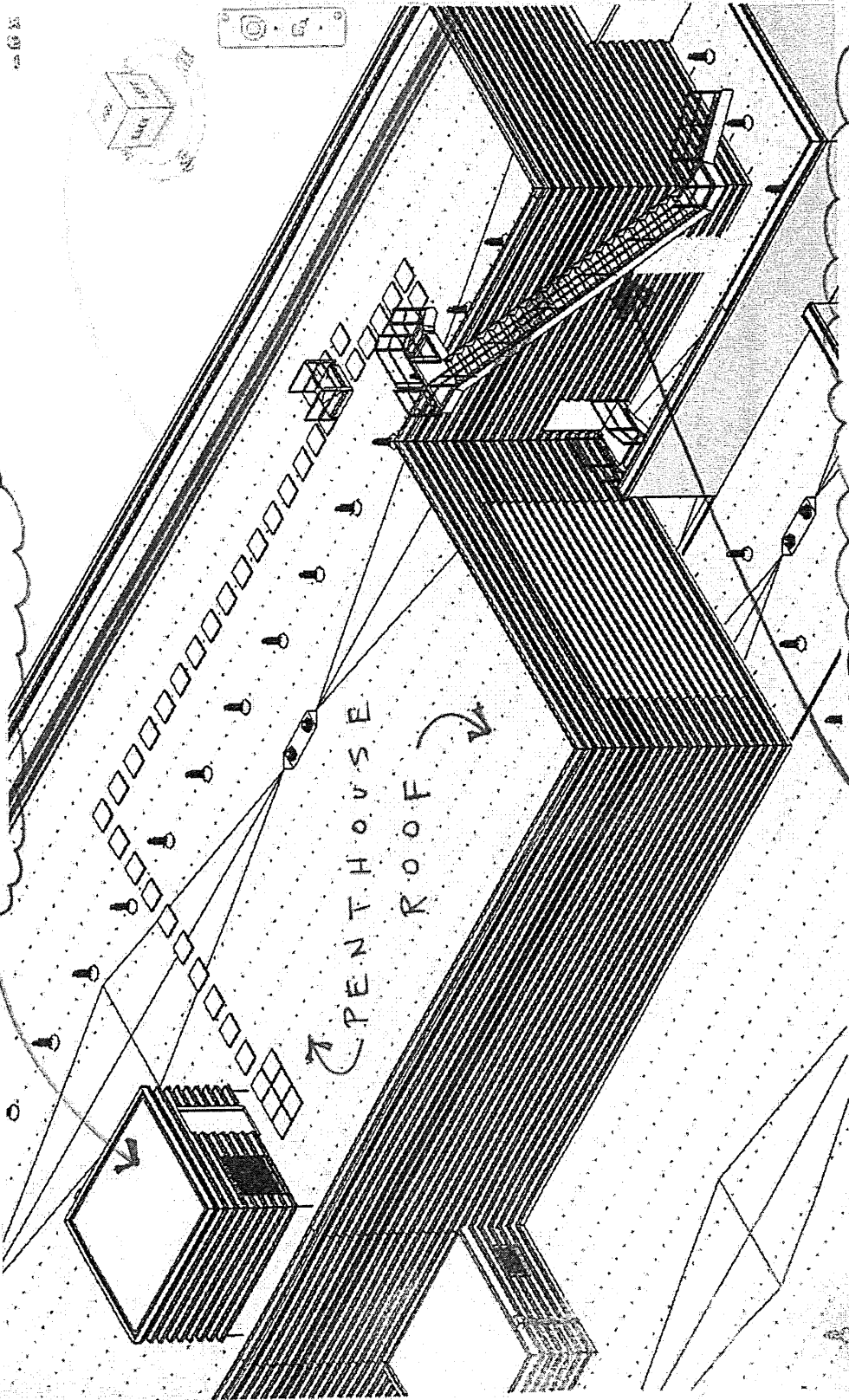
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant <i>Don Page</i>	Please print name Don Page	Date of signature (month, day, year) 6/17/15
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100 60 25



ELEVATOR EQUIP. ROOM



PENTHOUSE ROOF

36" WIDE METAL STAIR WITH STEEL GRATE TREADS. (8" OR 9" RISERS.)