



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/fp_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)

15-10-05 (a)

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

| | |
|--|---|
| Name of applicant JATIN PATEL | Title PRESIDENT |
| Name of organization DSS HOSPITALITY, INC. | Telephone number (765) 744-4291 |
| Address (number and street, city, state, and ZIP code) 12566 MASSACHUSETTS ST, CROWN POINT, IN 46307 | |

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

| | |
|---|---|
| Name of applicant Susan Ruhana | Title Field Coordinator |
| Name of organization Schindler Elevator Corp | Telephone number (317) 616-7981 |
| Address (number and street, city, state, and ZIP code) 2325 Executive Dr., Indianapolis, IN 46241 | |

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

| | |
|--|-------------------------|
| Name of design professional | License number |
| Name of organization | Telephone number () |
| Address (number and street, city, state, and ZIP code) | |

4. PROJECT IDENTIFICATION

| | | |
|---|---------------------------------------|-------------------------|
| Name of project COMFORT SUITES RENSSELAER | State project number 377495 | County Jasper |
| Address of site (number and street, city, state, and ZIP code) 8928 W. State Road 114, RENSSELAER, IN 47978 | | |
| Type of project <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing | | |

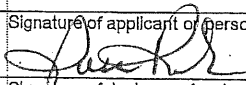
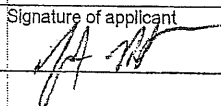
5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- Written documentation showing that the local fire official has received a copy of the variance application.
- 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 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 | |
| ANSI ASME A 17.1-2007 | 2.20.1, 2.20.4, 2.20.9 1 and 2.18.5.1 | |
| Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) Schindler Elevator will utilize 6mm steel wire governor rope instead of the required minimum dia. of 9.5mm per Section 2.18.5., this cable meets ASME code Section 2.18.5.1 Factor of Safety. | | |
| 8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED | | |
| Select one of the following statements: | | |
| <input checked="" type="checkbox"/> Non-compliance with the rule will not be adverse to the public health, safety or welfare; or <input type="checkbox"/> 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: | | |
| 1) The elastomeric coated elevator suspension is designed to conform with ASME A 17.1, 2010 and ASME A 17.6, 2010 and is ANSI AECO certified to ASME A 17.7, 2007. The A 17.7 ANSI AECO certification was submitted to Mr. John Haines on December 6, 2010. The suspension members and its terminations have a factor of safety equivalent to the factor of safety for the same suspension capacity as specified in ASME A 17.1, 2007. 2) The 6mm steel governor rope is designed to conform with ASME A 17.1, 2010 and ASME A 17.6-2010 and is ANSI AECO certified to ASME A 17.7, 2007. The A 17.7 ANSI AECO certification was submitted to Mr. John Haines on December 6, 2010. The rope has a factor of safety 29 which is approximately six times the minimum factor of safety of 5 for 9.5mm governor ropes in ASME A 17.1 .. 2007. *Schindler will provide the tooling and training for State Inspectors to conduct the required inspections of equipment. | | |
| 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE | | |
| Select at least one of the following statements: | | |
| <input type="checkbox"/> Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. <input type="checkbox"/> 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: | | |
| | | |
| 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 | Please print name | Date of signature (month, day, year) |
|  | Susan Ruhana | 9-10-15 |
| Signature of design professional (if applicable) | Please print name | Date of signature (month, day, year) |
| | | |
| 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 | Please print name | Date of signature (month, day, year) |
|  | Jatin Patel | 9/10/15 |



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INSTRUCTIONS: Please refer to the attached four (4) page instructions.
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Variance number (Assigned by department)

15-10-05 (b)

| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) | | | |
|---|--|----------------------|-------------------|
| Name of applicant | JATIN PATEL | Title | PRESIDENT |
| Name of organization | DJS HOSPITALITY, INC. | Telephone number | (765) 744-4991 |
| Address (number and street, city, state, and ZIP code) | 12566 MASSACHUSETTS ST, CROWN POINT, IN 46307 | | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) | | | |
| Name of applicant | Susan Ruhana | Title | Field Coordinator |
| Name of organization | Schindler Elevator Corp | Telephone number | (317) 616-7981 |
| Address (number and street, city, state, and ZIP code) | 2325 Executive Dr., Indianapolis, IN 46241 | | |
| 3. DESIGN PROFESSIONAL OF RECORD (If applicable) | | | |
| Name of design professional | | License number | |
| Name of organization | | Telephone number | () |
| Address (number and street, city, state, and ZIP code) | | | |
| 4. PROJECT IDENTIFICATION | | | |
| Name of project | COMFORT SUITES RENSSELAER | State project number | 377495 |
| Address of site (number and street, city, state, and ZIP code) | 8928 W. State Road 114, RENSSELAER, IN 47978 | | County Jasper |
| Type of project | <input checked="" type="checkbox"/> New <input 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 type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application. | | | |
| <input 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? | | | |
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| 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

ANSI ASME A 17.1-2007

2.18.5.1

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:

1) The elastomeric coated elevator suspension is designed to conform with ASME A 17.1, 2010 and ASME A 17.6, 2010 and is ANSI AECO certified to ASME A 17.7, 2007. The A 17.7 ANSI AECO certification was submitted to Mr. John Haines on December 6, 2010. The suspension members and its terminations have a factor of safety equivalent to the factor of safety for the same suspension capacity as specified in ASME A 17.1, 2007.

2) The 6mm steel governor rope is designed to conform with ASME A 17.1, 2010 and ASME A 17.6-2010 and is ANSI AECO certified to ASME A17.7, 2007. The A17.7 ANSI AECO certification was submitted to Mr. John Haines on December 6, 2010. The rope has a factor of safety 29 which is approximately six times the minimum factor of safety of 5 for 9.5mm governor ropes in ASME A 17.1 .. 2007.

*Schindler will provide the tooling and training for State inspectors to conduct the required inspections of equipment.

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:

Excessive cost for construction for equivalent equipment using steel ropes suspension and governor ropes covered under A17 1-2007

1) The elastomeric coated elevator suspension, terminations, and its monitoring is designed to conform with ASME A 17.1, 2010 and ASME A 17.6, 2010 and is ANSI AECO certified to ASME A 17.7, 2007. The A 17.7 ANSI AECO certification was submitted to Mr. John Haines on December 6, 2010 and is updated in this submission. The suspension members and its terminations have a factor of safety equivalent to the factor of safety for the same suspension capacity as specified in ASME A 17.1, 2007.

2) The 6mm steel governor rope is designed to conform with ASME A 17.1, 2010 and ASME A 17.6-2010 and is ANSI AECO certified to ASME A17.7, 2007. The A17.7 ANSI AECO certification was submitted to Mr. John Haines on December 6, 2010 and updated in this submission.

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

Please print name

Date of signature (*month, day, year*)

Susan Ruhana

9-10-15

Signature of design professional (*if applicable*)

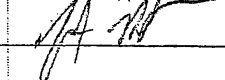
Please print name

Date of signature (*month, day, year*)**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

Please print name

Date of signature (*month, day, year*)

Jatin Patel

9/10/15.