



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)

15-11-03

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

Name of applicant Ben Peter	Title Director of Properties
Name of organization Normal Life of Indiana	Telephone number (317) 758-5330
Address (number and street, city, state, and ZIP code) 903 Sheridan Avenue, Sheridan IN 46069	

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

Name of applicant Ben Peter	Title Director of Properties
Name of organization ResCare, Inc. (Parent Company)	Telephone number (502) 420-2732
Address (number and street, city, state, and ZIP code) 9901 Linn Station Road, Louisville KY 40223	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

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

4. PROJECT IDENTIFICATION

Name of project Sheridan Avenue Use Change	State project number	County Hamilton
Address of site (number and street, city, state, and ZIP code) 903 Sheridan Avenue, Sheridan IN 46069		
Type of project <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" 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?

- Yes (If yes, attach a copy of the Correction Order.) No

Has a violation been issued?

- Yes (If yes, attach a copy of the Violation and answer the following.) No

Violation issued by:

- Local Building Department State Fire and Building Code Enforcement Section Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved Change in use to office only	Specific code section Sec. 901.4.1 2014 Edition IFC 675 IAC 22-2.5
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Nature of non-compliance (Include a description of spaces, equipment, etc. Involved as necessary.)
 Non operable sprinkler system due to belief from prior building officials that an operable system was waived once the building no longer housed IDD individuals and was converted to use for office space only.

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:

The property is used solely for office space.

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:

There is no need to pay for or maintain a sprinkler system when it is not needed under the proposed use.

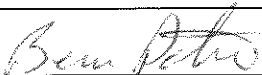
10. STATEMENT OF ACCURACY

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 Ben Peter	Date of signature (month, day, year) 9-30-2015
Signature of design professional (if applicable) NA	Please print name NA	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 Ben Peter	Date of signature (month, day, year) 12-15-2015
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FIRE AND BUILDING CODE ENFORCEMENT INSPECTION REPORT ORDER

DIVISION OF FIRE AND BUILDING SAFETY
 INDIANA DEPARTMENT OF HOMELAND SECURITY
 302 WEST WASHINGTON STREET, RM E241
 INDIANAPOLIS, IN 46204
 TELEPHONE: 317-232-2222
 WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number BU24886	Name of the facility NORMAL LIFE / RES CARE	County HAMILTON
Address of Property 903 S SHERIDAN AVE SHERIDAN IN 46069		Name of the Contact KRISTINE JACKSON
Telephone Number (317) 490-5313		Email ksjackson@rescare.com
Inspection Category BUSINESS/MANUFACTURING		Inspection Date 11/04/2015
Inspection Type ANNUAL		Inspection Status: VIOLATION
Name of the inspector MIKE BARNHART		Phone: 3174176864
Email: mbarnhart@dhs.in.gov		

Violations

VIO-LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	Sec. 901.4.1 2014 Edition IFC 675 IAC 22-2.5	Fire protection systems required by this code or the International Building Code shall be installed, repaired, operated, tested and maintained in accordance with this code. <u>Sprinkler system has been turned off and has not been inspected in several years. System shall be returned to operation and be inspected and tested annually.</u>	12/03/2015

Inspection Notes:

Facility Id BU24886	Received By Name	Signature and Date
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