



APPLICATION FOR VARIANCE

State Form 44400 (R6 / 6-12)

Approved by State Board of Accounts, 2012

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/



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

Variance number (Assigned by department)

16-05-07

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

Name of the applicant Jacquelyn Espinoza	Title NI Coordinator
Name of organization ThyssenKrupp Elevator	Telephone number (630) 652-4051
Address (number and street, city, state, and ZIP code) 355 Eisenhower Lane South, Lombard, IL 60148	

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

Name of person on behalf of the applicant Same as above	Title
Name of organization	Telephone number ()
Address (number and street, city, state, and ZIP code)	

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 Regional Mental Health	State project number	County
Site address (number and street, city, state, and ZIP code) 320 140th St. Hammond, IA 46383		
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 & 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 ASME A17.1 2007.	Specific code section 3.19.4.1, 3.19.4.4, 3.19.4.5 and 3.26.8
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)	

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:
See Attached

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.

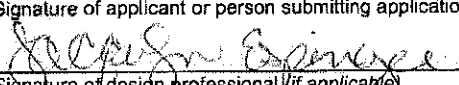
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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:

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 Jacquelyn Espinoza	Date of signature (month, day, year) 4/20/16
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)
------------------------	-------------------	--------------------------------------



TAC32 H-MRL

Code Deviations



ASME A17.1/B44 requirement

Deviation 1 Shutoff Valve Code

2004 - 3.19.4.1 Shutoff Valve. A manually operated shutoff valve shall be provided between the hydraulic machines and the hydraulic jack and shall be located outside the hoistway and adjacent to the hydraulic machine on all hydraulic elevators.

2007-2010 - 3.19.4.1 Shutoff Valve. A manually operated shutoff valve shall be provided between the hydraulic machines and the hydraulic jack and shall be located *outside the hoistway* and adjacent to the hydraulic machine.

Where the hydraulic machine is located in the hoistway, the manually operated shutoff valve shall be permitted to be located inside the hoistway, provided that it is accessible from outside the hoistway to elevator personnel only (see 8.1).

Requested deviation

The manual shutoff valve is replaced with an electronically assisted valve operated by a constant pressure key switch located in the service panel. The service panel is located at the 2nd landing and accessible from outside the hoistway. The service panel has LED indicators to show the states (open/closed) of this electronically assisted shutoff valve. The service panel is accessible only by Type 1 security.

Deviation 2 Manual Lowering Valve Code

2004 - 3.19.4.4 Manual Lowering Valve. A manually operated valve, located on or adjacent to the control valves, shall be provided and identified, which permits lowering the car at a speed not exceeding 0.10 m/s(20 ft/min). This valve shall be so marked to indicate the lowering position.

2007-2010 - 3.19.4.4 Manual Lowering Valve. A manually operated valve, located on or adjacent to the control valves, shall be provided and identified, which permits lowering the car at a speed not exceeding 0.10 m/s(20 ft/min). This valve shall be so marked to indicate the lowering position.

Where the hydraulic machine is located in the hoistway, the manual lowering valve shall only be accessible to elevator personnel from outside the hoistway (see 8.1).

Requested deviation:

The manual lowering valve is replaced with electronically assisted valve operated by a constant pressure key switch located in the service panel. The service panel is located at the 2nd landing and accessible from outside the hoistway. The service panel is accessible only by Type 1 security.

There is a "stop" switch, located in the service panel, which is required to activate the manual lowering valve. The key switch must be keyed to the down position in order to activate manual lowering. These precautions ensure safe operation of the valve.



**Deviation 3
Pressure Gauge Fitting
Code**

2004 - 3.19.4.5 Pressure Gauge Fittings. A pressure gauge fitting with shutoff valve shall be provided on jack side of the check valve or immediately adjacent to the hydraulic control valve.

2007-2010 - 3.19.4.5 Pressure Gauge Fitting. A pressure gauge fitting with shutoff valve shall be provided on jack side of the check valve or immediately adjacent to the hydraulic control valve. Where the hydraulic machine is located in the hoistway, the pressure gauge fittings shall only be accessible to elevator personnel from outside the hoistway (see B.1).

Requested deviation:

System pressure monitoring is accomplished via an electronic pressure monitoring arrangement. This monitoring arrangement provides an electronic pressure transducer (on the jack side of the check valve) with remote LCD display located at the 2nd landing service panel accessible from outside of hoistway.

This LCD display shows system pressure directly eliminating the need for a hydraulic pressure fitting. If the LCD is use for another function, the display will revert back to displaying system pressure after 30 minutes. The service panel is accessible only by Type 1 security.

**Deviation 4
Pressure Switch 3.26.8
Code**

2004-2010 - 3.26.8 Pressure Switch When cylinders are installed with the top of the cylinder above the top of the storage tank, a pressure switch shall be provided in the line between the cylinder and the valve, which shall be activated by the loss of positive pressure at the top of the cylinder. The switch shall prevent automatic door opening and the operation of the lowering valve or valves. The door(s) shall be permitted to open by operation of the in-car open button(s), when the car is within the unlocking zone.

Requested deviation

The pressure switch function is included with system pressure monitoring. The MRL Hydro design is provide with an electronic pressure transducer (on the jack side of the check valve) with remote LCD display located at the 2nd landing service panel accessible from outside of hoistway.

The service panel is accessible only by Type 1 security. When system pressure drops below 45 psi, the pressure transducer signal is processed to stop the operation of the lowering solenoid. If system pressure is restored to above 60 psi, the system will resume normal operation.



LIFTINSTITUUT

CERTIFICATE OF CONFORMANCE

Acting under ASME A17.7.1/CSA B44.7.1 issued by Liftinstituut B.V.
Identification number ANSI AECO #0842
(AECO = Accredited Elevator/Escalator Certification Organization)
Certification system 3 according to ISO Guide 67: 2004

Certificate no. : NA13-0842-1004-015-01 Revision no.: -

Description of the product : Remote shut-off valve, remote pressure monitoring,
Remote lowering valve, and electronic low pressure detection

Type : ThyssenKrupp, MRL Hydro
Model no. : Endura

Name and address of the manufacturer : ThyssenKrupp Elevator Americas
9280 Crestwyn Hills Drive
Memphis, TN 38125 USA

Name and address of the certificate holder : ThyssenKrupp Elevator Americas
9280 Crestwyn Hills Drive
Memphis, TN 38125 USA

Certificate issued on the basis of the following requirements : ASME A17.7-2007 / CSA B44.7-07
(I-3 Sub Systems)

Test location : ThyssenKrupp Elevator Americas
6266 Hurt Rd
Horn Lake, MS 38637-2306 USA

Date and number of the laboratory report : None

Date of verification of conformance : January 2013 – August 2013

Annexes with this certificate : Certificate of Conformance Report
no: NA13-0842-1004-015-01

Additional remarks : For GESRs, SPs and other information see supporting report.

Conclusion : The Sub System meets the requirements of the ASME A17.7-2007 / CSA B44.7-07, taking into account any additional remarks mentioned above.

Issued in Amsterdam
Date of issue : August 28th, 2013

Valid thru : August 28th, 2016


ing. A.J. van Ommen
Manager Business Unit
Certification


Certification decision by

ELEVATOR SUBMITTAL PACKAGE

Date Submitted:
DECEMBER 10, 2015

For Project:
REGIONAL MENTAL HEALTH
TKE Job Number:

ECZ890

Elevator(s):
E1 (SIMPLEX)

Located At:
**320 140TH ST.
HAMMOND, IN 46327**

Company (Mail To):
**CHESTER ARCHITECTURAL AND ENGINEERING
555 EASTPORT CENTRE DRIVE
VALPARAISO, IN 46383**

GC Phone:
219-465-7555

Attention:
DREW PEUQUET

FINAL

FINAL DRAWINGS APPROVED

ThyssenKrupp
Elevator Americas



INFORMATION

ALL DEPICTIONS, DIMENSIONS, MEASUREMENTS AND ALL OTHER INFORMATION CONTAINED IN THESE DRAWINGS ARE FOR ILLUSTRATION PURPOSES ONLY AND MUST BE VERIFIED IN THE FIELD BY THYSSENKRUPP ELEVATOR CORPORATION. IN NO EVENT WILL THYSSENKRUPP ELEVATOR CORPORATION BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, OR INDIRECT DAMAGES (INCLUDING BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, DELAY, BUSINESS INTERRUPTION,) ARISING OUT OF THE USE OF THESE DRAWINGS, THE INABILITY TO USE THESE DRAWINGS (INCLUDING ANY INFORMATION CONTAINED THEREIN), OR ANY TRANSACTIONS RELATED TO THE USE OF THESE DRAWINGS. BECAUSE SOME STATES DO NOT ALLOW THE EXCLUSION OR LIMITATION OF LIABILITY FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES, THE ABOVE LIMITATION MAY NOT APPLY TO YOU. IN SUCH STATES, THYSSENKRUPP ELEVATOR CORPORATION'S LIABILITY IS LIMITED TO THE GREATEST EXTENT PERMITTED BY LAW.

REMITTANCE INFORMATION:

PLEASE REMIT ELECTRONIC COPY OF ALL CONFIRMATIONS AND APPROVALS TO:

TO: MELISSA HARRIS

EMAIL:

PHONE: 630-652-4000

CONTACT INFORMATION:

Sales Representative:	MELISSA HARRIS	630-652-4000
Construction Superintendent:	JIMMY WOELLERT	630-652-4000
Project Manager:		630-652-4000

PACKAGE CONTENT:

- Cover Page Sheet
- Information Sheet
- Contractor Approved Sheet
- Layout Sheet
- Entrance Sheet(s)

- The enclosed final drawings are in compliance with conditions of ThyssenKrupp Elevator's subcontract or supplying and installing materials and or systems for the project referenced above.

Regional Mental Health
320 140th St
Hammond, IN 46327

FINAL

CONTRACTOR APPROVED SHEET

MANUFACTURING LEAD TIME IS 16 WEEKS FOR APPROVED INFORMATION BELOW

FACTORY JOB NUMBER: ECZ890

ELEVATOR DESIGNATION: E1

DESCRIPTION OF YOUR CAB FEATURES:

CAB TYPE:	LAMINATE/PLASTIC
CAB WALL FINISH:	PLATINUM DROPS 8828
CAB CEILING:	SUSPENDED CEILING WITH LED LIGHTING
CEILING FRAME FINISH:	F16-F133 RECLAIMED GRAY
CAB DOOR:	P/C COLOR: F-133 RECLAIMED GRAY
CAB SILLS:	ALUMINUM
CAB HANDRAIL(S):	3" x 1/2" CONTINUOUS FLAT BAR
HANDRAIL(S) FINISH:	#4 STAINLESS STEEL
CAB PROTECTION:	PAD BUTTONS PROVIDED: (1) PADS
CAB FLOORING:	CARPET OR VCT (8" MAX THICKNESS) BY OTHERS

APPROVED ENTRANCE INFORMATION:

MAIN EGRESS/FIRE RECALL FLOOR: 1

FLOOR MARKING:	WALL TYPE:	WALL THICKNESS (W):	ENTRANCE DOOR FINISH:	ENTRANCE FRAME FINISH:
2	COMBO	9 1/8"	F-133 RECLAIMED GRAY	F-133 RECLAIMED GRAY
1	COMBO	9 1/8"	F-133 RECLAIMED GRAY	F-133 RECLAIMED GRAY

APPROVED POWER REQUIREMENTS:

We require that the following power information be confirmed:

Building Power: 208 VOLTS A.C., 3 PHASE, 60 CYCLES

Starting Type: SOLID STATE STARTING

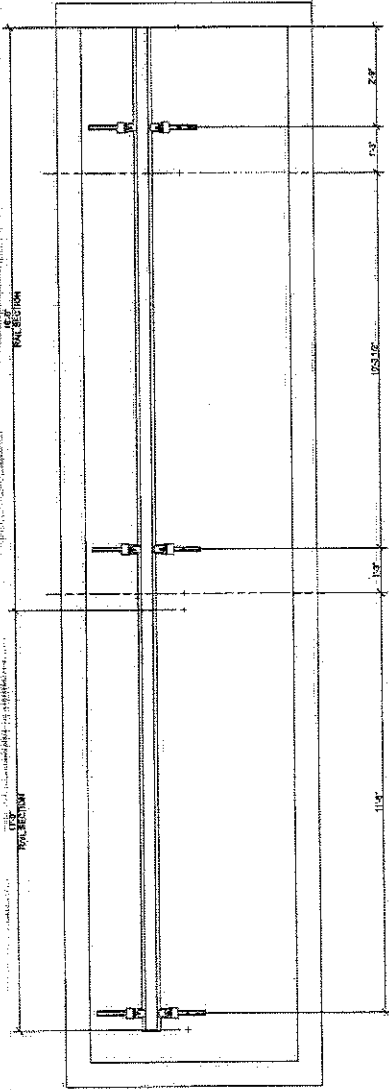
Regional Mental Health
320 146th St.
Hammond, IN 46327

FINAL

FINAL DRAWINGS APPROVED

IF A CUT STARTER RAIL IS CALLED FOR IN THE STACK, CONFIRM THE NUMBER OF SPICES PRIOR TO CUTTING

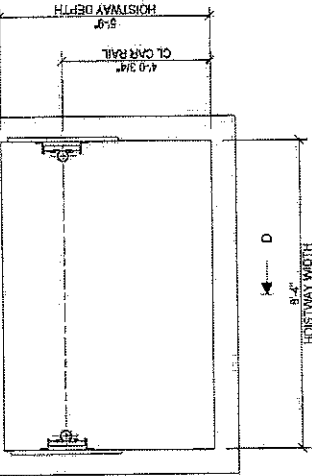
RAIL LOCATIONS



1

BRACKET LOCATIONS FOR ELEVATOR: E1

2



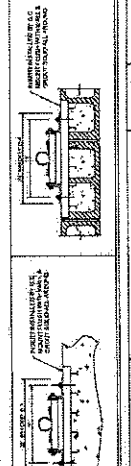
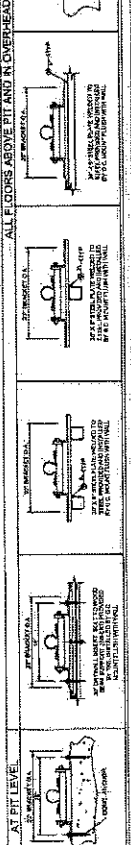
FLOOR TO FLOOR	FLOOR TO FLOOR TRAVEL	TRAVEL
1-2	11'5 1/2"	11'5 1/2"

CARRAIL LINE BRACKET AND INSERT LOCATION REQ. AT:	DESCRIPTION	LENGTH	QUANTITY
1'5" 8"	MAX. UNSUPPORTED RAIL SPACER BRACING ABOVE TOP FLOOR	15'-0"	2
1'5" 8"	BELOW 1-2	15'-0"	2

CARRAIL LINE BRACKET AND INSERT LOCATION REQ. AT:	DESCRIPTION	LENGTH	QUANTITY
1'5" 8"	MAX. UNSUPPORTED RAIL SPACER BRACING ABOVE TOP FLOOR	15'-0"	2
1'5" 8"	BELOW 1-2	15'-0"	2

FINAL

TYPICAL SURFACE MOUNTING DETAILS



WHERE BRACKET BRACING WILL EXCEED THE MAXIMUM ALLOWED FOR RAIL ATTACHMENT, INSIDE FACE OF TUBE AND SHALL NOT BE PROVIDED BY MORE THAN 1/4" AT ANY POINT. COORDINATE WITH THE SUBT/OOPERATIONS MANAGER

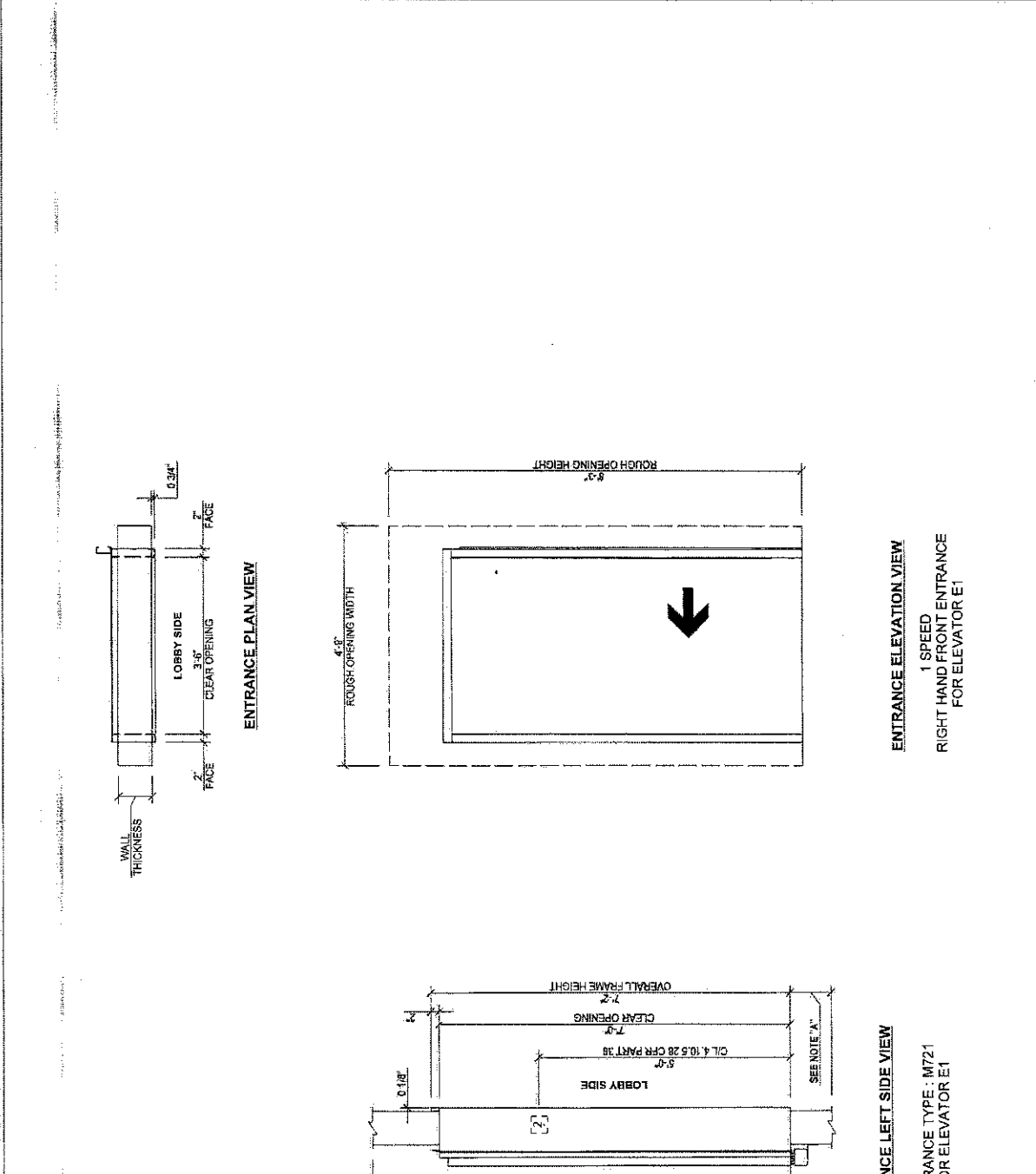
FOR: REGIONAL MENTAL HEALTH
 ADDRESS: 320 140TH ST. HAMMOND, IN 46327
 CITY: HAMMOND, IN 46327

ThyssenKrupp Elevator Americas

ThyssenKrupp

DRAWN	REV	JOB NUMBER	DATE	SHEET
ETC	C	ECC280	12/10/2015	5 OF 7

DOOR REACTION	
E1	559
E2	226



FOR ELEVATOR: E1

TOTAL HEIGHT CAR AND HALL DOORS	ELEVATOR E1 325 LBS	ELEVATOR
FEATURES SILL FINISH	FEATURES OF YOUR ENTRANCES CURVED ALUMINUM	LOCATION G1.2

FEATURES OF ENTRANCES	DATA
SILL MAXIMUM WHEEL LOADS	625.00 LBS
METHODS TO BE INCLUDED	2 HOURS
THIS FRAME HAS A WARNDOCK-HERSEY LABEL OF DUST COVERS	INCLUDED

NOTES:
 GENERAL CONTRACTOR RESPONSIBLE FOR HOISTWAY REINFORCING AT FLOOR SLAB BEFORE INSTALLATION OF ENTRANCE FRAMES. MINIMUM OF 4" HIGH X 6" WIDE REINFORCED CONCRETE REINFORCED OF OPENING REQUIRED FOR ANCHORING SILL SUPPORT ASSEMBLY. REINFORCING TO BE LOCATED WITH RESPECT TO REACTION POINTS. REFERENCE INSTALLATION DRAWINGS ARE AVAILABLE UPON REQUEST.

REACTIONS (LBS.) DUE TO LOADS ON DOOR PANELS, APPROX. HORIZONTAL LOADS AND LOCATION TO BUILDINGS SHOWN PER ASME A17.1 PART II.
 THE SPECIFIED LOADS ARE CONSIDERED IMPACTED.

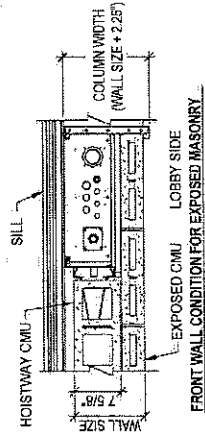
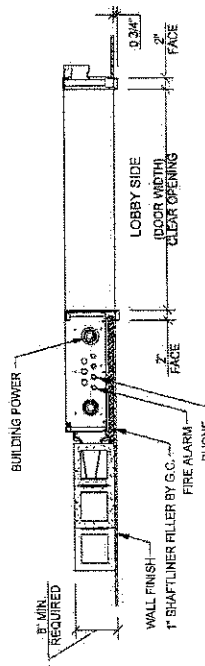
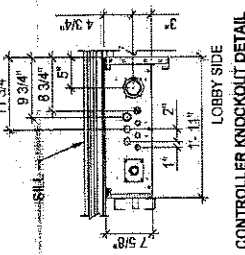
NOTE "A":
 8" MINIMUM STRUCTURAL SUPPORT FOR SILL INSTALLATION

ENTRANCE CHART
M721 ENTRANCE CENTER OPENING AND 1 SPEED - FRAME OPENING 41'-3" 2 SPEED - FRAME OPENING 41'-3"

FINAL

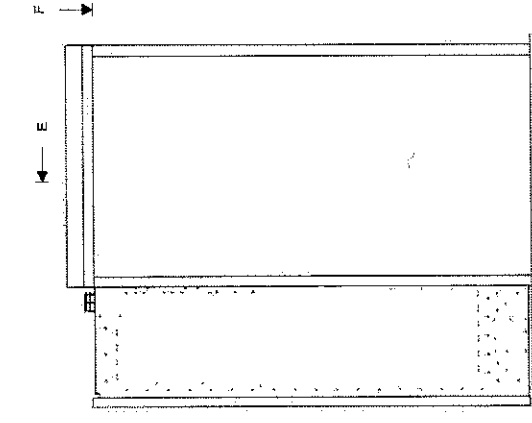
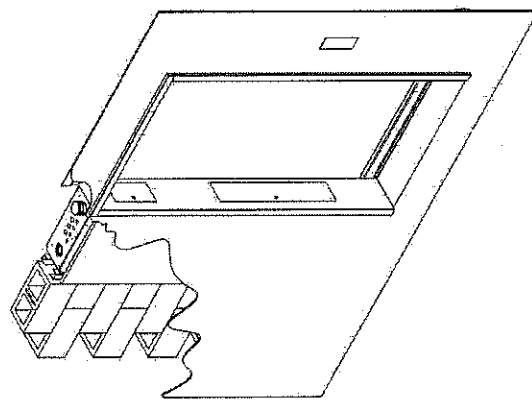
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FOR ELEVATOR: E1



ENTRANCE PLAN VIEW F-F

CONTROLLER KNOCKOUT DETAIL



SECTION E-E

CONTROLLER ENTRANCE ELEVATION

LEAVE OFF ENTIRE FRONT WALL AT FLOOR 2 FOR FRAME AND CONTROLLER INSTALLATION

NOTES:
 GENERAL CONTRACTOR RESPONSIBLE FOR HOISTWAY REINFORCING AT FLOOR SLAB BEFORE INSTALLATION OF ENTRANCE FRAMES. MINIMUM OF 4" HIGH X 8" WIDE REINFORCED CONCRETE, REINFORCED OF OPENING REQUIRED FOR ANCHORING SILL SUPPORT ASSEMBLY. REINFORCING TO BE LOCATED WITH RESPECT TO REACTION POINTS. REFERENCE INSTALLATION DRAWINGS ARE AVAILABLE UPON REQUEST.

REACTIONS (LBS.) DUE TO LOADS ON DOOR PANELS, APPROX. HORIZONTAL LOADS AND LOCATION TO BUILDINGS SHOWN PER ASME A17.1 PART II.
 THE SPECIFIED LOADS ARE CONSIDERED IMPACTED.

NOTE "A":
 8" MINIMUM STRUCTURAL SUPPORT FOR SILL INSTALLATION

ELECTRICAL CONTRACTOR NOTE:
 3 PHASE POWER, 120V, 15 AMP CIRCUIT, FIRE ALARM AND PHONE TO BE ROUTED TO THE TOP OF THE CONTROLLER AT THE CONTROLLER LANDING LEVEL.

FINAL

DRAWN	REV	JOB NUMBER	DATE	SHEET
BTC	C	EC2890	12/10/2015	7 OF 7

ThyssenKrupp Elevator Americas
 ThyssenKrupp

FOR: REGIONAL MENTAL HEALTH
 ADDRESS: 320 140TH ST.
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