



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)

16-07-02

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

Name of applicant Alexander Maverick	Title owner
Name of organization	Telephone number (812) 391 5534
Address (number and street, city, state, and ZIP code) 549 E Graham Place, Bloomington, IN, 47401 47401	

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

Name of applicant	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 Alexander Maverick	State project number	County Munroe
Address of site (number and street, city, state, and ZIP code) 549 E Graham Place, Bloomington, IN 47401		
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):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) **J**
- 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 1980 Indiana Building Code 1204	Specific code section 1204
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)

* The windows used in our bedrooms (which are the standard windows in all of the units) are slightly smaller than the code allows

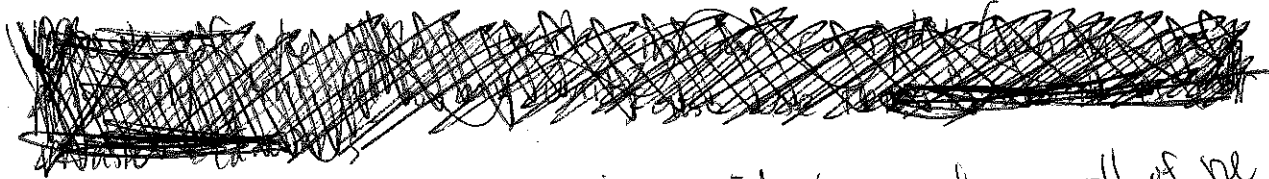
* All the units in our condo association have the exact same size windows

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:



- Window are the standard windows used in all of the other units (condo)

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

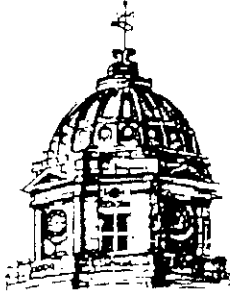
I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application Alexander Maverick	Please print name Alexander Maverick	Date of signature (month, day, year) April 28, 2016
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)
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Monroe County Building Department

Monroe County Government Center
501 North Morton Street, Suite 220 - B
(812) 349-2580 Fax (812) 349-2967

May 2, 2016

Indiana Department of Homeland Security
Fire Prevention & Building Safety Commission
402 West Washington Street – Room W246
Indianapolis, IN 46204-2739

RE: **Variance Application Acknowledgement**
MONROE COUNTY

Project Identification: **Graham Place**
549 East Graham Place
Bloomington, IN

Applicant: **Alexander Maverick**
549 East Graham Place
Bloomington, IN 47401

This is to acknowledge that I have been made aware of a variance application for the above-specified location requesting variance to the **Section 1204 of the 1980 Indiana Building Code**.

This project addresses the egress window requirements of the Code.

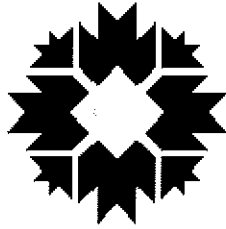
The Monroe County Building Department acknowledges this request for variance and requests approval as submitted.

Respectfully,

Jim Gerstbauer, CBO
Monroe County / City of Bloomington
Building Commissioner

cc: State, file

City of Bloomington Fire Department



Mayor John Hamilton
Chief Todd Easton

Bloomington Fire Department
300 E. 4th Street
Bloomington, IN 47402

(812) 332-9763
(812) 332-9764 FAX

May 9, 2016

Indiana Department of Homeland Security
Fire Prevention & Building Safety Commission
402 West Washington St – Rm W246
Indianapolis IN 46204-2739

RE: Variance Application Acknowledgement

Person requesting variance:
Alexander Mavericle
Site:
549 East Graham Pl.
Bloomington Indiana

Project# N/A

This is acknowledgement of the request for variance for the above project

Sincerely,

A handwritten signature in black ink that reads "Timothy K. Clapp". The signature is written in a cursive style with a large initial 'T'.

Tim Clapp
Bloomington Fire Department
Fire Inspection Officer
(812) 349-3889 (O)
(812) 349-3885 (F)
E-mail: clappt@bloomington.in.gov