



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)
16-12-03

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

Name of applicant Mike Cook	Title Senior Director of CapEx
Name of organization Buckingham Companies	Telephone number (317) 538-1154
Address (number and street, city, state, and ZIP code) 941 N. Meridian Indianapolis, In 46204	

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

Name of applicant Mike Taylor	Title Installation Manager
Name of organization Central Security & Communications	Telephone number (317) 665-0053
Address (number and street, city, state, and ZIP code) 6831 E. 32nd Street Indianapolis, In 46226	

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 Providence @ Old Meridian	State project number	County
Address of site (number and street, city, state, and ZIP code) 300 Providence Blvd. Carmel, In 46032		
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)
- 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 NFPA 72 2010	Specific code section 26.6.3.2.1.5
Nature of non-compliance <i>(Include a description of spaces, equipment, etc. involved as necessary.)</i> The current fire alarm control panels do not have phone lines available for monitoring purposes. Central Security would like to install a fire approved cellular communicator that will test every five minutes into the central monitoring station. This will be the single source of monitoring for the fire alarm system which complies with single communications technology in NFPA 72 2010, section 26.6.3.1.4.1.	

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:
The fire alarm system will still be monitored via a single source of communication. This device is a Fire Approved cellular communicator made by Honeywell model IPGSM4G that will notify the UL & FM approved monitoring facility of a general fire alarm . The device will transmit a communication test signal every five minutes to the central monitoring station as required by NFPA 72 2010 section 26.6.3.1.4.1.

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.

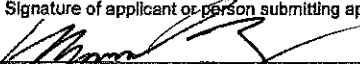
Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of excessive costs of additional or altered construction elements.

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:
The ability to provide phone or internet service from the site would require very expensive trenching from building to building and getting the wire to the fire control panel would be next to impossible because of concrete and construction limitations.


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 Mike Taylor	Date of signature <i>(month, day, year)</i> 10/11/2016
Signature of design professional <i>(if applicable)</i>	Please print name	Date of signature <i>(month, day, year)</i>

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 Mike Cook	Date of signature <i>(month, day, year)</i> 10/11/2016
---	---------------------------------------	--