



# 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/](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)

17-01-01

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

Name of applicant <b>Kenneth V. Cree</b>	Title <b>Owner</b>
Name of organization	Telephone number <b>(765) 379-3831</b>
Address (number and street, city, state, and ZIP code) <b>6838 W. CR. 800 N. P.O. Box 278 Rossville, IN. 46065</b>	

### 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 <b>Remodel Block Garage with Metal Roof</b>	State project number <b>388626</b>	County <b>Clinton</b>
Address of site (number and street, city, state, and ZIP code) <b>65 W. Main St. Rossville, IN. 46065</b>		
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 <b>GAR</b>	Specific code section <b>675 IAC 12-13-3</b>
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Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)  
**This is NOT A Permitted Conversion Under Rule 13 guidelines**

**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:

This conversion will be an asset to the way it use to look. It has a metal roof, new 36" full glass business door opening out on the East side along with a new thermop pane window. On the South side facing the alley it has a new insulated 1/2 glass door opening out and a new insulated over head garage door. It now has new sidewalks on the East and South side. The inside has all new studs next to the block wall, all new wiring and when I'm done will be insulated and have 5/8" drywall fire rated. People have commented on how nice it is starting to look.

**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:

I've already spent a lot of money on this project, this project would be to expensive to tare down this older garage and start new. I want this project to be something I can be proud of that's why I'm going above and beyond what is required.

**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 <b>Kenneth V. Cree</b>	Please print name <b>Kenneth V. Cree</b>	Date of signature (month, day, year) <b>11-25-16</b>
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.

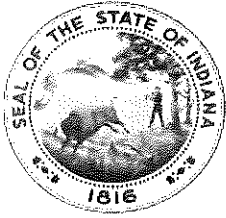
Signature of applicant <b>Kenneth V. Cree</b>	Please print name <b>Kenneth V. Cree</b>	Date of signature (month, day, year) <b>11-25-16</b>
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**Would you like to reduce your turnaround time?**

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at <http://www.in.gov/dhs/2650.htm>.

This on-line filing is through a secure site, you can use it to submit your project information, pay the fees and upload your project plans.

Use Internet Browser to View this report, other browsers are not compatible to view this report



**REQUEST FOR ADDITIONAL INFORMATION**

**DEPARTMENT OF HOMELAND SECURITY  
PLAN REVIEW DIVISION  
402 West Washington Street  
Room E245  
Indianapolis, IN 46204**

<b>Project Number</b> 388626	<b>Receipt No.</b> 758526	<b>RFI Date</b> 11/23/2016
<b>Construction type</b>		<b>Occupancy classification</b>
<b>Scope of release requested</b>		
<b>Type of release requested</b>		
<b>Project Name</b> Remodel Block Garage With Metal Roof to		
<b>Street address</b> 65 W Main		
<b>City</b> ROSSVILLE		<b>County</b> CLINTON

REPORT PRINTED ON: 11/23/2016

975651

To: Owner / Architect / Engineer

FAX: Unknown

Kenneth V Cree  
6838 W CR 800 N  
PO Box 278  
Rossville IN 46065  
manstock@hotmail.com

We are holding the above referenced project from further review and release for the reasons indicated below:

- 1 4G1303A : The proposed conversion of this structure is not within the scope of 675 IAC 12-13 for the conversion of existing buildings. Please submit plans of construction which may be required to make the building compliant with requirements for the new use, or transmit a written request to cancel the project if you wish to do so.

A variance is required to convert Class 2 accessory structures using the Rule 13 process.

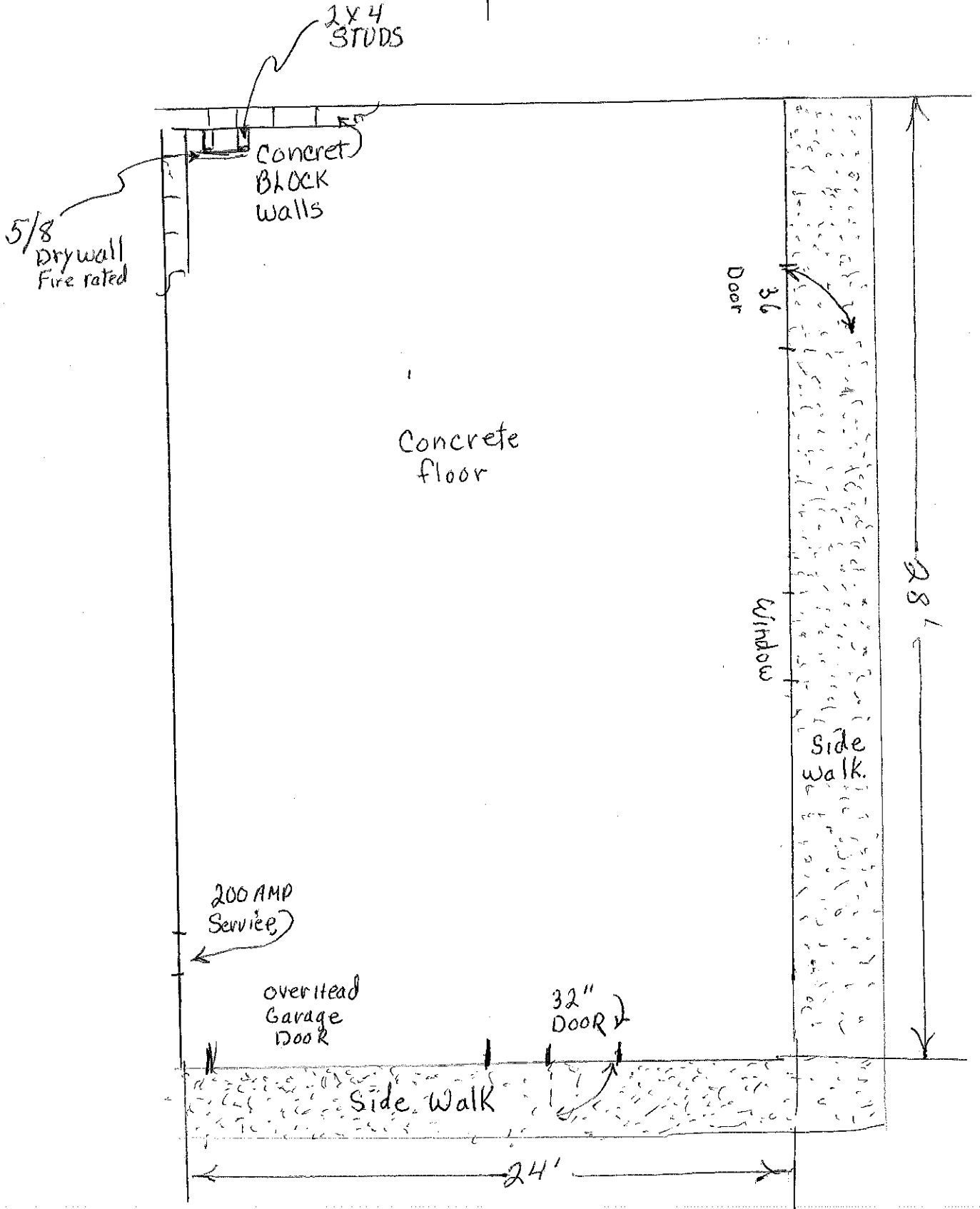
RETURN THIS SHEET along with a minimum of 1 set of the corrected plans as soon as possible to the Code Review Official in order for us to continue processing your plans. If corrected plans and specifications are not received within 30 days of this request the application will be subject to denial by the Branch Director, Code Enforcement and Plan Review in accordance with Section 12, GAR 675 IAC 12-6-12 (b). IMMEDIATE ATTENTION AND RESPONSE IS REQUIRED.

Any questions concerning this matter should be addressed to the Code Review Official.

**Code Review Official**

KEVIN TROY  
ktroy@dhs.in.gov

**Telephone Number**  
(317)417-6656



Kenneth Cree