



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)

17-02-03 (a)

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

Name of applicant	Title
Ronald L. Reinking	General Manager
Name of organization	Telephone number
Indianapolis Marion County Building Authority	(317) 327-4343
Address (number and street, city, state, and ZIP code)	
200 E. Washington Street, Room T-311, Indianapolis, IN 46204	

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
Kevin Joseph Osburn	LA2970021
Name of organization	Telephone number
Rundell Ernstberger Associates	(317) 263-0127
Address (number and street, city, state, and ZIP code)	
618 E. Market Street, Indianapolis, IN 46202	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
City County Building Plaza Renovation		Marion
Address of site (number and street, city, state, and ZIP code)		
200 E. Washington Street, Room T-311, Indianapolis, IN 46204		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" 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 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	Specific code section
Swimming Pool Code	20-5-24(e)(3)

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
 IMCBA is installing an interactive water feature intended for engagement with the public but not utilized or promoted as a splash pad. A first aid kit would not be installed adjacent to the water feature.

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 water feature is adjacent to the City County Building which has 24 hours a day and seven days a week security operations by the Marion County Sheriff's Department. The Sheriff's Department maintains a first aid kit in the building which is within 300 feet of the water feature. The building is not accessible to the public during all hours of water feature operations but an intercom at the building entrance connects to the Sheriff's Department control room.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

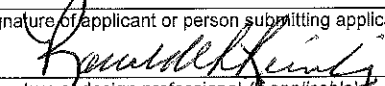

- Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building 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:

Maintaining a first aid kit in proximity to the water feature would be problematic given the 24/7 accessibility of the public space. It would be prone to tampering and vandalism.

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	Date of signature (month, day, year)
	Ronald L. Reinking	1-19-17
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
	Kevin Joseph Osburn	01/19/17

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

Variance number (Assigned by department)

17-02-03 (b)

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

Name of applicant	Title
Ronald L. Reinking	General Manager
Name of organization	Telephone number
Indianapolis Marion County Building Authority	(317) 327-4343
Address (number and street, city, state, and ZIP code)	
200 E. Washington Street, Room T-311, Indianapolis, IN 46204	

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

Name of applicant	Title
Name of organization	Telephone number
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Address (number and street, city, state, and ZIP code)	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Kevin Joseph Osburn	LA2970021
Name of organization	Telephone number
Rundell Ernstberger Associates	(317) 263-0127
Address (number and street, city, state, and ZIP code)	
618 E. Market Street, Indianapolis, IN 46202	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
City County Building Plaza Renovation		Marion
Address of site (number and street, city, state, and ZIP code)		
200 E. Washington Street, Room T-311, Indianapolis, IN 46204		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" 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 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 Swimming Pool Code	Specific code section 20-5-24(e)(4)
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
 IMCBA is installing an interactive water feature intended for engagement with the public but not utilized or promoted as a splash pad. A phone would not be installed adjacent to the water feature.

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 water feature is adjacent to the City County Building which has 24 hours a day and seven days a week security operations by the Marion County Sheriff's Department. The Sheriff's Department maintains a phone in the building which is within 300 feet of the water feature. The building is not accessible to the public during all hours of water feature operations but an intercom at the building entrance connects to the Sheriff's Department control room.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

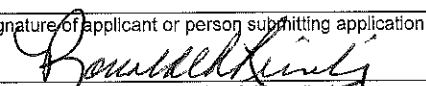

- Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building 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:

Maintaining an emergency phone in proximity to the water feature would be problematic given the 24/7 accessibility of the public space. It would be prone to tampering and vandalism.

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 Ronald L. Reinking	Date of signature (month, day, year) 1-19-17
Signature of design professional (if applicable) 	Please print name Kevin Osburn	Date of signature (month, day, year) 01/19/17

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

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Variance number (Assigned by department)

17-02-03(c)

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

Name of applicant	Title
Ronald L. Reinking	General Manager
Name of organization	Telephone number
Indianapolis Marion County Building Authority	(317) 327-4343
Address (number and street, city, state, and ZIP code)	
200 E. Washington Street, Room T-311, Indianapolis, IN 46204	

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

Name of applicant	Title
Name of organization	Telephone number
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Address (number and street, city, state, and ZIP code)	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
Kevin Joseph Osburn	LA2970021
Name of organization	Telephone number
Rundell Ernstberger Associates	(317) 263-0127
Address (number and street, city, state, and ZIP code)	
618 E. Market Street, Indianapolis, IN 46202	

4. PROJECT IDENTIFICATION

Name of project	State project number	County
City County Building Plaza Renovation		Marion
Address of site (number and street, city, state, and ZIP code)		
200 E. Washington Street, Room T-311, Indianapolis, IN 46204		
Type of project		
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" 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)
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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	Specific code section
Swimming Pool Code	20-5-24(f)

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)
 IMCBA is installing an interactive water feature intended for engagement with the public but not utilized or promoted as a splash pad. The plaza, including the water feature, is a 24/7 operation. The water feature is a walkable surface with near zero depth. A fence, wall, or other enclosure would negate the intended effect.

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 water feature is adjacent to the City County Building which has 24 hours a day and seven days a week security operations by the Marion County Sheriff's Department. The Sheriff's Department maintains visual security of the plaza and water feature by footed patrol and security camera.

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.

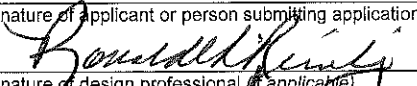

Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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:
 Maintaining an enclosure or barrier around the water feature would disrupt the intended use of the space. It would be prone to tampering and vandalism.

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	Date of signature (month, day, year)
	Ronald L. Reinking	1-19-17
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
	Kevin Joseph Osburn	01/19/17

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17-02-03 (d)

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Ronald L. Reinking	General Manager
Name of organization	Telephone number
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Address (number and street, city, state, and ZIP code)	
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Name of design professional	License number
Kevin Josphe Osburn	LA2970021
Name of organization	Telephone number
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Address (number and street, city, state, and ZIP code)	
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Name of project	State project number	County
City County Building Plaza Renovation		Marion
Address of site (number and street, city, state, and ZIP code)		
200 E. Washington Street, Room T-311, Indianapolis, IN 46204		
Type of project		
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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 Swimming Pool Code	Specific code section 20-5-25 Table 25-1
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
 IMCBA is installing an interactive water feature intended for engagement with the public but not utilized or promoted as a splash pad. The plaza, including the water feature, is a 24/7 operation. Restrooms, drinking fountains, and showers will not be located adjacent to the water feature.

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 water feature is adjacent to the City County Building which has 24 hours a day and seven days a week security operations by the Marion County Sheriff's Department. Public restrooms and drinking fountains are located within the building but are not accessible outside of the building's operating hours.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

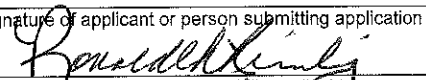

- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the 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:

Maintaining a restroom, drinking fountain, and shower in the plaza would attract nuisances. It would be prone to tampering and vandalism. The water feature will not have the same activity as a splash pad or pool.

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 Ronald L. Reinking	Date of signature (month, day, year) 1-19-17
Signature of design professional (if applicable) 	Please print name Kevin Joseph Osburn	Date of signature (month, day, year) 01/19/17

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

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Signature of applicant	Please print name	Date of signature (month, day, year)
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RUNDELL ERNSTBERGER ASSOCIATES, INC.
 Landscape Architecture
 48 East Washington Street, Indianapolis, IN 46204
 Telephone: 317.434.1100
 Fax: 317.434.1101
 www.ernstberger.com

INDIANAPOLIS CITY-COUNTY AUTHORITY
 Indianapolis-Marion County Building Authority
 200 East Washington Street, 1317, Indianapolis, IN 46204

CITY-COUNTY BUILDING PLAZA IMPROVEMENTS
 200 East Washington Street, Indianapolis, Indiana 46204

SCALE: 1" = 40'

DATE: 07/12/2017
DESIGNER: DL EK
REVIEWER: PA

SD1.0

