



# 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)

17-03-09

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

Name of applicant	Title
Rob Staley	Executive Director
Name of organization	Telephone number
The Crossing National, Inc.	(574) 226-0671
Address (number and street, city, state, and ZIP code)	
2930 S. Nappanee St., Elkhart, In. 46517	

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

Name of applicant	Title
Jennifer Hasbrook	Real Estate Manager
Name of organization	Telephone number
The Crossing National, Inc.	(574) 226-0671
Address (number and street, city, state, and ZIP code)	
2930 S. Nappanee St., Elkhart, In. 46517	

### 3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	License number
n/a	
Name of organization	Telephone number
	( )
Address (number and street, city, state, and ZIP code)	

### 4. PROJECT IDENTIFICATION

Name of project	State project number	County
Berne Crossing		
Address of site (number and street, city, state, and ZIP code)		
169 W. Main St., Berne, Indiana 46711		
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 2014 Edition IBC, <del>501.2.2014</del>	Specific code section 675 IAC 22.2.5
Nature of non-compliance <i>(include a description of spaces, equipment, etc. involved as necessary.)</i> [F] 907.2.3 Group E. A manual fire alarm system shall be installed in Group E occupancies. When automatic sprinkler systems or smoke detectors are installed, such systems or detectors shall be connected to the building fire alarm system. Exceptions: 1. Group E occupancies with an occupant load of less than 50. 2. Manual fire alarm boxes are not required in Group E occupancies where the following apply: 2.1 Interior corridors are protected by smoke detectors with alarm verification. 2.2 Auditoriums, cafeterias, gymnasiums and the like are protected by heat detectors or other approved detection devices. 2.3 Shops and laboratories involving dusts or vapors are protected by heat detectors or other listed detection. 2.4 Off premise monitoring is provided. 2.5 The capability to activate the evacuation signal from a central point is provided. 2.6 In buildings where normally occupied spaces are provided with a two-way communication system between such spaces and a constantly attended receiving station from where a general evacuation alarm can be sounded. 3. Manual fire alarm boxes shall not be required in Group E occupancies where the building is equipped throughout with an approved automatic sprinkler system, the notification appliances will activate on sprinkler water flow and manual activation provided from a normally occupied location.	

**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:  
Variance to be classified to Group E. The Crossing is temporarily planning to stay in the building "169 W. Main St., Berne, IN. 46711"  
We are asking for an option to stay and have the variance granted for up to 2 years, or until June 30, 2019. The extra time will allow for The Crossing to locate another building.

**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.

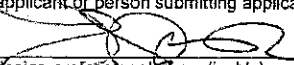
Imposition of the rule would result in an undue hardship *(unusual difficulty)* because of excessive costs of additional or altered construction elements.

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 Variance or changing the bulding to Code E would allow for The Crossing to operate and serve the students in the community.  
The additional time granted would allow for The Crossing to locate an additional building suitable to accommodate our students..

**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 Jennifer Hasbrook	Date of signature <i>(month, day, year)</i> 2/13/17
Signature of design professional <i>(if applicable)</i>	Please print name	Date of signature <i>(month, day, year)</i>