



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 46204-2738
http://www.in.gov/dhs/fire/fo_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)

17-05-08

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

Name of applicant La Lumiere School, Inc. - Adam Kronk	Title President
Name of organization La Lumiere School	Telephone number (219) 3267450
Address (number and street, city, state, and ZIP code) 6801 N Wilhelm Road, La Porte IN 46350	

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 Student/Faculty Residence	State project number	County La Porte
Address of site (number and street, city, state, and ZIP code) 6801 N Wilhelm Road, La Porte IN 46350		
Type of project <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input 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
Other Code	2014 IBC-903.8-903.2.8
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.) La Lumiere School is seeking a variance regarding the requirement of a sprinkler system in a new construction student/faculty residence facility. The proposed building is for 20 student beds and 3 faculty residences.	

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:
Other fire safety precautions will be present in the structure. There will be a minimum of one hour fire assemblies and fire rated doors and closers separating all occupancies.
The fully functional fire alarm system will have an addressable panel, pull stations, smoke detectors and horn/strobe lights. 24 hour monitoring will be provided. The fire protections will be in accordance with NFPA72.

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.

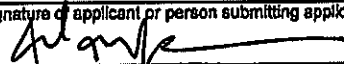
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:
The site does not have an adequate water source to support a sprinkler system. The adjacent lake water is not suitable for this purpose.
Three phase electrical service is required for a pump and is not available in the area.

We are advised that because of the reasons stated above, a sprinkler system would not be a reliable solution. However, we do have an estimated cost to install a pump and sprinkler system of \$323,000.00. This cost is excessive in relationship to the overall cost and available funds.

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)
	Adam Kronk	3/30/2017
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)

2017-02-01 12:34:04 PM, PRELIMINARY

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NOTE: SUBJECT TO CHANGE WITHOUT NOTICE DUE TO CODE OR PROCEDURAL REQUIREMENTS.

PLAN TO CODE OR PROCEDURAL REQUIREMENTS.

1103 Maple St, Bristol, IN 46540

HI-TECH HOUSING INC.

LA LUMIERE

PROJECT:	160275
DATE:	11-11-15
REVISIONS:	
DATE:	
BY:	CUSTOMER APPROVAL FLOOR PLAN

NOTES:
1. SH - DENOTES SHUTTER LOCATION
2. X - ALL DIMENSIONS WOOD TO WOOD
3. ALL DIMENSIONS WOOD TO WOOD UNLESS NOTED

SCALE: 1/8" = 1'-0"

DATE: 11-11-15

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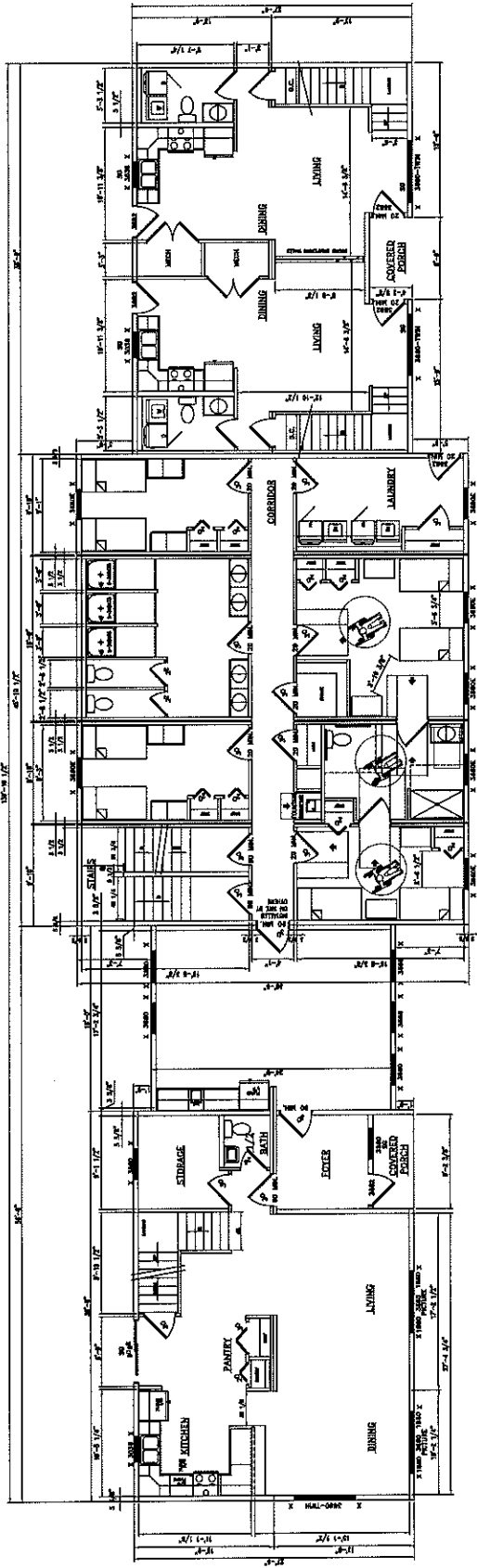
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DATE: 11-11-15

PROJECT: 160275

BY: CUSTOMER APPROVAL FLOOR PLAN

LA LUMIERE



APARTMENTS 1st FLOOR

DORMITORY 1st FLOOR

LOUNGE

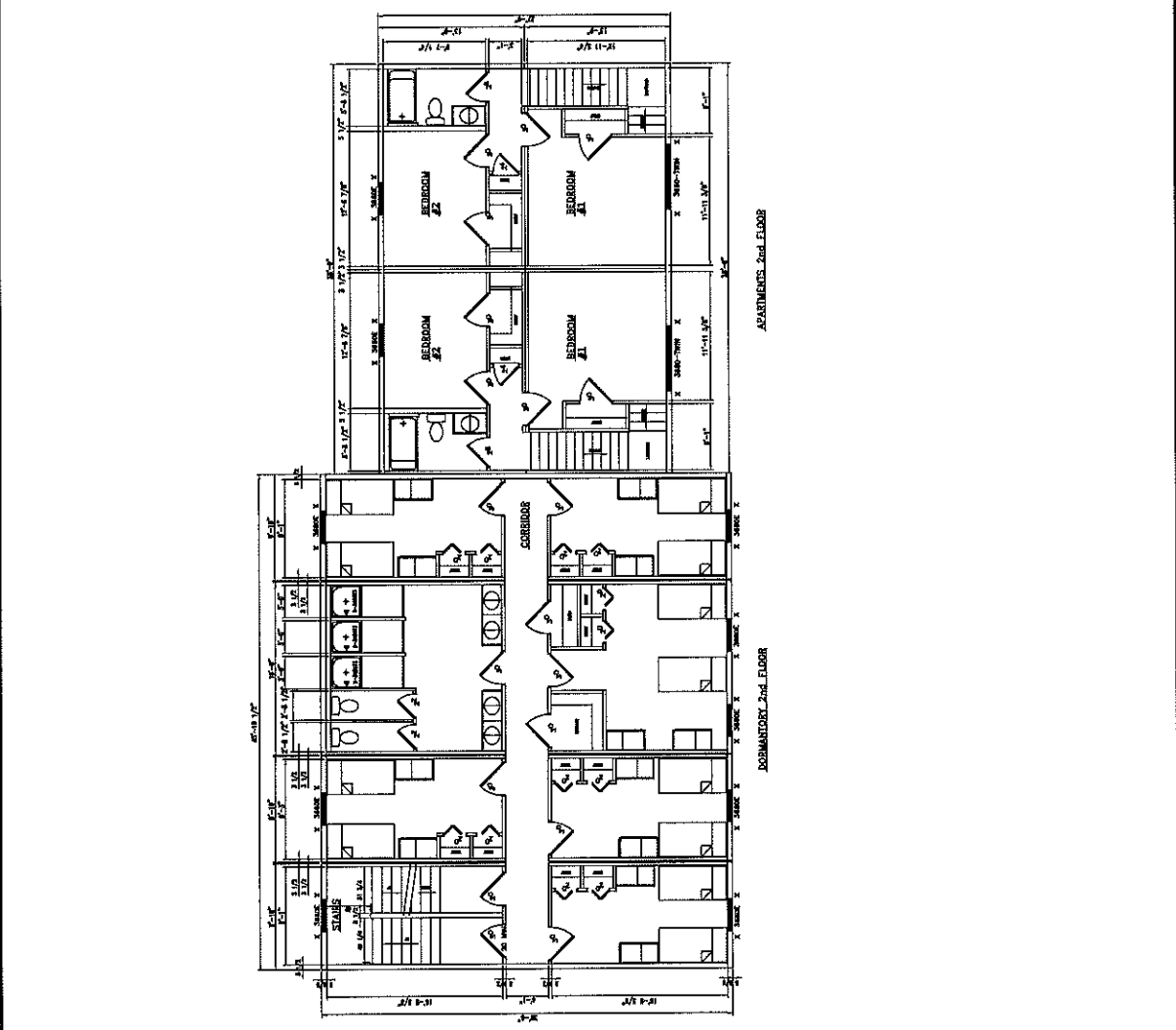
RES. HOUSING 1st FLOOR

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 DRAWING NO.: HI-TECH HOUSING INC. 1103 Maple St. Bldg. 10, IN 46540
 DATE: 11-11-16
 BY: CUSTOMER APPROVAL FLOOR PLAN
 REVISIONS:

NO.	DATE	DESCRIPTION
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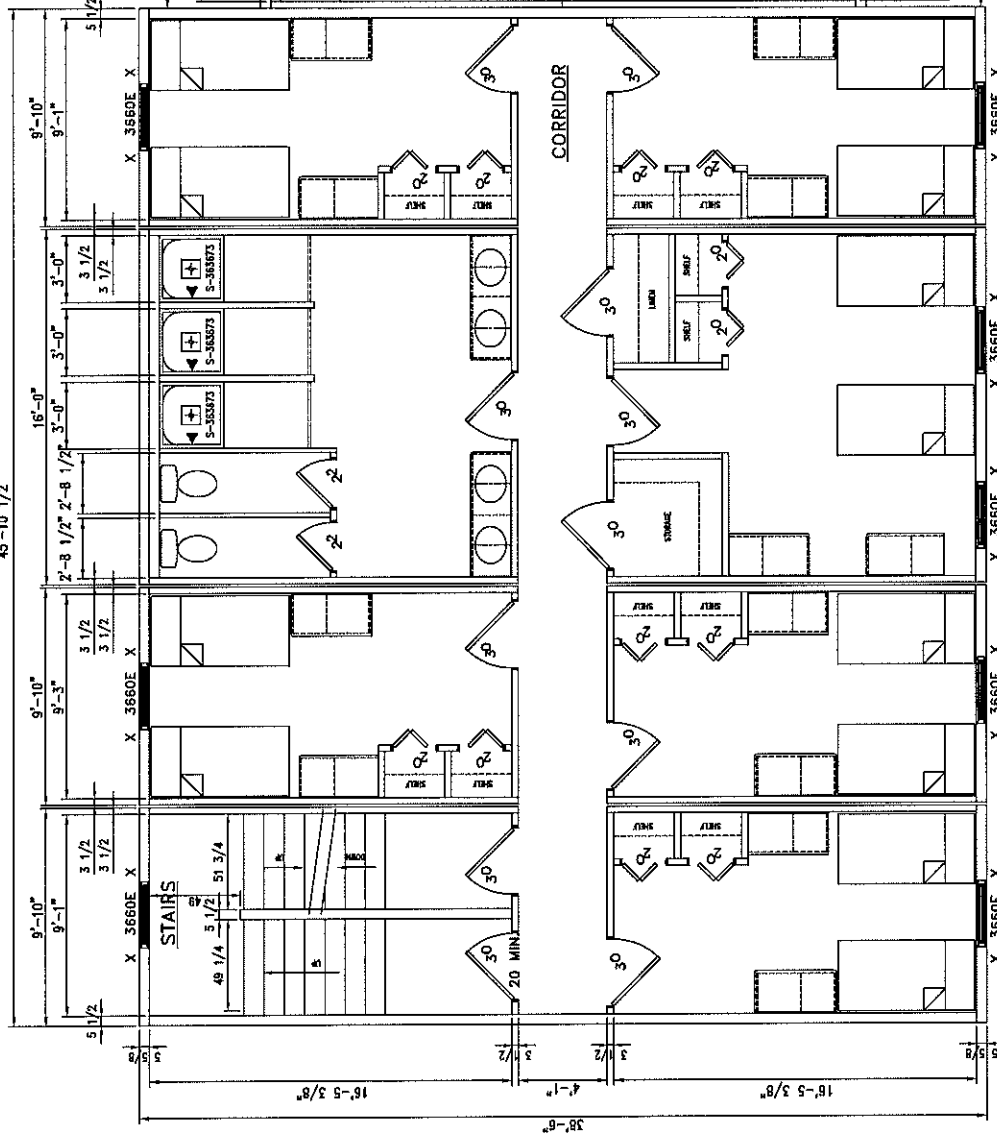
NOTES:
 (1) ALL DIMENSIONS WOOD TO WOOD
 (2) X - DENOTES SHUTTER NOT AVAILABLE (21" MIN. REQ'D)
 (3) SH - DENOTES SHUTTER LOCATION
 (4) ALL WALLS 3/4" UNLESS NOTED
 (5) PLAN SUBJECT TO CHANGE WITHOUT NOTICE
 (6) TO GO BY OR PROCEDURAL REQUIREMENTS



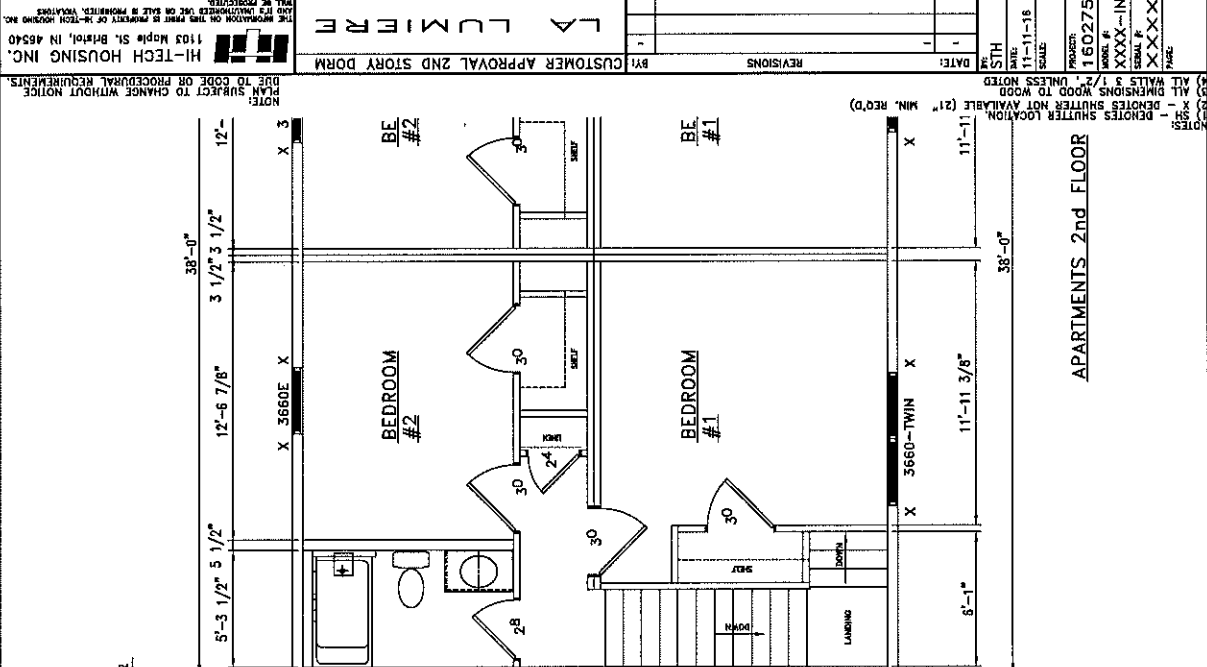
HI-TECH HOUSING INC. 1103 Maple St. Bldg. 10, IN 46540
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 DATE: 11-11-16
 BY: CUSTOMER APPROVAL FLOOR PLAN
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DORMITORY 2nd FLOOR



APARTMENTS 2nd FLOOR

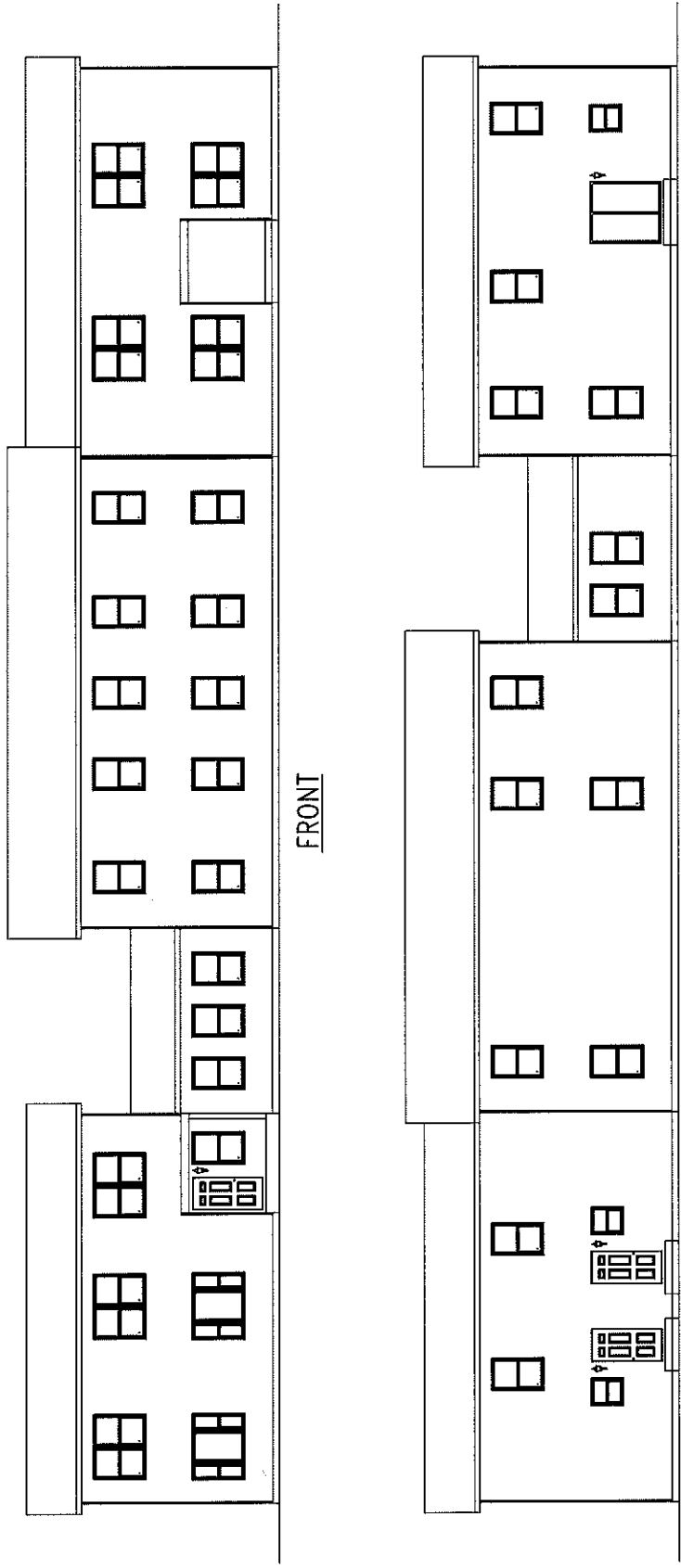
NOTES:
 1. ALL DIMENSIONS WOOD TO WOOD UNLESS NOTED OTHERWISE.
 2. DENOTES SHUTTER LOCATION.
 3. MIN. HEAD (21" UNLESS NOTED OTHERWISE)

NO.	DATE	REVISIONS
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PROJECT: 160275
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 CHECKED: XXXX-XX
 DATE: 11-11-16

HI-TECH HOUSING INC.
 1103 Maple St. Bristol, IN 46540
 LA LUMIERE

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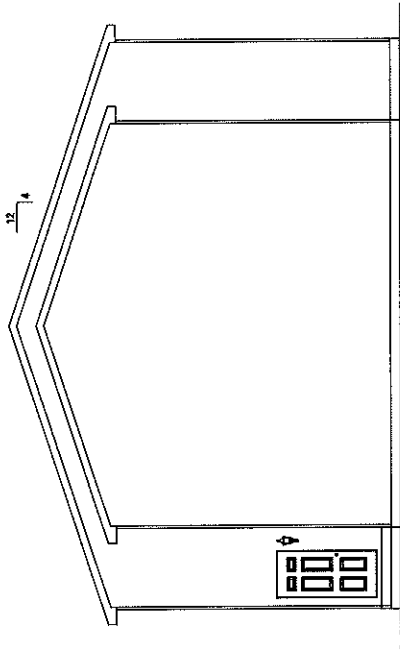
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REAR

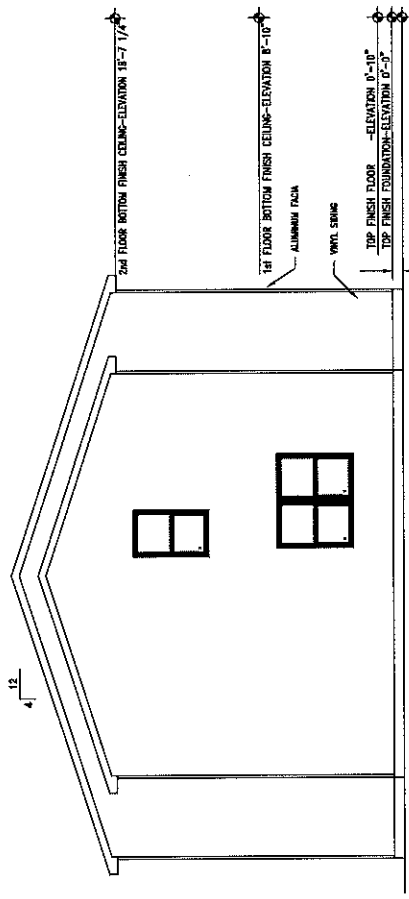
LA LUMIERE
BY: FRONT & REAR ELEVATIONS
REVISIONS
DATE: 11-11-16
SCALE: 1/8" = 1'-0"
PROJECT: 160275
MODEL #: XXXX-IN
SERIAL #: XXXX
PAGE: XXXX

HI-TECH HOUSING INC.
1103 Maple St. Bldg. 11 IN 48540
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RIGHT END



LEFT END

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HI-TECH HOUSING INC. 1103 Maple St. Bristol, IN 46540	
LA LUMIERE	
BY: _____ LEFT & RIGHT ELEVATIONS	REVISIONS
DATE: _____	DATE: _____
SHEET NO. _____	SHEET NO. _____
PROJECT: 160275	PROJECT: 160275
MODEL #: XXXX--JN	MODEL #: XXXX--JN
SERIAL #: _____	SERIAL #: _____
SCALE: _____	SCALE: _____
DATE: 11-11-16	DATE: 11-11-16
DRAWN BY: _____	DRAWN BY: _____
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APPROVED BY: _____	APPROVED BY: _____
TITLE: _____	TITLE: _____
PROJECT: _____	PROJECT: _____
SHEET NO. _____	SHEET NO. _____
TOTAL SHEETS: _____	TOTAL SHEETS: _____