



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)

17-11-05

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

Name of applicant	TODD BEMIS	Title	MANAGING PARTNER
Name of organization	GARMENT FACTORY HOLDINGS, LLC	Telephone number	(317) 697-1592
Address (number and street, city, state, and ZIP code)			
P.O. BOX 1092, GREENWOOD IN 46142			

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	DAN MACK	License number	AR00033869
Name of organization		Telephone number	(317) 373-4443
Address (number and street, city, state, and ZIP code)			
5031 N. 750 E., NEEDHAM, IN 46162			

4. PROJECT IDENTIFICATION

Name of project	GARMENT FACTORY EVENTS	State project number	389858	County	JOHNSON
Address of site (number and street, city, state, and ZIP code)					
101 E. WAYNE ST., FRANKLIN, IN 46131					
Type of project					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" 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

Local Building Official
has rec'd copy of variance!
by Mark A. Richards
Mark A. Richards
Director Planning & Zoning

Bryne Pursifull
City of Franklin Fire
Bryne H. Pursifull

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved: G.A.R. IAC 12-4-11 Specific code section: 2014 I.B.C 713

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)
No change in the character or use of ANY building or structure shall be permitted that shall cause the building or structure to be classified within a different occupancy group or within a different division of the same occupancy group, unless the building or structure complies with, or is made to comply with the

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements: current rules of the Commission for new construction for the proposed revised use of the building.

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:

ELEVATOR WILL/WAS BEEN STATE INSPECTED. ALSO HAS A SPRINKLER HEAD IN THE TOP OF SHAFT. OPERATING CERTIFICATE HAS BEEN ATTACHED.

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:

Elevator opens into fully operational commercial kitchen which will be used to prepare meals for upstairs ballroom. Catering staff will use elevator to transport up to 500 meals to upstairs Ballroom. Elevator is needed to transport food product, tables, chairs & supplies from basement receiving area to 1st & 2nd floors. More At bottom of page...

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 <u>[Signature]</u>	Please print name <u>A. TODD BEMIS</u>	Date of signature (month, day, year) <u>8/31/17</u>
Signature of design professional (if applicable) <u>[Signature]</u>	Please print name <u>DAN MACK</u>	Date of signature (month, day, year) <u>8/31/17</u>

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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Lack of Availability of fire door in the 1950's Elevator prohibits us from satisfying the City of Franklin's Fire Inspector.

Todd@BemisGroup.com

Bryne Pursifull

To: danmack@hughes.net
Cc: David Parsley; Daniel Mcelyea; Andrew Tames; Michael Griggs
Subject: Garmet Factory Existing Elevator

Dan

Please find here my thoughts and reasons for the existing elevator issues.
As I suggested to you in person, I think everyone's best bet is to request a Variance for this issue.

G.A.R.

* 675 IAC 12-4-11 Occupancy of existing buildings

Sec. 11. (a) Any building or structure lawfully in existence at the time of the adoption of any rule of the commission for new construction may have its existing use or occupancy continued without having to be altered to comply with such a rule.

(b) No change in the character or use of any building or structure shall be permitted that shall cause the building or structure to be classified within a different occupancy group or within a different division of the same occupancy group, unless the building or structure complies with, or is made to comply with the:

- * (1) current rules of the commission for new construction for the proposed revised use of the building; or
- (2) provisions of:
 - (A) Chapter 34 of the Indiana Building Code (675 IAC 13-2.5-32);

We believe with the extreme change of use (F-1 to A-2) the G.A.R. requires that the new use of the building be brought up to the current Code and meet all of I.B.C 713. As we discussed at the site using the existing construction I see no way of you complying with the one Hour rating of the shaft and the rated door opening without great cost and new construction.

The building is no doubt much safer with all the updates you are making. If the building continued it current use the elevator situation would still exist. A occupied building is always safer than a vacant building for sure. The intent of the elevator is for freight and employee use only. The building is not being use for residential and I think we should designate it "NOT FOR FIRE SERVICE USE" since we have installed a new complying elevator.

I hope this explanation helps you in your process. Feel free to share this with the building owners and let us know if we can be of any help.

Bryne H. Pursifull
Fire Code Enforcement Officer
City of Franklin Fire Department
1800 Thornburg Lane
Franklin, Indiana 46131
317-736-3650
bpursifull@franklin.in.gov



OPERATING CERTIFICATE
INDIANA

This Certificate has been issued by the
Division of Fire and Building Safety

State Number
21266

Date Issued
09/07/2017

Date of Expiration
09/07/2018

Elevator Location:
GARMENT FACTORY HOLDINGS, LLC
101 E WAYNE ST
FRANKLIN IN 46131

Type: FRT TRC

Capacity: 002000

Indiana State Fire Marshal : James L. Greeson

HOOSIER SAFETY

Department of Homeland Security
Division of Fire & Building Safety
302 W. Washington St., Rm W246
Indianapolis, IN 46204

INDIANA LAW REQUIRES CONSPICUOUS POSTING OF THIS CERTIFICATE

Indiana Department of Homeland Security
Division of Fire and Building Safety
302 W. Washington St., Rm:W246
Indianapolis, IN 46204



GARMENT FACTORY HOLDINGS, LLC
101 E WAYNE ST
FRANKLIN IN 46131