



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)

17-12-10

| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) | | |
|--|----------------------|--------|
| Name of applicant | Title | |
| Name of organization | Telephone number | |
| Address (number and street, city, state, and ZIP code) | | |
| 1101 Michigan Ave, Logansport, IN 40947 | | |
| 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) | | |
| 1101 Michigan Ave, Logansport, IN 40947 | | |
| 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 | State project number | County |
| Removal of Fire Hoses and Reels UNH | | Cass |
| Address of site (number and street, city, state, and ZIP code) | | |
| 1101 Michigan Ave, Logansport, IN 40947 | | |
| 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): | | |
| <input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) | | |
| <input type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. | | |
| <input checked="" type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application. | | |
| <input checked="" type="checkbox"/> 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? | | |
| <input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input type="checkbox"/> No | | |
| Has a violation been issued? | | |
| <input type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input type="checkbox"/> No | | |
| Violation issued by: | | |
| <input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department | | |

7. DESCRIPTION OF REQUESTED VARIANCE

| | |
|---|---|
| Name of code or standard and edition involved Indiana Administrative Code | Specific code section 675 IAC 12-4-9 (f)(d) |
|---|---|

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
Removal of fire hoses and reels from stairwells

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:

See attached letter from local Fire Chief

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 fire hoses are costly to maintain and the fire department will use their own equipment in the event of a fire.

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 Elizabeth Degraffenreid | Date of signature (month, day, year) 10/19/17 |
| 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) |
|------------------------|-------------------|--------------------------------------|



Logansport Fire Department

630 High Street, Logansport, IN., 46947

Bernard S Mittica
Logansport Fire Chief

Date: October 19, 2017

Elizabeth Degraffenreid, CHEP
Safety Officer
Logansport Memorial Hospital
1101 Michigan Ave.
Logansport IN, 46947

In regard to your March 2017 request to remove the stairwell hose reels and cabinets, I do not see any reason why the removal of the fire hose cabinets would affect any fire suppression inside the Logansport Memorial Hospital facility. The function of the sprinkler and alarm system will not be changed due to them functioning independently of each other. We automatically have appliances to accommodate for those situations. After completion, the Logansport Fire Department staff will be made aware of the changes within your structure. We would like to make a few spot checks throughout your stairwell areas after the fire hose cabinets are removed. Logansport Memorial Hospital has the approval from the Logansport Fire Chief to apply for a variance to the Indiana Dept. of Homeland Security Code Services for a permit to modify.

Respectfully submitted,

Bernard S Mittica
Logansport Fire Chief



Mayor Dave Kitchell
dkitchell@cityoflogansport.org

Deputy Mayor Mercedes Brugh
mbrugh@cityoflogansport.org

Street Department
753-4610

Mount Hope Cemetery
753-7082

Fire Department
753-3102

Police Department
753-4101

Parks Department
753-6969

Building Department
753-4381

Code Enforcement
753-4381

Planning & Zoning Department
753-7775

October 24, 2017

Elizabeth Degraffenreid, CHEP
Safety Officer
Logansport Memorial Hospital
1101 Michigan Avenue
Logansport, IN 46947

Dear Elizabeth,

As per our conversation today, I have no problem with the hospital removing all hose reels and cabinets in the stairwells. The building has an automatic sprinkler system throughout plus the fire department has their own apparatuses to fight a fire if needed.

If you need anything else, please let me know.

Respectfully,

Deb O'Connor
Building Commissioner
City of Logansport
doconnor@cityoflogansport.org