



APPLICATION FOR VARIANCE

State Form 44400 (R5 / 6-12)
Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/tp_bs_comm_code/



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

Variance number (Assigned by department)

18-01-07

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

Name of the applicant Tommas Nickel Tommas Nickel	Title Owner of Building
Name of organization Break Free Escapes	Telephone number (574) 304-4732 849-1129
Address (number and street, city, state, and ZIP code) 610 CR 15 Elkhart, IN 46516	

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

Name of person on behalf of the applicant Donna Free owner	Title Owner of escape room
Name of organization Break Free Escapes	Telephone number (574) 304-4732
Address (number and street, city, state, and ZIP code) 610 CR 15 Elkhart, IN 46516	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

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

4. PROJECT IDENTIFICATION

Name of project Break Free Escapes	State project number -	County Elkhart
Site address (number and street, city, state, and ZIP code) 610 CR 15 Elkhart, IN 46516		
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) enclosed
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. enclosed
- Written documentation showing that the local fire official has received a copy of the variance application. - sent to Aaron Gerb
- Written documentation showing that the local building official has received a copy of the variance application. - sent

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

Yes (if yes, attach a copy of the Correction Order) No violation included

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 IFC 22.2.5	Specific code section 6700.2.0.1 914.7.1
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary) I have two 15x15 rooms in a 12,000 square foot storage building. I rent this space. It has fire extinguisher + smoke detectors + lighted exit signs in both rooms.	

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:
We will have fire extinguishers + smoke detectors + lit up exit signs in both rooms. The doors will never be locked and the locks are on the inside so they can't accidentally be locked inside. We are less than 50 feet from the nearest lit up exit.

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:
I do not own the building. The excessive cost of adding a sprinkling system would cause hardship to the owner, Tom Nickel. I have 450 sq feet in a 12,000 sq foot building.

10. STATEMENT OF ACCURACY

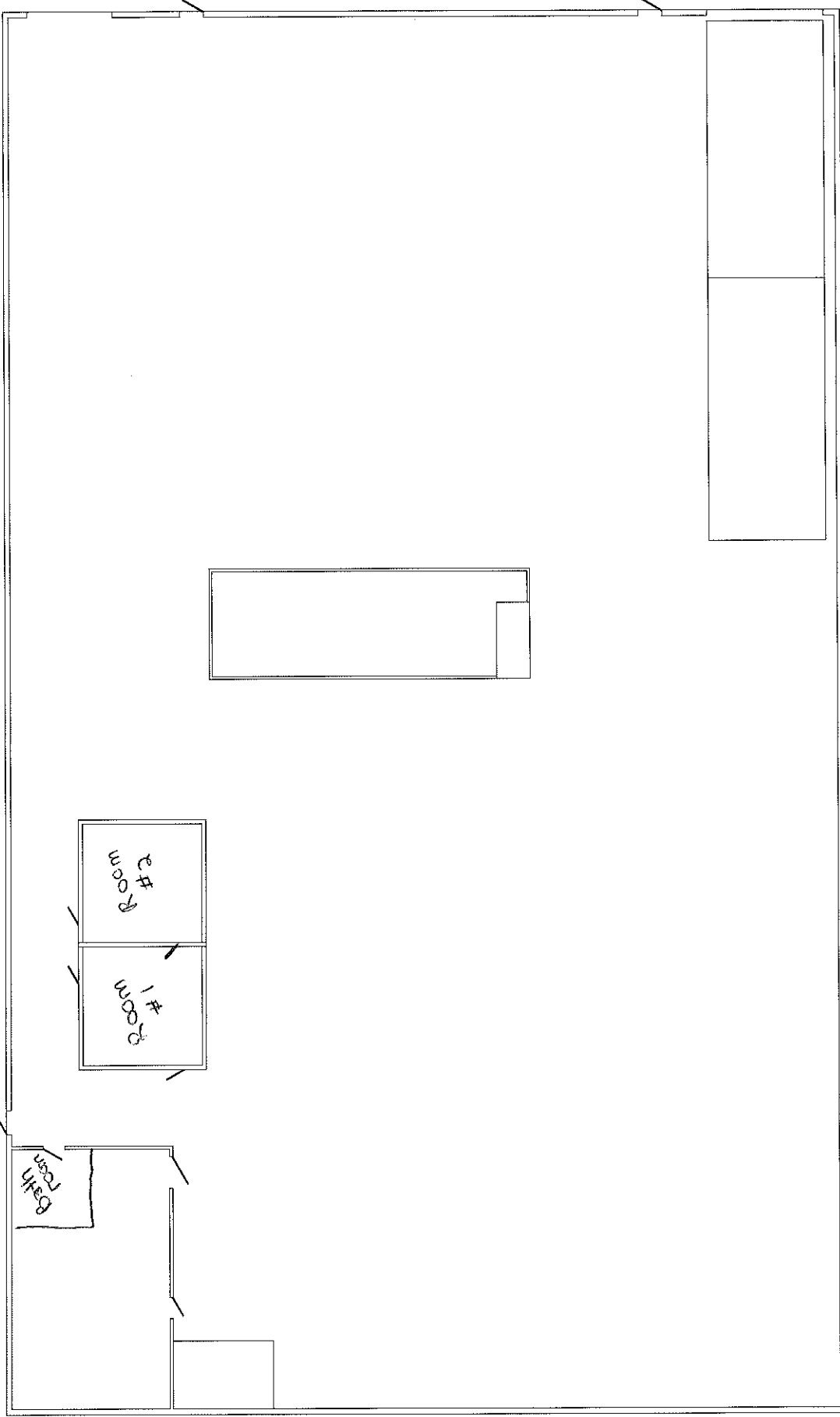
I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application Donna Free	Please print name Donna Free	Date of signature (month, day, year) 11/25/17
Signature of design professional (if applicable) [Signature]	Please print name Owner Thomas M. Nickel	Date of signature (month, day, year) 12/13/17

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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FIRE AND BUILDING CODE ENFORCEMENT INSPECTION REPORT ORDER

DIVISION OF FIRE AND BUILDING SAFETY
INDIANA DEPARTMENT OF HOMELAND SECURITY
302 WEST WASHINGTON STREET, RM E241
INDIANAPOLIS, IN 46204
TELEPHONE: 317-232-2222
WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number BU28355	Name of the facility BREAK FREE ESCAPES	County ELKHART
Address of Property 610 CR 15 ELKAHRT 46516	Name of the Contact DONNA FREE	Telephone Number (574) 304-4732
Email breakfreeescapes@gmail.com	Inspection Date 11/01/2017	
Inspection Category BUSINESS/MANUFACTURING	Inspection Type ANNUAL	Inspection Status: VIOLATION
Name of the inspector CHAD SHARP	Phone: 3172733864	
Email: csharp@dhs.in.gov		

Violations

VIO-LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	IC 22-14-3-5	<p>Operation without permit or special event endorsement; infraction Sec. 5. (a) This section applies to the following:</p> <p>(1) Each person who has control over the performance of an amusement or entertainment described in IC 22-12-1-23.</p> <p>(2) Each person who has control over a regulated place of entertainment.</p> <p>(b) A person described in subsection (a) commits a Class C infraction if:</p> <p>(1) a regulated place of amusement or entertainment is used for an amusement or entertainment described in IC 22-12-1-23; and</p> <p>(2) no regulated place of amusement or entertainment permit or special event endorsement issued under this chapter covers the conditions at the regulated place of amusement or entertainment that affect fire and explosion safety.</p> <p><u>Apply for and obtain annual AE permit. (Instructions provided)</u></p>	12/01/2017
2	2014 Edition IFC 675 IAC 22-2.5	907.2.12.3 Emergency voice/alarm communication system. An emergency voice/alarm communication system, which is also allowed to serve as a public address system, shall be installed in accordance with Section 907.5.2.2 and be audible throughout the entire special amusement building.	12/01/2017
3	2014 Edition IFC 675 IAC 22-2.5	914.7.1 Automatic sprinkler system. Special amusement buildings shall be equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1. Where the special amusement building is temporary, the sprinkler water supply shall be of an approved temporary means. Exception: Automatic sprinklers are not required where the total floor area of a temporary special amuse-	12/01/2017

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11/17

		ment building is less than 1,000 square feet (93 m2) and the travel distance from any point to an exit is less than 50 feet.	
4	Sec. 907.8.3 2014 Edition IFC 675 IAC 22-2.5	Smoke detector sensitivity shall be checked within one year after installation and every alternate year thereafter. After the second calibration test, where sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4-percent obscuration light grey smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of five years. Where the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. <u>Provide proper documentation of smoke detector sensitivity tests.</u>	12/01/2017
5	Sec. 907.8.5 2014 Edition IFC 675 IAC 22-2.5	The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service personnel shall meet the qualification requirements of NFPA 72 for maintaining, inspecting and testing such systems. A written record shall be maintained and shall be made available to the fire code official. <u>Provide proper documentation of annual fire alarm testing report.</u>	12/01/2017

Facility Id	Received By Name	Signature and Date
BU28355		