

**APPLICATION FOR VARIANCE**State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013INDIANA 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)

18-04-04

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

Name of applicant	Title
MARK HAVER	MANAGING MEMBER
Name of organization	Telephone number
ARLIKA PROPERTIES, LLC d/b/a FAIRVIEW COURT APARTMENTS	(260) 745-2849
Address (number and street, city, state, and ZIP code)	
952 HAVER DRIVE, HICKSVILLE, OH 43526	

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

Name of applicant	Title
JAMES CALKINS	MANAGER
Name of organization	Telephone number
FAIRVIEW COURT APARTMENTS	(260) 745-2849
Address (number and street, city, state, and ZIP code)	
522 PINEGROVE LANE, FORT WAYNE IN 46807	

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
FAIRVIEW COURT APARTMENTS		ALLEN
Address of site (number and street, city, state, and ZIP code)		
220 HOOVER DRIVE, FORT WAYNE IN 46816		
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	Specific code section
INDIANA FIRE CODE - 2012 EDITION	901.6.1

Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
 PURCHASED BUILDINGS WITH FIRE ALARMS ALREADY DE-COMMISSIONED.
 SINGLE EXTERIOR PULL STATIONS WITH SINGLE HORN.
 WE INSTALLED HARD-WIRED SMOKE DETECTORS WITH BATTERY BACK UP IN EVERY HALLWAY AND IN EVERY APARTMENT.

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 HAVE INSTALLED HARD-WIRED SMOKE DETECTORS WITH BATTERY BACK-UP IN EVERY HALLWAY AND EVERY APARTMENT

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.

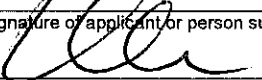
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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 DE-COMMISSIONED SINGLE EXTERIOR PULL STATIONS WITH A SINGLE EXTERIOR HORN DO NOT WORK DUE TO NO ELECTRIC POWER. THERE HAS NOT BEEN ANY ELECTRIC POWER SINCE WE PURCHASED THE PROPERTY IN 2001. CONSEQUENTLY, THE PULL STATIONS HAVE BEEN INACTIVE SINCE 2001.

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)
	MARK HAUER	3/1/18
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)

7017 2400 0000 2037 1493

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FORT WAYNE IN 46802

OFFICIAL USE

Certified Mail Fee	\$3.45	0906
\$	\$2.75	16
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	Postmark Here 03/02/2018
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$1.21	
\$		
Total Postage and Fees	\$7.41	
\$		

Sent To: Allen City Bldg Dept
 Street and Apt. No., or PO Box No.: 100 East Berry St, Suite 180
 City, State, ZIP+4®: Fort Wayne IN 46802

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

POST 2400 0000 2037 1509

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FORT WAYNE IN 46802

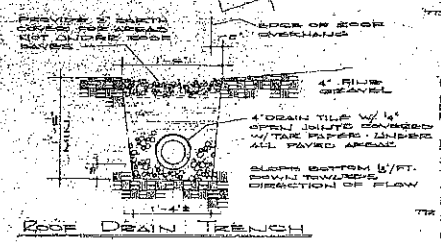
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<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$1.21	
\$		
Total Postage and Fees	\$7.41	
\$		

Sent To: Ft. Wayne Fire Dept
 Street and Apt. No., or PO Box No.: One East Main St, Suite 901
 City, State, ZIP+4®: Fort Wayne IN 46802

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

- UTILITY LEGEND**
- OVERHEAD PRIMARY CABLE
 - OVERHEAD SECONDARY SERVICE AND STREET LIGHT CABLE
 - PAW MOUNT TRANSFORMER
 - SECONDARY PENETRAL
 - LIGHT LOCATION
 - OUTDOOR LIGHT



LEGAL DESCRIPTION OF PROPERTY
 PART OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 26, TOWNSHIP 30 NORTH, RANGE 12 EAST, 18 ALLEN COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO WIT: THEN BEGINNING ON THE NORTH LINE OF SAID TRACT AT A POINT SITUATED 675.0 FEET EAST OF THE NORTHWEST CORNER THEREOF; THENCE RUNNING EAST ON THE FOREHAND LINE 647.5 FEET (BEARING 846.9 FEET) TO THE NORTHEAST CORNER OF SAID TRACT; THENCE SOUTHERLY BY A DEFLECTION ANGLE OF 95 DEGREES AND 12 MINUTES RIGHT ON THE EAST LINE OF SAID SOUTHWEST QUARTER SECTION 26, 516.4 FEET (BEARING S10 DEGREES WESTERLY, BY A DEFLECTION ANGLE OF 90 DEGREES 34 MINUTES RIGHT ALONG AN EXISTING LINE FENCE, 597.6 FEET (BEARING S89.5 FEET); THENCE SOUTHWESTERLY BY A DEFLECTION ANGLE OF 26 DEGREES AND 20 MINUTES LEFT (BEARING 26 DEGREES AND 30 MINUTES) 41.7 FEET; THENCE NORTHERLY BY DEFLECTION ANGLE OF 116 DEGREES AND 46 MINUTES RIGHT, 150.9 FEET (BEARING 140 FEET); THENCE WEST BY A DEFLECTION ANGLE OF 90 DEGREES AND 10 MINUTES LEFT ON A LINE PARALLEL WITH A NORTH LINE OF SAID TRACT, 25.0 FEET; THENCE NORTHERLY BY A DEFLECTION ANGLE OF 26 DEGREES AND 15 MINUTES RIGHT, AND PARALLEL WITH A CENTER LINE OF CALHOUN STREET 379.0 FEET TO THE POINT OF BEGINNING, CONTAINING 7.538 ACRES OF LAND.



NOTES:
 ELECTRICAL UNDERGROUND SERVICE AND OUTDOOR LIGHTING TO BE PROVIDED BY UTILITY CO. (S.E.C.)
 FOR COPIES OF WORK SEE PLAN NO. 1

INCLUDED IN THIS DOCUMENT, THE UNDERSIGNED CIVIL ENGINEER AND LAND SURVEYOR, BECOMING UNDER THE LAWS OF INDIANA, CERTIFIES HE HAS MADE A THOROUGH SURVEY OF EACH OF THE SOUTHWEST QUARTERS OF THE SOUTHWEST QUARTER OF SECTION 26, TOWNSHIP 30 NORTH, RANGE 12 EAST, 18 ALLEN COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED IN THE SPECIFICATION OF SAID TRACT APARTMENTS.
 I HEREBY CERTIFY UNDER PENALTY TO BE CONSIDERED AS TRUE.

UTILITY SERVICE AND TOPOGRAPHY PLAN
 ELECTRIC - WATER - SEWER

3	FAIRVIEW COURT APARTMENTS	Commission Nos. 7001 MAY 15, 1970
	FAIRVIEW LANDS INC. FORT WAYNE, INDIANA THE OFFICE OF JANKOWSKI SCHULZ, ARCHITECTS 6001 ANTHONY BOULEVARD FORT WAYNE, INDIANA	