



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)

18-85-03

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

Name of applicant QUEEN OF ANGELS	Title
Name of organization QUEEN OF ANGELS	Telephone number ()
Address (number and street, city, state, and ZIP code) 1500 WEST STATE BLVD FORTWAYNE, IN 46808	

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

Name of applicant RICHARD MCKEO	Title BUSINESS MANAGER
Name of organization QUEEN OF ANGELS CATHOLIC CHURCH	Telephone number (260) 482-9411
Address (number and street, city, state, and ZIP code) 1500 WEST STATE BLVD FORT WAYNE, IN 46808	

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 REMOVE FIRE HOSES FROM CABINET	State project number	County ALLEN
Address of site (number and street, city, state, and ZIP code) 1600 WEST STATE FORT WAYNE, IN 46808		
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
INTERNATIONAL FIRE CODE 2012 EDITION	901.61
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)	
2 FIRE HOSE CABINETS IN SCHOOL BUILDING PERMISSION REQUESTED TO REMOVE EACH HOSE	

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:

QUEEN OF ANGELS SCHOOL WILL PLACE A FIRE EXTINGUISHER IN EACH HOSE CABINET.

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:

EVERY YEAR HOSES ARE SERVICED. EXPENSE IS HIGH.
CODE NO LONGER REQUIRES HOSES TO BE IN OUR FACILITY.

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)
<i>Richard E. McKee</i>	RICHARD E. MCKEE	3-10-18
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)
<i>Richard E. McKee</i>	RICHARD E. MCKEE	3-10-18

Queen of Angels Parish

1500 West State Boulevard
Fort Wayne, Indiana 46808-3197
(260) 482-9411
Fax: (260) 471-0005

To: Indiana Dept. of Homeland Security
302 West Washington Street Room 248
Indianapolis, IN. 46204-2739

From: Queen of Angels Catholic Church
1500 West State Blvd
Fort Wayne, Indiana 46808

March 12, 2018

To Whom It May Concern:

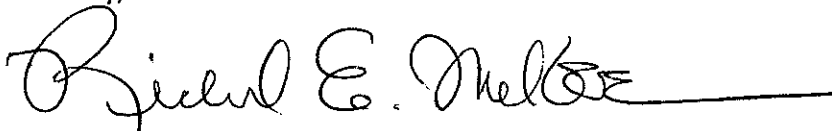
Queen of Angels Catholic Church is applying for a variance from the Indiana Department of Homeland Security.

The variance involves removing hoses from two cabinets.

A fire extinguisher will be put in each cabinet.

It is our hope that the application variance will be approved by April 1, 2018.

Sincerely,



Richard E. McKee
Business Manager
Queen of Angels Catholic Church

enclosures

cc: John Caywood, Building Commissioner (Certified Letter)
200 E. Berry Suite 180 Fort Wayne, IN 46802

Fire Marshall Chief James Murua (Certified Letter)
1 East Main Street Suite 901 Fort Wayne, IN 46802

Hayes, Blake

From: Q of A Parish <queenofangelsparish@comcast.net>
Sent: Tuesday, May 01, 2018 9:59 AM
To: Hayes, Blake
Subject: FW: Email request - variance for Queen of Angels

Follow Up Flag: Follow up
Flag Status: Flagged

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Email confirmation per your request.
Richard McKee
Business Manager

From: Jim Murua [mailto:Jim.Murua@cityoffortwayne.org]
Sent: Monday, April 30, 2018 6:35 PM
To: Q of A Parish
Subject: RE: Email request - variance for Queen of Angels

I forwarded this email to the variance online.

"The Fort Wayne Fire Department has received the variance for Queen of Angels to remove the fire hoses. We will abide by the commissions' ruling."

Asst. Chief Jim Murua- Fire Marshal
Fort Wayne Fire Department
One East Main Street
Fort Wayne, IN 46802
260-427-1479

From: Q of A Parish [mailto:queenofangelsparish@comcast.net]
Sent: Friday, April 27, 2018 9:42 AM
To: Jim Murua
Subject: Email request - variance for Queen of Angels

I received a call from Blake Hayes from the Department of Homeland Security in Indianapolis. He needs to have an email from your office sent to me that indicates you have received the variance request for Queen of Angels school.

Please forward an email to me at your earliest convenience that states that you have received the variance request.

Thanks for your help in this matter.

Richard McKee
Business Manager

Hayes, Blake

From: Q of A Parish <queenofangelsparish@comcast.net>
Sent: Friday, May 04, 2018 9:21 AM
To: Hayes, Blake
Subject: FW: Request for email verification

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Email confirmation per your request.

Richard McKee
Business Manager
Queen of Angels Catholic Church and School
1500 West State Blvd.
Fort Wayne, Indiana 46808

From: John Caywood [mailto:John.Caywood@co.allen.in.us]
Sent: Friday, April 27, 2018 3:09 PM
To: Q of A Parish
Subject: RE: Request for email verification

I acknowledge receipt of the variance.

John Caywood

From: Q of A Parish [mailto:queenofangelsparish@comcast.net]
Sent: Friday, April 27, 2018 11:01 AM
To: John Caywood
Subject: Request for email verification

On 3-13-18, a cover letter and application for variance were delivered to your office. A copy of the delivery verification and variance application are attached.

Mr. Blake Hayes of the Department of Homeland Security in Indianapolis is requesting that I obtain an email verification that your department has received the variance application.

I would appreciate it very much if you could reply to this email that you have received the variance application.

A prompt reply would permit the variance request to go forward into the May agenda for action by the Department of Homeland Security.

Thanking you in advance for your help.

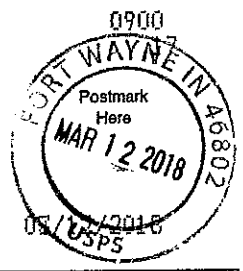
7016 2070 0001 1052 9043

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Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee \$ each/plate)	\$7.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$11.00
<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	\$0.00
Postage	\$0.50
Total Postage and Fees	\$6.70



Sent To JOHN CAMWOOD Building Commission
 Street and Apt. No., or PO Box No. 200 E. BERRY ST SUITE 186
 City, State, ZIP+4® FORT WAYNE IN 46802

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

7016 2070 0001 1052 9036

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FORT WAYNE IN 46802
OFFICIAL USE

Certified Mail Fee	\$3.45
Extra Services & Fees (check box, add fee \$ each/plate)	\$7.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$11.00
<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	\$0.00
Postage	\$0.50
Total Postage and Fees	\$6.70



Sent To FIRE MARSHAL CHIEF JAMES MORJA
 Street and Apt. No., or PO Box No. 1201ST MAIN STREET
 City, State, ZIP+4® FORT WAYNE, IN 46802

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