



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)

19-04-01 A

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

Name of applicant Dennis Fausset	Title Owner
Name of organization	Telephone number (317-) 695-6097
Address (number and street, city, state, and ZIP code) 5088 E. CR 850N, Kirklín, IN 46050	

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

Name of applicant Eric Scherder	Title Commercial Launch Manager
Name of organization DowAgroSciences/Corteva Agriscience	Telephone number (515) 868-1889
Address (number and street, city, state, and ZIP code) 9330 Zionsville Road, Indianapolis, IN 46268	

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 Corteva Agriscience Show Farm Tents	State project number	County Boone
Address of site (number and street, city, state, and ZIP code) 5088 E. CR 850 N, Kirklín, IN 46050		
Type of project <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input 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):

- 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? <input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input checked="" 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 checked="" 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 2014 Addition Indiana Fire Code	Specific code section 3103.5
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
 ONE— 40'x100' tent will be in place longer than 30 days-No Sides (6/1/2019 thru 8/31/2019 and 6/1/2020 thru 8/31/2020 and 6/1/2021 thru 8/31/2021)
 THREE- 30'x30' tents will be in place longer than 30 days-No Sides (6/1/2019 thru 8/31/2019 and 6/1/2020 thru 8/31/2020 and 6/1/2021 thru 8/31/2021)
 FOUR- 20'x20' Tents will be in place longer than 30 days-No Sides (6/1/2019 thru 8/31/2019 and 6/1/2020 thru 8/31/2020 and 6/1/2021 thru 8/31/2021)

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:

Each tent will have no attached side walls and will be open on all sides at all times, including while persons are present.

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 Corteva Agriscience Show Farm is open to the public from 7/9/2019-8/30/2019 & 7/6/2020-8/31/2020 & 7/5/2021-8/31/2021. While the public is visiting, the tents provide relief from the sun and weather events. The Corteva Agriscience Show Farm is open for employees from 6/1/2019-8/31/2019 & 6/1/2020-8/31/2020 & 6/1/2021-8/31/2021. While employees are at the Show Farm, the tents provide relief from the sun and weather events. The tents are also used for meetings and presentations with customers and employees.

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 <i>Eric Scherder</i>	Please print name Eric Scherder	Date of signature (month, day, year) 3/1/2019
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 <i>Dennis Fausset</i>	Please print name Dennis Fausset	Date of signature (month, day, year) 3/5/2019
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Corteva Agriscience Show Farm

Maps for Variance Request



2019 Corteva Agriscience
Showcase Demonstration

Remington Hybrid Seed

Remington Seeds

Co-Alliance

Sample Ditch

Sample Ditch

N Michigan Rd

421 Snc

421 Snc

Strawtown Rd

Strawtown Rd

42

43

Strawtown Rd

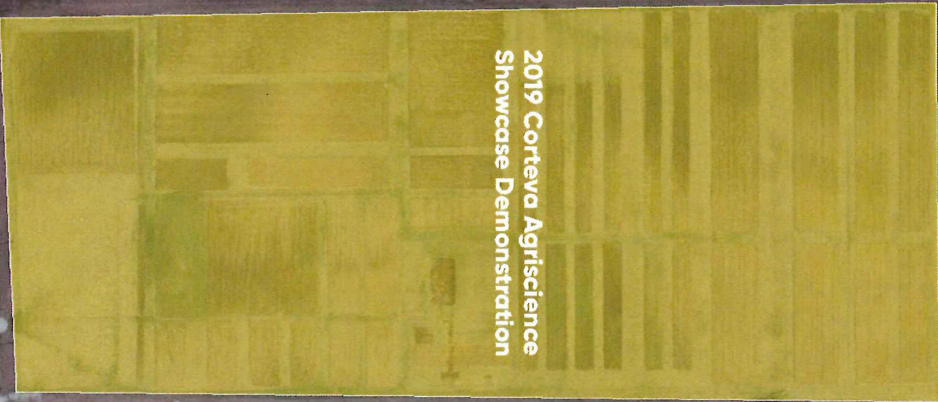
42

Strawtown Rd

42

Google

2019 Corteva Agriscience
Showcase Demonstration



Remington Hybrid Seed

Remington Seeds

Go-Alliance

Strawtown Rd

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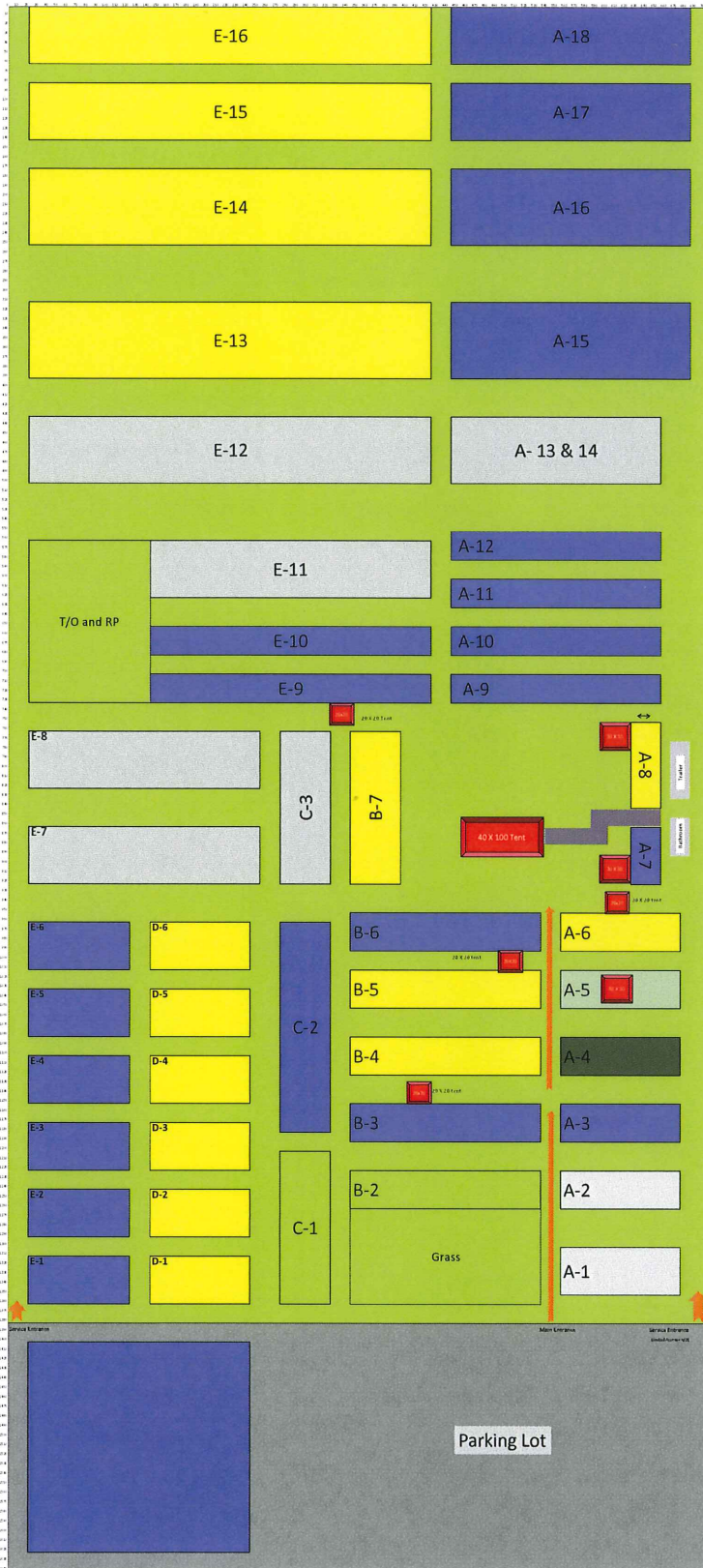
421 Snc

421 Snc

N Michigan Rd

2019 Corteva Agriscience -Showcase Demonstration

2019 Corteva Agriscience -Showcase Demonstration - Sheridan IN



Corteva Agriscience
Agriculture Division of DowDuPont

1--40x100 Tent
3--30x30 Tents
4--20x20 Tents

Shown in RED



Building Official

I, NEAL "SKIP" HART, of BOONE COUNTY AREA PLANNING

Hereby certify that I have received a copy of the variance application for the 2019-2021 Dow AgroSciences Show Farm—tents.

Skip Hart

NHART@co.boone.in.us

Signed *Neal J Hart*

Date 3/5/2019



Fire Official

I, Bret Merriman, of Sheridan Fire Dept

Hereby certify that I have received a copy of the variance application for the 2019-2021 Dow AgroSciences Show Farm—tents.

Bret Merriman

sherfire@logical123.net

Signed Bret Merriman, F.C.

Date 3/5/2019

Check #2200544117

Smith, Pamela (P)

From: Smith, Pamela (P)
Sent: Monday, March 11, 2019 9:28 AM
To: Scott, Shannon
Cc: Smith, Pamela (P)
Subject: Check #2200544117 Filing fee for variance-Pam Smith

Hi Shannon,

Hope you had a good weekend.

I am sending an application for a variance to you to arrive tomorrow 3/12/2019, for the April 2nd meeting. I have been waiting on the check for the application fee to arrive at my office so I could include it with the packet. I was just informed that it was inadvertently mailed to the address below:

**INDIANA DEPARTMENT OF HOMELAND SECURITY
302 WEST WASHINGTON STREET
INDIANAPOLIS, IN 46204**

**CHECK#2200544117 On the check it will say:
ATT: PAM SMITH/FILING FEE FOR VARIANCE**

I do not know how your mail system works, but am hoping you can find it. Please let me know if you have the check. Phone#317-443-4427 So sorry for any extra work I may cause you.

Thanks,
Pam

Pamela Smith, Event Staff
Office: 317-337-4998 Fax: 317-337-7847 Cell:317-443-4427
smith2772f2@dow.com

Corteva Agriscience™
Agriculture Division of DowDuPont™

Dow AgroSciences LLC
9330 Zionsville Road, Indianapolis, IN 46268

www.corteva.com

Check #2200544117
Sent to above!!

TO:

Indiana Department of Homeland Security

Code Services Section

302 West Washington Street

Indianapolis, IN 46204-2739

ROOM W276
ATT: Shannon Scott

Phone#317-232-1402

Scott, Shannon SScott@dhs.IN.gov

FROM:

Pamela Smith

9330 Zionsville Road

Indianapolis, IN 46268

Office:317-337-4998

Cell: 317-443-4427

smith2772f2@dow.com

TO:

Indiana Department of Homeland Security

Code Services Section

302 West Washington Street

ROOM W246

Indianapolis, IN 46204-2739

ATT: Shannon Scott

Phone#317-232-1402

Scott, Shannon SScott@dhs.IN.gov

Indiana Department of Homeland Security
302 W. Washington Street
Indianapolis, IN 46204

MAR 18 2019

FROM:

Pamela Smith

9330 Zionsville Road

Indianapolis, IN 46268

Office:317-337-4998

Cell: 317-443-4427

smith2772f2@dow.com

*check to be
included with
application!*



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