

VARIANCE # 19-06-02

SBC PROJECT #

PROJECT NAME

Removal of Fire Hoses

SIGNATURES

APPROPRIATE CODE/SECTION

PLANS

LBO NOTIFICATION

NOTIFICATION OF COMM MEETING

LFO NOTIFICATION

CONTACT/DATE

STAFF COMMENTS

~~Email notifications~~ sent to LBO & LFO

Need LBO, LFO
~~owner's name & title~~

1
276
69
345



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/tp_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)

19-06-02

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

Name of applicant	Title
Lowe's Store 0215 (Vhaly Murry)	Lowe's Fire Safety Manager
Name of organization	Telephone number
Lowe's Companies, Inc.	(821) 299-0202
Address (number and street, city, state, and ZIP code)	
4701 South U.S. Hwy 41 Terre Haute, IN 47802	

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

Name of applicant	Title
Vhaly Murry	Lowe's Fire Safety Manager
Name of organization	Telephone number
Lowe's Companies, Inc.	(704) 758-0160
Address (number and street, city, state, and ZIP code)	
1000 Lowe's Blvd Mooresville, NC 28117 Office# 3W307 Loss Prevention Department	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

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

4. PROJECT IDENTIFICATION

Name of project	State project number	County
Removal of Fire Hoses		Vigo
Address of site (number and street, city, state, and ZIP code)		
4701 South U.S. Hwy 41 Terre Haute, IN 47802		
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):

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 International Fire Code / Fire Protection & Life Safety Systems	Specific code section Chapter. 9 Section 901.6
---	--

Nature of non-compliance (include a description of spaces, equipment, etc involved as necessary)
Section 901.6: Fire detection and alarm systems, emergency alarm systems, gas detection systems, fire extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested, and maintained or removed.

Requested Variance: Fire hose systems located in our stores would not be used by employees during an emergency. The reason is due to the the lack of trained fire suppression personnel in the store. Lowe's policy is for employees and customers to exit the building upon notification of fire alarm system. At the request of the local fire chief, we wish to removed the fire hoses from the store location. However, we intend to keep the standpipe systems operational for fire department use during an emergency.

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:
All applicable Building & Fire/ Life Safety Codes were followed during the construction process of the structure. Additionally, no modifications have been or will be made to any of the detection, notification or automatic suppression system within or around the structure. Furthermore, the detection, notification and automatic suppression systems are tested and maintained to code.

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:
N/A


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 Walsh Murray	Date of signature (month, day, year)
Signature of design professional (if applicable)	Please print name N/A	Date of signature (month, day, year) N/A

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 Walsh Murray	Date of signature (month, day, year)
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Name of organization	Telephone number
Lowe's Companies, Inc.	(704) 758-0160
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Local Building Department State Fire and Building Code Enforcement Section Local Fire Department

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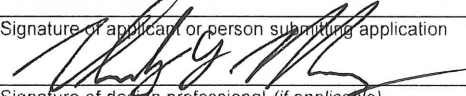
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Facts demonstrating that the above selected statement is true:
 N/A

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 Vhalyn Murry	Date of signature (month, day, year) 04/18/19
Signature of design professional (if applicable)	Please print name N/A	Date of signature (month, day, year) N/A

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)
------------------------	-------------------	--------------------------------------

WACH EXP01 EM

LOWE'S[®]

66-156
531

P O BOX 1111

WELLS FARGO BANK, N.A.

CHECK NO. [REDACTED]

NORTH WILKESBORO, NORTH CAROLINA 28656

PAY

DATE

AMOUNT

TWO HUNDRED SEVENTY SIX AND 00/100 *** 04/23/19
DOLLARS *****

*****276.00

MAY 1 2019

VOID AFTER 90 DAYS

TO
THE
ORDER
OF

INDIANA DEPARTMENT OF HOMELAND SECURITY
DIV. OF FIRE & BUILDING SAFETY
402 W. WASHINGTON ST., RM.E245
PLAN REVIEW BRANCH

MR Ellen
[Signature]

INDIANAPOLIS IN 46204-2739

[REDACTED]

LOWE'S[®]

P O Box 1111
North Wilkesboro, NC 28656

▲ Detach Here ▲

Statement of Remittance

STORE	REF.NO.	INVOICE NO.	DATE	VOUCHER	GROSS AMOUNT	DISCOUNT	NET AMOUNT	
	110620	0000116303	041819	CH9LW8	276.00	.00	276.00	
CHECK NO.					TOTAL GROSS		TOTAL AMOUNT	
0423190000126656 INDIANA-DEPART					276.00		276.00	

Honey Creek Fire Department
Office of Fire Prevention and Building Safety
1139 E. Springhill Dr., Terre Haute, IN 47802-4352
Notice of Inspection

Name of Business: Lowe's

Address: 4701 S US HWY 41 Name of Representative: Jeff Crayton
Lauren Dantford '18

Violations Found:

- 1.) Exit signs not illuminated 1011.3
(outside main + garden area)
- 2.) Compressed gases fall protection 5303 5.3 corrected 11/16
(Northeast corner) (outside lumber floor)
- 3.) Obstruction of a means of egress 10303 Corrected 10/19
(middle of East wall)
- 4.) Not maintaining fire systems 901.6 (2000/2011)
(hoses on standpipes not serviced)
- 5.) Obstruction or impairment of fire assemblies 703.2
(standpipe at Northwest corner obstructed)

- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

All Code References Are From The Current Indiana Fire Prevention Code

Inspected By: Bill Koellner Date: 8/24/18

Signature of Representative: [Signature]

Time in: _____ Time out: _____

Honey Creek Fire Department
Office of Fire Prevention and Building Safety
1139 E. Springhill Dr., Terre Haute, IN 47802-4352
Notice of Inspection

Name of Business: Low's


Address: 4701 S. US Hwy 41 Name of Representative: Jeff Geppner

Violations Found:

- 1.) Not maintaining a 20 ft wide by 13 ft high Fire Apparatus access road. 503.2.1
- 2.) Obstruction of a Fire Hydrant. 509.2 (across from Fire)
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

All Code References Are From The Current Indiana Fire Prevention Code

Inspected By: Bill Keelber Date 11/16/18

Signature of Representative:  11/16/18

Time in: _____ Time out: _____

Murry, Vhaly - Vhaly

To: daniel.bell@terrehaute.in.gov
Subject: Lowe's Fire Hose Variance
Attachments: 44400 (1).doc

Mr. Bell,

I am the new Fire Safety and Hazardous Material Product Manager for Lowe's Companies, Inc. As I step into this role, I have become aware of the request made by, Chief Hughes, for Lowe's to apply for a variance with the Indiana Department of Homeland Security Code Service, to remove the fire hose from our standpipes. Per his request, I have begun the necessary steps required to undertake the task of removing the hoses from our standpipes. I want to ensure you that the variance that will be filed shall only address that concern. I have attach a copy of the variance to this email for transperance and your records. I look forward to building our working relationship and thank you for your time.

Below my contact information is listed. If you ever have any questions or concerns regarding a Lowe's store, please feel free to contact me day or night. My cell phone is always on and its always on my person.

Thanks,

Vhaly Murry
Loss Prevention Division
Fire Safety & Hazardous Material Product Manager
1000 Lowe's Blvd
Office #3W307
 Mooresville, NC 28117
O: 704-758-0160
C: 704-351-1963

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Murry, Vhaly - Vhaly

To: montehughes@vigocountyfire.com
Subject: Lowe's Fire Hose Variance
Attachments: 44400 (1).doc

Chief Hughes,

I am the new Fire Safety and Hazardous Material Product Manager for Lowe's Companies, Inc. As I step into this role, I have become aware of your request for Lowe's to apply for a Variance with the Indiana Department of Homeland Security Code Service, to remove the fire hose from our standpipes. Per your request, I have begun the necessary steps required to undertake the task of removing the hoses from our standpipes. I want to ensure you that the variance that will be filed with the DHLS shall only address that concern. I have attach a copy of the variance to this email for transparence and your records. I look forward to building our working relationship and thank you for your time.

Below my contact information is listed. If you ever have any questions or concerns regarding a Lowe's store, please feel free to contact me day or night. My cell phone is always on and its always on my person.

Thanks,

Vhaly Murry
Loss Prevention Division
Fire Safety & Hazardous Material Product Manager
1000 Lowe's Blvd
Office #3W307
 Mooresville, NC 28117
O: 704-758-0160
C: 704-351-1963

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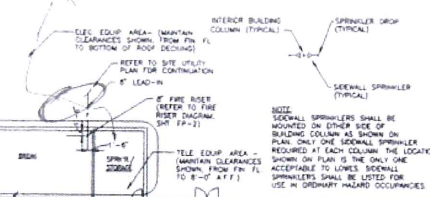
- affected area

DESIGN CRITERIA FOR SPRINKLER/ ELEC. BREAK RM. MEN, WOMEN, CORRIDOR, ZONE MGR. & TRAINING RM. SYSTEM

- WET SYSTEM
- BRASS UPRIGHT SPRINKLERS
- EXCEPT FOR AREAS WITH LAT-IN CEILING, WINDUP CHROME PENDENT SPRINKLERS WITH ELECTRO-ION PLATES WILL BE REQUIRED
- ORDNANCE HAZARD GROUP
- PROTECTION AREA PER SPRINKLER SHALL BE A MAX OF 130 SQ. FT.
- DESIGN DENSITY 0.12 GPM/50 FT PER 1000
- 50 FT OF SPRINKLER OPERATION (NFPA 13)
- EXPOSED CEILING STRUCTURE
- TEMPERATURE RATING OF SPRINKLER 165 F

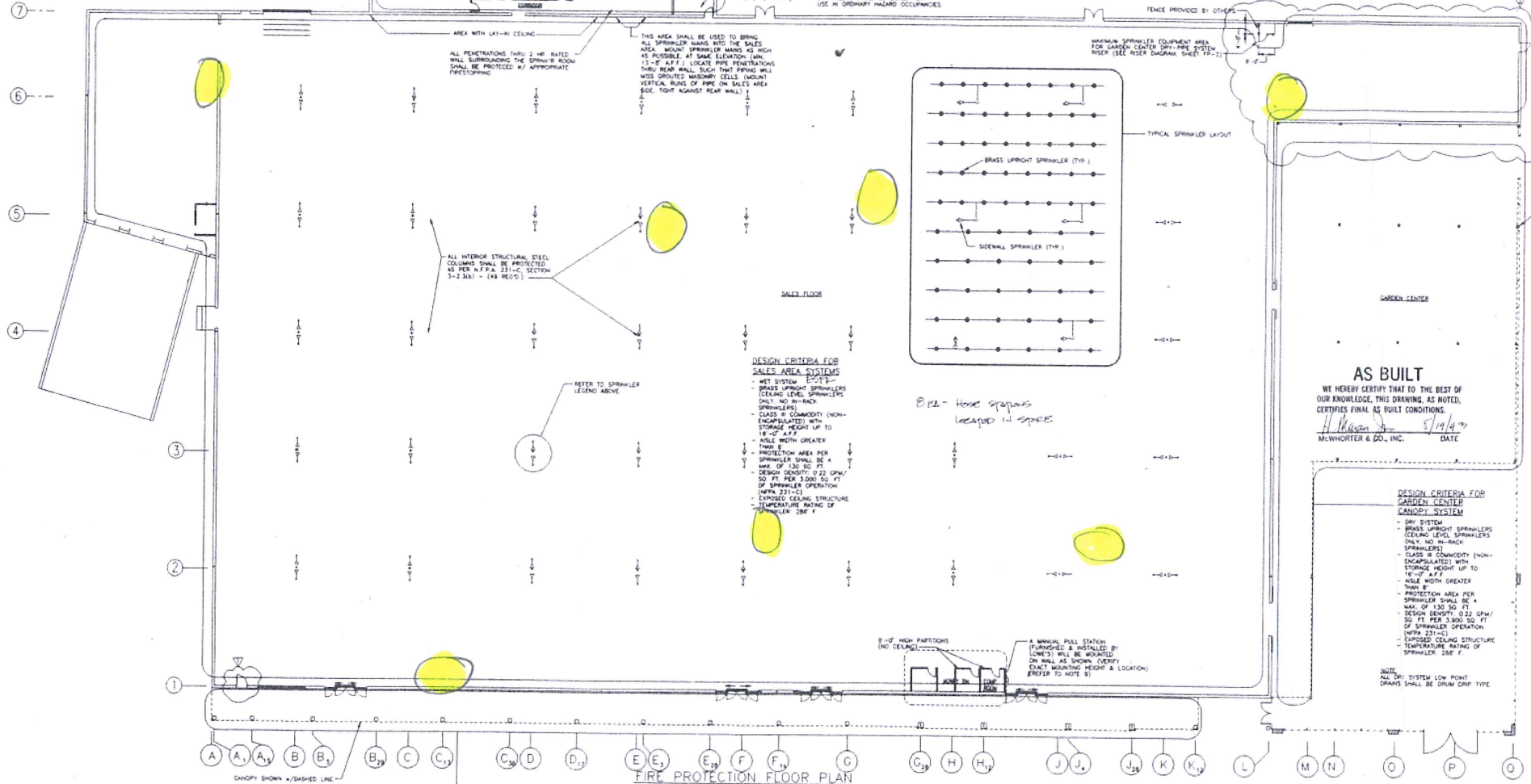
NOTE: REFER TO ELECTRICAL DRAWINGS FOR LOCATION OF LAT-IN CEILING AND LIGHTING WITHIN THIS BUILDING.

SPRINKLER LEGEND



FIRE PROTECTION NOTES

1. THE ENTIRE BUILDING SHALL BE FULLY SPRINKLERED. THE ENTIRE FIRE PROTECTION SYSTEM SHALL MEET ALL FEDERAL, STATE, AND LOCAL CODES AND ORDINANCES AND MUST BE APPROVED BY THE LOCAL AUTHORITY HAVING JURISDICTION AND INSURANCE TECHNICAL OFFICE (WHEN APPLICABLE).
2. REFER TO THE FIRE PROTECTION SPECIFICATIONS FOR ADDITIONAL INFORMATION REGARDING THE FIRE PROTECTION SYSTEM.
3. THE SPRINKLER SUBCONTRACTOR SHALL ASSURE THAT SPRINKLER PIPES ARE SUPPORTED SUCH THAT NO POINT LOADS TO JOISTS SHALL EXCEED 100# AND THAT ALL POINT LOADS IN EXCESS OF 100# OCCUR WITHIN 8" OF A JOIST HANG POINT.
4. SIZING OF ALL PIPES AND ALL SPRINKLER ACCESSORIES (UNLESS NOTED OTHERWISE) SHALL BE THE RESPONSIBILITY OF THE SPRINKLER SUBCONTRACTOR.
5. ALL INSPECTORS TEST CONNECTIONS AND LOW POINT DRAINS SHALL BE PER NFPA 13 AND SHALL BE DISPLAYED ON SHOP DRAWINGS. COORDINATE WITH LOWE'S PROJECT MANAGER FOR ACCEPTABLE MOUNTING HEIGHTS AND LOCATIONS.
6. THE SPRINKLER SUBCONTRACTOR SHALL BE RESPONSIBLE FOR FURNISHING AND INSTALLING PORTABLE FIRE EXTINGUISHERS WITHIN ALL BUILDINGS ON "LOWE'S" SITE AS REQUIRED BY NFPA 10 AND THE AUTHORITY HAVING JURISDICTION.
7. THE SPRINKLER SYSTEMS WITHIN THIS BUILDING ARE MONITORED BY A CENTRAL STATION SIGNALING SYSTEM (FURNISHED AND INSTALLED BY LOWE'S). ALL TAMPER SWITCHES, WATERFLOW INDICATORS, AND ALARM PRESSURE SWITCHES SHALL BE INSTALLED BY THE SPRINKLER SUBCONTRACTOR AND WIRED TO THE CENTRAL STATION SIGNALING SYSTEM BY LOWE'S CONTRACTOR.
8. THE SPRINKLER SUBCONTRACTOR SHALL MEET WITH LOWE'S PROJECT MANAGER (AT THE EARLIEST POSSIBLE DATE), TO DETERMINE THE APPROPRIATE TIME FOR THESE ITEMS TO BE INSTALLED.
9. THE LOCATION FOR THE 8" LEAD-IN, SHOWN ON THIS SHEET IS THE ONLY LOCATION ACCEPTABLE BY LOWE'S. IF A PROBLEM ARISES, CONTACT LOWE'S ENGINEERING DEPARTMENT IMMEDIATELY FOR CLARIFICATION.
10. A MANUAL PULL STATION SHALL BE FURNISHED AND INSTALLED BY LOWE'S, WHICH REQUIRED FOR COMPLIANCE WITH CODES. REFER TO PLAN FOR LOCATION OF MANUAL PULL STATIONS.
11. THE SPRINKLER CONTRACTOR SHALL COORDINATE WITH THE PLUMBING CONTRACTOR FOR THE EXACT LOCATION OF THE FLOOR DRAIN IN THE SPRINKLER ROOM.



DESIGN CRITERIA FOR SALES AREA SYSTEMS

- WET SYSTEM
- BRASS UPRIGHT SPRINKLERS
- CEILING LEVEL SPRINKLERS ONLY, NO IN-BACK SPRINKLERS
- CLASS II COMMODITY (NON-ENCAPSULATED) WITH STORAGE HEIGHT UP TO 18'-0" A.F.F.
- AISLE WIDTH GREATER THAN 8'
- PROTECTION AREA PER SPRINKLER SHALL BE A MAX OF 130 SQ. FT.
- DESIGN DENSITY 0.12 GPM/50 FT PER 3,000 SQ. FT. OF SPRINKLER OPERATION (NFPA 231-C)
- EXPOSED CEILING STRUCTURE
- TEMPERATURE RATING OF SPRINKLER 288 F

8"-10" HOSE STAPLES LEAVED IN SPACE

AS BUILT

WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE, THIS DRAWING, AS NOTED, CERTIFIES FINAL AS BUILT CONDITIONS.

H. Hagan 3/19/14 DATE

McWHORTER & CO., INC.

DESIGN CRITERIA FOR GARDEN CENTER CANOPY SYSTEM

- DRY SYSTEM
- BRASS UPRIGHT SPRINKLERS
- CEILING LEVEL SPRINKLERS ONLY, NO IN-BACK SPRINKLERS
- CLASS II COMMODITY (NON-ENCAPSULATED) WITH STORAGE HEIGHT UP TO 18'-0" A.F.F.
- AISLE WIDTH GREATER THAN 8'
- PROTECTION AREA PER SPRINKLER SHALL BE A MAX OF 130 SQ. FT.
- DESIGN DENSITY 0.12 GPM/50 FT PER 3,000 SQ. FT. OF SPRINKLER OPERATION (NFPA 231-C)
- EXPOSED CEILING STRUCTURE
- TEMPERATURE RATING OF SPRINKLER 288 F

NOTE: ALL DRY SYSTEM LOW POINT DRAINS SHALL BE DRAIN CRIP TYPE

DESIGN CRITERIA FOR FRONT CANOPY SYSTEM

- DRY SYSTEM
- CHROME PENDENT SPRINKLERS WITH ELECTRO-ION PLATES
- ORDNANCE HAZARD GROUP
- PROTECTION AREA PER SPRINKLER SHALL BE A MAX OF 130 SQ. FT.
- DESIGN DENSITY 0.15 GPM/50 FT PER 1,500 SQ. FT. OF SPRINKLER OPERATION (NFPA 13)
- PAINTED EXP. 800 CEILING
- TEMPERATURE RATING OF SPRINKLER 165 F

NOTE: ALL DRY SYSTEM LOW POINT DRAINS SHALL BE DRAIN CRIP TYPE



Lowe's Companies, Inc.
1000 Lowe's Boulevard
Mooreville, NC 28117

222

Presort
First Class Mail
CombAsPrice



U.S. POSTAGE PITNEY BOWES



ZIP 28217 \$ 000.75⁵
02 4W
0000355563 APR 25 2019

460 462 46202 H7-135 46202

04/26/2019



4091190425-174122950

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CRQLPB3



INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 WEST WASHING STREET
RM W246
INDIANAPOLIS, IN 46204-2739