



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)

15-08-09

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

Name of applicant MIKE HAYDEN	Title LP MANAGER
Name of organization CO-ALLIANCE LLP	Telephone number (317) 745-4491
Address (number and street, city, state, and ZIP code) 5250 E. US Hwy. 36, AVON, IN 46123	

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

Name of applicant SAME	Title
Name of organization	Telephone number ()
Address (number and street, city, state, and ZIP code)	

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 CO-ALLIANCE LLP	State project number	County BOONE
Address of site (number and street, city, state, and ZIP code) 500 SOUTH FRONT ST., THORNTOWN, IN 46071		
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 <i>NFPA 58 2011</i>	Specific code section <i>6.3 CONTAINER SEPERATION DISTANCES</i>
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.) <i>PER NFPA 58, 6.3, 6.3.1 AND 6.3.2 CONTAINER SEPERATION DISTANCE FROM ADJACENT BUILDINGS IS 25'. DISTANCE FROM TANK TO BUILDING IS NOW 23'. POINT OF ACTUAL PRODUCT TRANSFER, TRUCK BULKHEAD, WILL BE RELOCATED TO 25', LEAVING ONLY EAST SIDE OF TANK AT 23'. ALL OTHER NFPA 58 CODES WILL BE COMPLIED WITH AS NORMAL.</i>	

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 NFPA 58, INSTALLATION OF LP-GAS SYSTEMS, PROVISIONS WILL BE IN COMPLIANCE.

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:
RELOCATION OF TANKS AND EQUIPMENT WOULD IMPOSE EXCESSIVE COST AND AFFECT THE GEOGRAPHIC AREA OF CUSTOMER SERVICE.

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>[Signature]</i>	Please print name <i>MIKE HAYDEN</i>	Date of signature (month, day, year) <i>5-20-2015</i>
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)
------------------------	-------------------	--------------------------------------

BUILDING
IS
VACANT

23'
25' PER NFPA 58 6.3.2

POINT OF TRANSFER
WILL BE MOVED TO 25'



BUILDING
IS
VACANT

25' PER NFPA 58 6.3.2

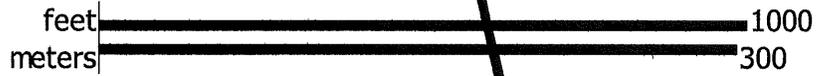
23'

POINT OF TRANSFER
WILL BE MOVED TO 25'





Google earth



PROPERTY BOUNDARY



Google earth



PROPERTY LOCATION



APPLICATION FOR STORAGE FACILITIES FOR FLAMMABLE AND COMBUSTIBLE LIQUIDS AND GASES

State Form 8451 (R2 / 1-95)
Approved by State Board of Accounts, 1995

Indiana Department of Fire and Building Services
PLAN REVIEW DIVISION
Office of the State Building Commissioner
402. W. Washington St., Room E245
Indianapolis, Indiana 46204

SBC project number

OWNER'S CERTIFICATE

Name of firm or owner: **CO-ALLIANCE LLP**

Street address: **5250 E US HWY 36, BLDG 1000**

City and state: **AVON, IN** ZIP code: **46123**

I hereby certify that the design, construction, installation and location of the storage facility listed below will be in compliance with the rules of the Fire Prevention and Building Safety Commission prior to use of same.

Authorized signature: *[Signature]* Telephone number: **(317) 745-4491**

Name (typed or printed): **MIKE HAYDEN** Title: **LP MGR.**

Servicing fire department and address: **SUGAR CREEK TWP** Department identification number: **06-006**

City: **THORNTOWN, IN** Township: **SUGAR CREEK**

INSTALLATION LOCATION

Name of business: **CO-ALLIANCE LLP**

Street address: **500 S. FRONT ST.**

City: **THORNTOWN, IN** County: **BOONE**

Closest intersecting street or road: **IN 47** Is project within city limits? Yes No

SUBMITTED BY

Name of firm or individual: **CO-ALLIANCE LLP**

Street address: **5250 E. US HWY. 36, BLDG. 1000**

City and state: **AVON, IN** ZIP code: **46123**

Name of contact individual: **MIKE HAYDEN** Telephone number: **(317) 745-4491**

Call submitter to pick up release Mail release

Installer's certification number

Pump and tank information (check all that apply)

Split Service Self Service Full Service Public Private

Above Ground Below Ground

INSTALLATION INFORMATION

Substance Type	TANK INFORMATION					Listed or Certified By	Tank Construction (steel, fiberglass, etc.)	* Type of Tank	DISPENSER INFORMATION					
	Number		Capacity		Total (** M)				Number		Electric or Manual	Pump Location At		
	New	Existing	New (** M)	Existing (** M)					New	Existing		Tank	Dispenser	Other
Gasoline														
Diesel														
Kerosene														
L.P. Gas		2	12M	24M		STEEL	PRESSURIZED HORIZONTAL	1	ELEC.					
Others (specify) include flash point °F														

* Type of tank, such as floating, fixed roof, pressurized or vented, vertical or horizontal
** M = 1000 gallons

Filing instruction on back