



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)

15-11-03

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

Name of applicant David Folkner	Title Senior Vice President
Name of organization Normal Life of Indiana	Telephone number (317) 758-5330
Address (number and street, city, state, and ZIP code) 903 Sheridan Avenue, Sheridan IN 46069	

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

Name of applicant Ben Peter	Title Director of Properties
Name of organization ResCare, Inc. (Parent Company)	Telephone number (502) 420-2732
Address (number and street, city, state, and ZIP code) 9901 Linn Station Road, Louisville KY 40223	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

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

4. PROJECT IDENTIFICATION

Name of project Sheridan Avenue Use Change	State project number	County Hamilton
Address of site (number and street, city, state, and ZIP code) 903 Sheridan Avenue, Sheridan IN 46069		
Type of project <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input checked="" 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 Change in use to office only	Specific code section 465IAC2-12-85 (i)
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Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)
 Non operable sprinkler system due to belief from prior building officials that an operable system was waived once the building no longer housed IDD individuals and was converted to use for office space only.

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:
 The property is used solely for office space.

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.

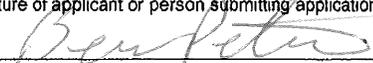
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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:
 There is no need to pay for or maintain a sprinkler system when it is not needed under the proposed use.

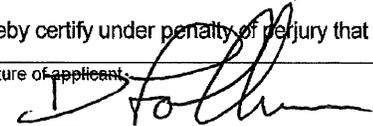
10. STATEMENT OF ACCURACY

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 Ben Peter	Date of signature (month, day, year) 9-30-2015
Signature of design professional (if applicable) NA	Please print name NA	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 David Folkner	Date of signature (month, day, year) 9-30-2015
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FIRE AND BUILDING CODE ENFORCEMENT INSPECTION REPORT ORDER

DIVISION OF FIRE AND BUILDING SAFETY
INDIANA DEPARTMENT OF HOMELAND SECURITY
302 WEST WASHINGTON STREET, RM E241
INDIANAPOLIS, IN 46204
TELEPHONE: 317-232-2222
WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number BU24886	Name of the facility NORMAL LIFE / RES CARE	County HAMILTON
Address of Property 903 S SHERIDAN AVE SHERIDAN IN 46069	Name of the Contact KRISTINE JACKSON	Telephone Number (317) 490-5313
Email ksjackson@rescare.com	Inspection Date 08/20/2015	
Inspection Category BUSINESS/MANUFACTURING	Inspection Type INITIAL	Inspection Status: VIOLATION
Name of the inspector MIKE BARNHART	Phone: 3174176864	
Email: mbarnhart@dhs.in.gov		

Violations

VIC-LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	Sec. 605.6 2014 Edition IFC 675 IAC 22-2.5	Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. <u>There is a switch which is missing a cover in the break area by the rear door.</u>	09/24/2015 10/05/15
2	Sec. 604.2.14.3 2014 Edition IFC 675 IAC 22-2.5	Exit signs, exit illumination as required by Chapter 10, electrically powered fire pumps required to maintain pressure, and elevator car lighting are classified as emergency systems and shall operate within 10 seconds of failure of the normal power supply and shall be capable of being transferred to the standby source. Exception: Exit sign, exit and means of egress illumination are permitted to be powered by a standby source in buildings of Group F and S occupancies. <u>The emergency light at the front entrance is not working properly. It shall be repaired or replaced.</u>	09/24/2015 10/05/15
3	465 IAC 2-12-85(i)	All sprinkler systems, fire hydrants, standpipe systems, fire alarm systems, portable fire extinguishers, smoke and heat detectors, and other fire protective or extinguishing systems or appliances shall be maintained in an operative condition at all times and shall be replaced or repaired where defective. <u>Facility is passed due on tests and inspections for the sprinkler system, fire alarm system, smoke detectors, and type-1 hood system. They were told that when the residents moved out, they no longer had to maintain the sprinkler system or hood system but they could not show the inspector a variance.</u>	09/24/2015 10/05/15

Inspection Notes:

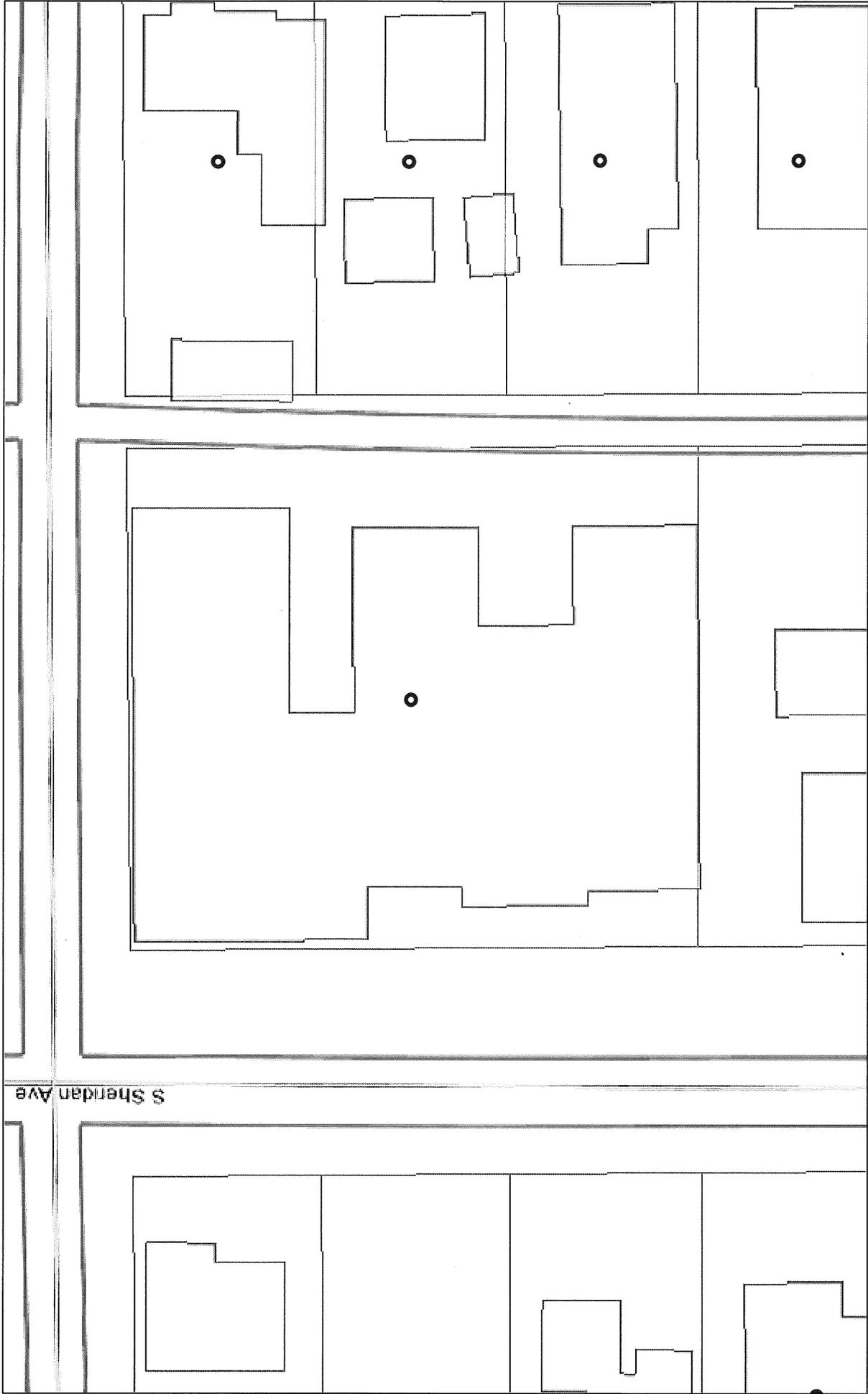
Violations as noted.

Facility Id

Received By Name

Signature and Date

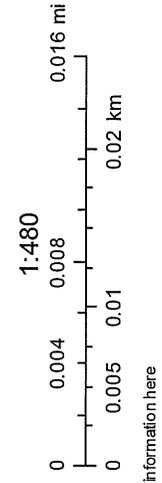
Hamilton County Map



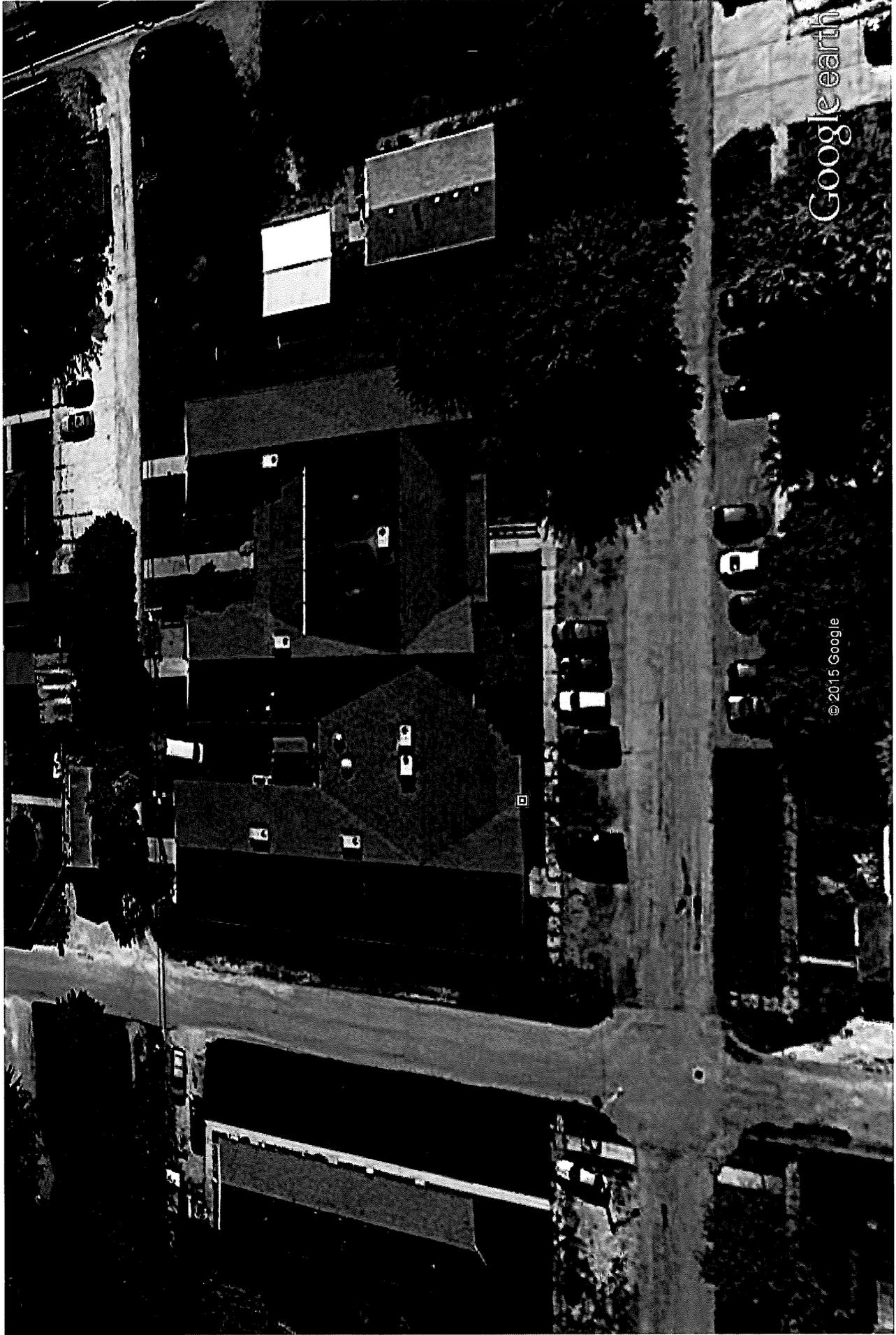
September 30, 2015

-  Ortho Tile Grid
-  Address Points
-  Edge of Pavement
-  Building
-  Building Foundation
-  Parcels

903 S. SHERIDAN



Basemap information here



Google earth

feet
meters

100

50



Google earth

© 2015 Google



9901 Linn Station Road
Louisville, Kentucky 40223-3808

www.ResCare.com

September 30, 2015

Sheridan Fire Department
506 S. Main Street
Sheridan, IN 46069
Attn: Fire Chief Brett Merriman

VIA CERTIFIED MAIL

Re: 903 S. Sheridan Avenue Use Change

Dear Chief Merriman,

Please be advised that we are making application with the Indiana Department of Homeland Security (IDHS) for a Variance changing the use of the above referenced property from "Nursing Home or Hospital" to "Office Building". Pursuant to the instruction sheet that accompanies the IDHS Variance Application, written documentation of this notice showing you were supplied with a copy of the application must accompany our application.

Should you need to discuss this or contact me, please call me at 502-420-2732.

Sincerely,

Ben Peter
Director of Properties
ResCare, Inc. – Eastern US

Cc: Jay Naeem, Regional Director
Leilani Reef, Business Manager

encl

Respect and Care

Assisting People to Reach Their Highest Level of Independence



9901 Linn Station Road
Louisville, Kentucky 40223-3808

www.ResCare.com

September 30, 2015

Sheridan Building and Zoning
506 S. Main Street
Sheridan, IN 46069
Attn: Building Commissioner Tom Cain

VIA CERTIFIED MAIL

Re: 903 S. Sheridan Avenue Use Change

Dear Commissioner Cain,

Please be advised that we are making application with the Indiana Department of Homeland Security (IDHS) for a Variance changing the use of the above referenced property from "Nursing Home or Hospital" to "Office Building". Pursuant to the instruction sheet that accompanies the IDHS Variance Application, written documentation of this notice showing you were supplied with a copy of the application must accompany our application.

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