



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/ig_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)

18-01-09

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

Name of applicant	Title
Brian Thompson	Manager
Name of organization	Telephone number
US Steel	(219) 688-8072
Address (number and street, city, state, and ZIP code)	
1 N Broadway -Gary, IN 46402	

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

Name of applicant	Title
Tom Sulhoff	Repair Manager
Name of organization	Telephone number
Thyssenkrupp Elevator Corp	(708) 372-1199
Address (number and street, city, state, and ZIP code)	
355 Eisenhower Land South- Lombard, IL 60148	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

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

4. PROJECT IDENTIFICATION

Name of project	State project number	County
4 Blast Furnace	160541	Lake
Address of site (number and street, city, state, and ZIP code)		
1 N Broadway -Gary, IN 46402		
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?

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 Smoke Alarms and Heat Detection Not Present With Device	Specific code section 2.27.3.2
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.) Elevator structure has no smoke alarms and heat detection present with device.	
Requesting a variance of no smokes due to adverse condition on site (heat, smoke and dust)	

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:
Smoke Dectors and detecors would constantly faulse fire due to the extream heat, dust, smoke, and adverse envirmenal conditions. Elevator is a freight not in contact with the general public. There are no devices available.

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.

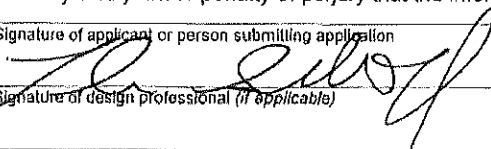
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

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:
Smoke Dectors and detecors would constantly faulse fire due to the extream heat, dust and adverse envirmenal conditions. Elevator is a freight not in contact with the general public. There are no devices available

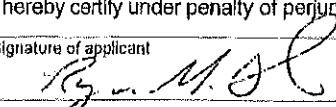
10. STATEMENT OF ACCURACY

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 THOMAS SILKOFF	Date of signature (month, day, year) 11/9/17
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the applicallon is submitted on the appllicant'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 Ryan W. McGhan	Date of signature (month, day, year) 11/9/17
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REPORT OF INSPECTION

State Form 28645 (R8 / 03-06)

Approved by State Board of Accounts, 2006

INDIANA DEPARTMENT OF HOMELAND SECURITY

DIVISION OF FIRE & BUILDING SAFETY
DIVISION OF ELEVATORS

402 W. Washington St., Rm. W246, Indianapolis IN 46204

Telephone Number (317) 232-2670 Fax:(317) 232-6609

E-mail: elevamuse@dhs.in.gov

http://www.in.gov/dhs/fire

State number 160541		Location of address (number and street) Blast Furnace					
Name of owner US STEEL							
Name of user US Steel				User city Gary			
Address of owner (street and number) 1 N BROADWAY				User address Blast Furnace		ZIP code 46402	
City GARY				User county 45 : LAKE			
State IN		Zip code 46402		Last 5 year test	Next 5 year test	Inspector district E-1	
Floors 4	Manufacturer		Type FRT	Control GAL	Capacity 4000	Current inspection date 11/01/2017	Time 08:59 PM
Inspection Type SUBSEQUENT/RE-INSPECTION			Sprinklers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Last annual test	Next annual test	Next inspection date 11/01/2018
Adopted code Edition: 2007	Seal number	Elevator contractor THYSSENKRUPP ELEVATOR	Contract speed 150	Total travel 130'0"	Run by top 5.75"	Run by bottom 8.75"	
Refuge top 108"	Refuge bottom 28"	Empty up 150fpm	Empty down 150fpm	Full up	Full down	Governor trip speed	
Over speed switch	Slide	Brake test	Flex hose date	Working pressure N/A	Relief pressure N/A	Nearest striking point 78"	
Periodic inspection	Acceptance inspection	Alteration inspection	Unrestricted car motion <input type="checkbox"/>	Car ascending <input type="checkbox"/>	Fire Fighter's service Date:		

CODE		VIOLATIONS TO BE CORRECTED
1	675 IAC 12-3-1	Subsequent inspections to complete an initial inspection of a new or altered regulated lifting device installation shall be at a cost of one thousand dollars (\$1,000) per inspection where the inspection results from erroneous information to the division from the operator or owner that the installation
2	675 IAC 12-3-1	Follow-up inspection on a new installation of a regulated lifting device, where the initial inspection revealed noncompliance with the rules of the commission, shall be at a cost of seven hundred fifty dollars (\$750) for each such inspection.
3	2.27.9	Emergency signage as per 2.27.9 shall be present at all hoist way entrances (call stations)
4	2.27.1.1.1	Emergency Two Way communication shall function *** Not Functioning (no Power) at time of inspection ***
5	2.19.2.2 (b)	Unintended Up motion test shall not exceed 48" *** Test resulted in over 7 ft ***
6	2.27.3.2	Smoke alarms and Heat detection are not present with the device *** Variance to be presented ***



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 DIVISION OF ELEVATORS
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 Telephone Number (317) 232-2670 Fax:(317) 232-6609
 E-mail: elevamuse@dhs.in.gov
 http://www.in.gov/dhs/fire

Additional remarks
 -Contractor Details:THYSSENKRUPP ELEVATOR,SOUTH LOMBARD

Inspector Aaron Wilhoite	QEI Number C-5936	Receiver of report Michael Riley M-20443	Telephone number
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IF VIOLATIONS ARE LISTED ABOVE, PLEASE READ THIS: This Inspection Report provides you with a notice of any violations that were observed by the Division of Fire and Building Safety Inspector. If: (1) these violations are corrected; (2) a duly authorized representative of the owner certifies below that the violations have been corrected; and (3) the Division of Fire and Building Safety receives a copy of this certification and the inspection report within 30 days of this inspection, this will be taken into consideration when the Division determines whether enforcement order will be issued; and if an enforcement order is issued, timely voluntary compliance may result in a reduced or no monetary penalty. If the Division does not receive this certified Inspection Report within the above-specified number of days, the Division will issue an enforcement order addressing these violations. An enforcement order may impose a number of different sanctions which could include a penalty of up to \$250 per day for each violation. The undersigned attests, subject to the penalties for perjury, that he/she is the owner of the elevator, or that he/she is the properly authorized representative, agent, member or officer of the owner and hereby certifies, subject to the penalties of perjury, that all the violations listed on this Inspection Report have been corrected.

Signature 	Date 11/20/17	Printed Name THOMAS Sulhoff	Title Repair super
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