

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	Name of the facilit	у			County
BU29688	BEECH MEADOW	APARTMENTS			MARION
Address of Property			Name of the Contact		Telephone Number
136 DIPLOMAT CT BEECH	GROVE IN 46107	,	TRACY HOUSAND		(317) 788-1535
Email					Inspection Date
tracy@csregroup.com					12/11/2018
nspection Category		Inspection Type		Inspection Status:	
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNE	R	Phone:	3174173699	
Email: anconner@dhs.in.g	ov				

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	675 IAC 12-4-9(a)	All buildings and structures, and any part of the permanent heating, ventilating, air conditioning, electrical, plumbing, sanitary, emergency detection, emergency communication, or fire or explosion systems, and all parts thereof, shall be maintained in conformance with the applicable rules of the commission, or applicable rules of its predecessor agencies, in effect when constructed, installed, or altered. Required rear exit was eliminated. Restore and maintain the rear exit.	01/14/2019

Inspection Notes:

RUSSESS Kristing Cordova (Agent for Owner) Kry Nova Condad 12:11-18	Facility Id	Received By Name	Signature and Date
Mistina Coldova (Agentifol Owner) Introving Children	BU29688	Kristina Cordova (Agent for Owner)	KARIDAINA CONDONA 12: 14-18



DIVISION OF FIRE AND BUILDING SAFETY
INDIANA DEPARTMENT OF HOMELAND SECURITY
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County

Identification Number	Name of the facilit	у		County
BU29689	BEECH MEADOW	APARTMENTS		MARION
Address of Property			Name of the Contact	Telephone Number
141 DIPLOMAT CT BEECH	H GROVE IN 46107		TRACY HOUSAND	(317) 788-1535
Email				Inspection Date
tracy@csregroup.com				12/11/2018
Inspection Category		Inspection Type	Inspect	on Status:
OTHER		PARTIAL	VIOLAT	ION
Name of the inspector	ANTHONY CONNE	R	Phone: 31741736	599
Email: anconner@dhs.in.g	jov			

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
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Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29689	Kristina Cordova (Agent for Owner)	KMIDTINA CONDONA 12: 14-18



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Identification Number	Name of the facility			County
BU29690	BEECH MEADOW APARTI	MENTS		MARION
Address of Property		Name of the Conta	ct	Telephone Number
145 DIPLOMAT CT BEECH	GROVE IN 46107	TRACY HOUSAND		(317) 788-1535
Email				Inspection Date
tracy@csregroup.com				12/11/2018
Inspection Category	Inspe	ection Type	Inspection Status:	
OTHER	PART	TAL	VIOLATION	
Name of the inspector	ANTHONY CONNER		Phone: 3174173699	
Email: anconner@dhs.in.g	ov			

Violations

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Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29690	Kristina Cordova (Agent for Owner)	How Driva Condord 12: 14-18



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Identification Number	Name of the facilit	ty			County
BU29691	BEECH MEADOW	APARTMENTS			MARION
Address of Property			Name of the Contact		Telephone Number
149 DIPLOMAT CT BEEC	H GROVE IN 46107		TRACY HOUSAND		(317) 788-1535
Email					Inspection Date
tracy@csregroup.com					12/11/2018
nspection Category		Inspection Type		Inspection Status:	
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNE	ER .	Phone:	3174173699	
Email: anconner@dhs.in.	gov				

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Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29691	Kristina Cordova (Agent for Owner)	How Driva Condon 12: 14-18



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County Identification Number Name of the facility BU29692 MARION **BEECH MEADOW APARTMENTS** Name of the Contact Telephone Number Address of Property 153 DIPLOMAT CT BEECH GROVE IN 46107 TRACY HOUSAND (317) 788-1535 Inspection Date Email 12/11/2018 tracy@csregroup.com Inspection Category Inspection Type Inspection Status: **VIOLATION OTHER PARTIAL** Phone: 3174173699 Name of the inspector ANTHONY CONNER Email: anconner@dhs.in.gov

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	675 IAC 12-4-9(a)	All buildings and structures, and any part of the permanent heating, ventilating, air conditioning, electrical, plumbing, sanitary, emergency detection, emergency communication, or fire or explosion systems, and all parts thereof, shall be maintained in conformance with the applicable rules of the commission, or applicable rules of its predecessor agencies, in effect when constructed, installed, or altered. Required rear exit was eliminated. Restore and maintain the rear exit.	01/14/2019

Inspection Notes:

	Facility Id	Received By Name	Signature and Date
	BU29692	Kristina Cordova (Agent for Owner)	Horiva Condora 12: 14-18
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Identification Number	Name of the facility			County
BU29693	BEECH MEADOW APA	ARTMENTS		MARION
Address of Property	V-10	Name of the C	Contact	Telephone Number
157 DIPLOMAT CT BEEC	CH GROVE IN 46107	TRACY HOUS	AND	(317) 788-1535
Email				Inspection Date
tracy@csregroup.com				12/11/2018
Inspection Category	In	spection Type	Inspection	Status:
OTHER	P	ARTIAL	VIOLATION	
Name of the inspector	ANTHONY CONNER		Phone: 3174173699	
Email: anconner@dhs.in	.gov			

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	675 IAC 12-4-9(a)	All buildings and structures, and any part of the permanent heating, ventilating, air conditioning, electrical, plumbing, sanitary, emergency detection, emergency communication, or fire or explosion systems, and all parts thereof, shall be maintained in conformance with the applicable rules of the commission, or applicable rules of its predecessor agencies, in effect when constructed, installed, or altered. Required rear exit was eliminated. Restore and maintain the rear exit.	01/14/2019

Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29693	Kristina Cordova (Agent for Owner)	HEUDTING CONDON 12: 14-18



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Identification Number	Name of the facilit	ty				County
BU29694	BEECH MEADOW	APARTMENTS				MARION
Address of Property			Name of the Cont	act		Telephone Number
158 DIPLOMAT CT BEEC	H GROVE IN 46107		TRACY HOUSAND)		(317) 788-1535
Email			***************************************			Inspection Date
tracy@csregroup.com						12/11/2018
Inspection Category		Inspection Type			Inspection Status:	
OTHER		PARTIAL			VIOLATION	
Name of the inspector	ANTHONY CONNE	R		Phone:	3174173699	
Email: anconner@dhs.in.	gov					

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
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Inspection Notes:

Facility Id	Received By Name	Signature and Date	
BU29694	Kristina Cordova (Agent for Owner)	Korsofina Condona 12: 14-18	



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Identification Number	Name of the facilit	у			County
BU29695	BEECH MEADOW	APARTMENTS			MARION
Address of Property			Name of the Contact		Telephone Number
154 DIPLOMAT CT BEEC	H GROVE IN 46107	. 1	TRACY HOUSAND		(317) 788-1535
Email		<u> </u>			Inspection Date
tracy@csregroup.com					12/11/2018
nspection Category		Inspection Type		Inspection Status:	
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNE	R	Phone:	3174173699	
Email: anconner@dhs.in.	gov				

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Inspection Notes:

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BU29695	Kristina Cordova (Agent for Owner)	You Driva Condord 12: 14-18



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Identification Number	Name of the facilit	ty			County
BU29696	BEECH MEADOW	APARTMENTS			MARION
Address of Property			Name of the Contact		Telephone Number
150 DIPLOMAT CT BEEC	H GROVE IN 46107		TRACY HOUSAND		(317) 788-1535
Email					Inspection Date
tracy@csregroup.com					12/11/2018
Inspection Category		Inspection Type		Inspection Status:	
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNE	ER .	Phone	: 3174173699	,
Email: anconner@dhs.in	.gov				

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Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29696	Kristina Cordova (Agent for Owner)	KARIDTINA CONDONA 12: 14-18



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Identification Number	Name of the facili	ty	,		County
BU29697	BEECH MEADOW	APARTMENTS			MARION
Address of Property			Name of the Contact		Telephone Number
140 DIPLOMAT CT BEEC	H GROVE IN 46107		TRACY HOUSAND		(317) 788-1535
Email					Inspection Date
tracy@csregroup.com					12/11/2018
nspection Category		Inspection Type		Inspection Status:	y
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNE	ER	Phone	e: 3174173699	
Email: anconner@dhs.in.	gov				

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Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29697	Kristina Cordova (Agent for Owner)	Kor. Driva Condone 12: 14-18



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County **Identification Number** Name of the facility BU29698 **BEECH MEADOW APARTMENTS** MARION Telephone Number Name of the Contact Address of Property TRACY HOUSAND (317) 788-1535 144 DIPLOMAT CT BEECH GROVE IN 46107 Email **Inspection Date** 12/11/2018 tracy@csregroup.com Inspection Status: Inspection Category Inspection Type **VIOLATION** OTHER **PARTIAL** Phone: 3174173699 Name of the inspector ANTHONY CONNER Email: anconner@dhs.in.gov

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	675 IAC 12-4-9(a)	All buildings and structures, and any part of the permanent heating, ventilating, air conditioning, electrical, plumbing, sanitary, emergency detection, emergency communication, or fire or explosion systems, and all parts thereof, shall be maintained in conformance with the applicable rules of the commission, or applicable rules of its predecessor agencies, in effect when constructed, installed, or altered. Required rear exit was eliminated. Restore and maintain the rear exit.	01/14/2019

Inspection Notes:

Facility Id	Received By Name	Signature and Date	
BU29698	Kristina Cordova (Agent for Owner)	KBUDTINA CONDONN 12: 14-18	•



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WEB ADDRESS: WWW.IN.GOV/DHS

Identification Number	Name of the facility	/			County
BU29701	BEECH MEADOW A	APARTMENTS			MARION
Address of Property			Name of the Contact		Telephone Number
129 DIPLOMAT CT BEEC	H GROVE IN 46107		TRACY HOUSAND		(317) 788-1535
Email					Inspection Date
tracy@csregroup.com					12/11/2018
Inspection Category		Inspection Type		Inspection Status:	
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNER	₹	Pł	none: 3174173699	
Email: anconner@dhs.in.	gov				

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	675 IAC 12-4-9(a)	All buildings and structures, and any part of the permanent heating, ventilating, air conditioning, electrical, plumbing, sanitary, emergency detection, emergency communication, or fire or explosion systems, and all parts thereof, shall be maintained in conformance with the applicable rules of the commission, or applicable rules of its predecessor agencies, in effect when constructed, installed, or altered. Required rear exit was eliminated. Restore and maintain the rear exit.	01/14/2019

Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29701	Kristina Cordova (Agent for Owner)	KARIDINA CONDONA 12: 1448



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Identification Number	Name of the facilit	v			County
BU29702	BEECH MEADOW				MARION
Address of Property			Name of the Contact		Telephone Number
108 DIPLOMAT CT BEECH	H GROVE IN 46107		TRACY HOUSAND		(317) 788-1535
Email					Inspection Date
tracy@csregroup.com					12/11/2018
Inspection Category		Inspection Type		Inspection Status:	
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNE	R	Pho	ne: 3174173699	
Email: anconner@dhs.in.g	gov				

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
1	675 IAC 12-4-9(a)	All buildings and structures, and any part of the permanent heating, ventilating, air conditioning, electrical, plumbing, sanitary, emergency detection, emergency communication, or fire or explosion systems, and all parts thereof, shall be maintained in conformance with the applicable rules of the commission, or applicable rules of its predecessor agencies, in effect when constructed, installed, or altered. Required rear exit was eliminated. Restore and maintain the rear exit.	01/14/2019

Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29702	Kristina Cordova (Agent for Owner)	How Driva Condone 12: 14-18



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Identification Number	Name of the facility	1		County
BU29703	BEECH MEADOW	APARTMENTS		MARION
Address of Property		Name of t	he Contact	Telephone Number
112 DIPLOMAT CT BEECH	I GROVE IN 46107	TRACY HO	DUSAND	(317) 788-1535
Email				Inspection Date
tracy@csregroup.com				12/11/2018
Inspection Category		Inspection Type	Inspection S	tatus:
OTHER		PARTIAL	VIOLATION	
Name of the inspector	ANTHONY CONNE	₹	Phone: 3174173699	
Email: anconner@dhs.in.g	ov			

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
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Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29703	Kristina Cordova (Agent for Owner)	AMIDINA CONDON 12: 14-18



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Identification Number	Name of the facility				County
BU29704	BEECH MEADOW A	PARTMENTS			MARION
Address of Property			Name of the Contact		Telephone Number
128 DIPLOMAT CT BEECH	GROVE IN 46107		TRACY HOUSAND		(317) 788-1535
Email)	1			Inspection Date
tracy@csregroup.com					12/11/2018
Inspection Category		Inspection Type		Inspection Status:	
OTHER		PARTIAL		VIOLATION	
Name of the inspector	ANTHONY CONNER		Phone	: 3174173699	
Email: anconner@dhs.in.go	V .				

Violations

VIO- LATION NUMBER	RULE OR INDIANA CODE SECTION VIOLATED	DESCRIPTION OF VIOLATION	DATE BY WHICH VIOLATION MUST BE CORRECTED
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Inspection Notes:

Facility Id	Received By Name	Signature and Date
BU29704	Kristina Cordova (Agent for Owner)	KANIDLING CONGONG 19: 1748