



# City of Crawfordsville Fire Protection Ordinance

## VARIANCE REQUEST

Date: \_\_\_\_\_

Upon the application of a property owner or lessee with consent of the owner, the City of Crawfordsville Board of Works may grant a variance from the requirements of an article adopted pursuant to the Ordinance; provided, however that no variance shall be granted unless it is determined that strict compliance would result in practical difficulty and that the variance, if granted, would not unreasonably jeopardize the safety of the occupants or in-tended occupants, firefighters or the public. All violations cited shall remain in effect during this request process.

1. No variance shall be granted locally for any code or regulation that has been set forth by the Indiana Fire and Building Safety Commission. All variances regarding those violations shall be filed for at the State level.
2. Financial hardship alone shall not be grounds for a variance.

An application for a variance shall be made in writing and filed at the Crawfordsville Fire Department Headquarters located at 100 South Water St. Crawfordsville, IN. Once filed with the Crawfordsville Fire Department, the following shall occur:

1. You will be notified of the date and time for the City of Crawfordsville Board of Works meeting. You will have the opportunity to present to the Board your reasons for requesting this variance.
2. The City of Crawfordsville Board of Works shall retain the ability to table the variance request for one (1) 30 day period to research the request if needed.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

PHONE NUMBER OF OWNER: \_\_\_\_\_

NAME OF PERSON REQUESTING VARIANCE: \_\_\_\_\_

The requirements of the article (s), from which a variance is sought:

\_\_\_\_\_  
\_\_\_\_\_

The manner in which compliance with the regulations would result in practical difficulty:

\_\_\_\_\_  
\_\_\_\_\_

Feasible alternatives which would adequately protect the occupants, intended occupants, firefighters and / or the public:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\*Please use additional sheets of paper if necessary.

FD Use Only	
Received By:	
Date:	Time: