



# **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 AE122741	Name of the facility VET OF FOREIGN WARS POST #1110	County CLINTON
Address of Property 309 N MAIN ST FRANKFORT 46041		Name of the Contact BILLY METCALFE
Telephone Number (765) 414-7950		
Email vfw1110@gmail.com	Inspection Date 01/26/2015	
Inspection Category ENTERTAINMENT PERMIT	Inspection Type REINSPECTION	Inspection Status: COMPLIED
Name of the inspector DEL SCHROEDER	Phone: 3174176654	
Email: dschroeder@dhs.in.gov		

Facility Id AE122741	Received By Name	Signature and Date
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If you are receiving this notice, property that you own or have control over has been inspected by the Indiana Department of Homeland Security (Department). Depending on the outcome of this inspection, alleged violations may have been found. If violations were found, the below information describes what this notice means and how to request review of the violations contained in this report.

### NOTICE OF VIOLATIONS

This report is to notify you that violations are believed to exist on your property. However, if you enter into a corrective plan and correct these violations by the correction date provided in this report, no enforcement actions or sanctions will commence. If you fail to enter into a corrective plan, the Department will move forward with enforcement of this order and the imposition of sanctions.

If you would like to enter into a corrective plan, sign and return this notice to your inspector within five (5) days of receiving this report.

Terms of corrective plan:

1. I agree to correct the violations contained on this report by the date provided.
2. I understand my failure to correct these violations by the correction date will result in the enforcement of this report and sanctions, including but not limited to, a fine of up to \$250 per day per violation.
3. I understand no extensions of time are permitted unless they are granted in writing by Department.
4. I understand that entering into this corrective plan is not an admission that a violation has occurred.
5. I agree to protect the safety and property of other persons as outlined by the Department while corrections are underway.
6. I agree to notify the Department, by the compliance date, that all violations have been corrected, and I am aware that my failure to do so may result in sanctions being ordered.
7. I understand that in order for the Department to determine compliance, an additional inspection may be performed and the Department must notify me of the determination of my compliance within thirty (30) days following the earlier of: (a) the correction date contained in this report; or (b) the date the Department is provided notice that the violations have been corrected.

Printed Name:\_\_\_\_\_ Signature:\_\_\_\_\_

If you choose not to enter into a corrective plan and would like to request **informal review** of this report, please complete the informal review form located at <https://www.in.gov/dhs/appeals.htm>. Following the receipt of this form, the Department may modify or reverse the report, and will attempt to respond to your request within five (5)

business days, however, a request for an informal review does not extend the deadline for filing a petition for review. Additionally, if you have any questions regarding this report, you may contact that Department at (317) 232-2222.

If you do not enter into a corrective plan or receive a determination modifying or reversing this report, the requirements of this report are effective fifteen (15) days after service and must be complied with until such time that: (1) this order is overturned on review; (2) an administrative law judge issues a stay of enforcement; or (3) the Department consents to the request for stay in writing.

If you desire a formal administrative review of these violations, you must comply with the requirement of Indiana Code IC 4-21.5-3-7 and file a written petition for review within fifteen (15) days after receiving notice of these violations. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

**U.S. MAIL OR PERSONAL SERVICE**

Indiana Department of Homeland Security  
Fire Prevention and Building Safety Commission  
c/o Legal Counsel  
302 W. Washington Street, Rm. E208  
Indianapolis, IN 46204

**ONLINE**

By completing the form at  
<https://www.in.gov/dhs/appeals.htm>

For additional information about the administrative review process and applicable templates that may be used for filings, visit the following link <https://www.in.gov/dhs/appeals.htm>.