

City of Rocky River

21012 Hilliard Boulevard Rocky River, Ohio 44116

APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL

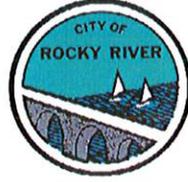
Submit one application per building or structure; All sections must be completed.

APPROVALS DATES:

Planning Comm: _____

Board of Appeals: _____

Design & Review: _____



Application Date: 05-29-2024

Intent Sign Date: _____

1 PLAN SUBMISSION: Plan review will commence once all below plan copies are submitted. Have 2 paper and 1 digital plan(s) been submitted for plan review? Yes; ___ No: <input checked="" type="checkbox"/> To be sent by: _____	2 TYPE OF PROJECT: <input type="checkbox"/> New Building Construction <input type="checkbox"/> Building Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair/Maintain/Replacement <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing Bldg C of O	3 PHASED PLAN REVIEW: <input type="checkbox"/> Foundation <input type="checkbox"/> Framing: <input checked="" type="checkbox"/> Other: <u>Applying for zone variance</u> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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4 APPLICATION RELATED INFORMATION: <ul style="list-style-type: none"> Is this project being submitted as a result of a previous preliminary plan review? <input checked="" type="checkbox"/> No ___ Yes ___ Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received? <input checked="" type="checkbox"/> No ___ Yes, please provide the adjudication order number: _____

5 PROJECT/BUILDING LOCATION: (OBC 107.2.2) Building Name <u>MY SALON Suite</u> Street Address <u>19360 Detroit Rd Suite A-102 Rocky River, OH 44116</u> Street Address _____ Sublot No. _____ Lot Size <u>5,900</u> Permanent Parcel Number _____ Estimated Time of Completion _____ <input type="checkbox"/> Is this project/building located in a flood plain? Yes ___ No <input checked="" type="checkbox"/> <input type="checkbox"/> Has flood plain administrator been contacted for requirements? Yes ___ No <input checked="" type="checkbox"/>
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6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1) Applying for a zone variance to accommodate a new member at MY SALON Suite that provides a form of tattoo. According to RR 752.02 Limitations on Location- no use for tattoo should be within 500' of church or school. Our location is within 500' of both which is why we're applying for a zone variance. The artist would have a room within our walls, not visible to the outside. I have permission from the school and church to gain attempt gaining approval for the variance. _____ Total Estimated Cost \$ _____ Total Square Footage of all Levels and Areas of Construction <u>Her suite is about 150 sq. ft.</u> SQ. FT.

7 BUILDING OWNER INFORMATION: Name of owner <u>TIA Holdings LLC</u> Attention: <u>Alex Alahakoon</u> Street Address <u>6827 N High St Suite 200</u> City <u>Columbus</u> State <u>Ohio</u> Zip <u>43085</u> Phone No. <u>614-896-6103</u> E-mail <u>alex@tia-holdings.com</u>

8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) Applicant <u>MY SALON Suite</u> Attention: <u>Matthew Pontius</u> Street Address <u>29495 Wolf Rd</u> City <u>Bay Village</u> State <u>OH</u> Zip <u>44140</u> Phone No. <u>614-507-8090</u> E-mail <u>mpontius@mysalonsuite.com</u>
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9 REGISTERED DESIGN PROFESSIONAL INFORMATION: _____ Architect _____ Engineer _____ Certified Fire protection system designer

Designer _____ Reg. /Certificate No.: _____

Street Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax _____ E-mail _____

10 BUILDING CODE INFORMATION:
 (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building)

Current use group(s) Salon professionals Construction Type of Project _____ Construction Type of Building _____

Occupancy Description: _____ **Method of Demonstrating Energy Code Compliance 2012 IECC** _____ **2010 AHRAE 90.1** _____

11 GENERAL BUILDING INFORMATION: (The following information applies to the **entire building**, not just construction area.) (OBC 107.2.3.)

▪ Building Information:
 Use group(s)? _____ Mixed use groups? _____ No X Yes _____ Separated _____ Non-separated
 Construction type? _____ Building height (FT)? _____ No. of stories? _____
 Occupant load? _____ Storage height (FT)? _____ Storage aisle width (FT)? _____

▪ List USE GROUP below for mixed use building. ▪ List Occupancy Type for associated use group below.

▪ Hair Stylists	▪
▪ Estheticians	▪
▪	▪
▪	▪
▪	▪

▪ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)

Building sprinkler system? Yes Sprinkler demand @ base of riser (PSI)? _____
 Limited area sprinkler system? _____ Type 1 hood suppression? _____ In-Rack sprinkler system? _____
 Building fire alarm system? Yes Fire detection system? _____ Smoke detection system? _____

12 CERTIFICATION: (OBC 107.2.5)

I certify that I am the _____ Owner X Owner Authorized Agent

All information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Signature  _____

Print Name: Matthew Pontius Date _____

13 THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Fee Description	Amount	Deposits
PLAN REVIEW		
Permit Fee		
Other Fees		
Sub-Total	\$	\$
B.B.S. +3%		
Curb Crossing		
Street Cleaning		
Curb Cut		
Sewer Tie In Fee		
Total Fees	\$	

Date Received _____ Estimated Cost _____

Check Number _____ Permit Number _____

Processed By _____

Notes: