City Of Rocky River
21012 Hilliard Boulevard Rocky River, Ohio 44116

## APPLICATION FOR **RESIDENTIAL** PLAN APPROVAL

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

APPROVALS DATES: Planning Comm: Board of Appeals:	ROCKY RIVER	Applica	ation Date: _	09/24/2025
Design & Review:		Intent S	Sign Date:	
1 PLAN SUBMISSION:	2 TYPE OF PROJEC	T:	3 PHASED	PLAN REVIEW:
Plan review will commence once all below	New Building Con	struction	Found	ation
plan copies are submitted.	Building Addition		Framir	ng:
Have 2 paper and 1 digital plan been	Alteration (no add	itional sq. ft.)	Other:	
submitted for plan review? Yes No X			Other:	
	Accessory Building	g( > 200 sqft )	Other:	
If No,date to be submitted by: after variance	Other (driveway,re	etaining wall,)	Other:	
4a. DESCRIPTION OF THE EXTENT OF WORK IN	ICLUDED FOR APPROVA	M · (RCO 107 :	2 1)	
Rear covered deck and patio	OCCUPED TOR ALT TROVA	L. (1100 107.)	2.1)	
4b. Total Estimated Cost : \$ 100,000				
4c. List total square footage of All levels of const			(Main Floor =	sf.)
(Second Floor = sf.)	(Attic/Roof =	sf.) (	(Other =	sf.)
5 PROJECT LOCATION: (RCO 107.2.2)				
Legal description				
Street Address 20612 Stratford Ave		110		_
City/Township Rocky RIver	Zip Code <b>44</b>	116	_CountyC	Cuy
Directions		Tu T	V	
Is this project/building located in a flood plain?		Yes	X No	
Has flood plain administrator been contacted for re		Yes	No	
6 Method Of Demonstrating En	ergy Code Com	piiance		
Demonstrating Compliance to the 201	19 RCO Section 110	1.14-1104		or
Demonstrating Compliance to the 201				
Demonstrating Compliance to the 201				
Demonstrating Compliance to the 201				
Demonstrating Compliance to the 201	18 IECC			
7 BUILDING OWNER INFORMATION: (RCO 107.	2.4)			
Name of ownerJeff & Katie Galla		Attention:		
Street Address 20612 Stratford Ave	City Rocky	River s	tate_OH	Zip 44116
Phone No. 440-897-3501 Fax		E-mail		
9 APPLICANT INFORMATION: (O	1	0.407.0.4		
8 APPLICANT INFORMATION: (Owner or Owner Applicant Brady 3 Custom Homes/Remo			racy Schwar	·lz
Street Address 32862 Pin Oak Parkway		-	tate OH	Zip 44012
			cy@brady3.	
1.0 0.0 1000		_ na	-, @ 2. 44, 5.	

9 REGISTERED DESIGN PROFESSIONAL –IF APPLICABLE: (	RCO 106.1.1-3, 106.2	2)		
X Architect Engineer Certified Fire protection system installer				
Designer Schill Architecture	Registration / Certific	cate No.:		
Street Address 1650 Crossings Parkway Ste E City	Westlake	State OH	Zip 44145	
Phone No440-808-3483	E-mail S	teve@schillarchit	ecture.com	
11 INDUSTRIALIZED UNITS INFORMATION: (The following informal alternative materials, designs, methods of construction or equipment of Standards Industrialized units (IU) program.) (RCO 106.1.4, Secondards Industrialized units (IU) program.)	paration. Ohio Revise e prepared by persons (c), the proposed wor documents as eviden  Brady 3  City: Avon mation applies to the I ment approved by the	d Code Section 3791 s other than a register k involves technical of the that the registered State: OH Z	.04 (A)(2)(b) red architect or design analysis. I architect or ip: 44011  IITS and	
Authorized Manufacturer and project Information:				
Approval number: Approval Date:				
Board approved documents submitted to local Building Official?		YES	NO	
Details of on-site interconnection of modules or assemblies subr	Details of on-site interconnection of modules or assemblies submitted to BO?		NO	
Time limitation of Application: (RCO 107.2.1) The approval of constailure to approve such construction documents as submitted within the documents is an "adjudication order denying the issuance of a license provided by sections 119.07 to 119.13 of the Revised Code and as more Code. In accordance with section 109, an adjudication order denying denial.	irty days after filing or " requiring the opportu odified by sections 378	the disapproval of sunity for an "adjudicat B1.031 and 3781.19 o	ich construction ion hearing" as of the Revised	
13   CERTIFICATION: (RCO 107.2.5)	14 THE AREA BELOW IS FOR OFFICIAL USE ONLY:			
I certify that I am theOwnerOwner 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 and copied to the Owner.	Fee Description PLAN REVIEW Permit Fee Other Fees	Amount	Deposits	
Signature Tracy M Schwark	Sub-Total B.B.S. +1%	\$	\$	
Print Name:Tracy Schwark Date: 09/24/2025	Curb Crossing Street Cleaning			
lotes: Full permit docs after variance meeting	Curb Cut Sewer Tie In Fee Total F	Fees \$		
	Date Received	Estimated C	ost	
	Check Number	Permit Numb	er	
	Processed By			