

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: _____

Design & Review: _____



Application Date: _____

Intent Sign Date: _____

1 PLAN SUBMISSION Plan review will commence once all below plan copies are submitted. Have 2 paper and 1 digital plan been submitted for plan review? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, date to be submitted by: _____	2 TYPE OF PROJECT: <input type="checkbox"/> New Building Construction <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration (no additional sq. ft.) <input type="checkbox"/> Repair/Maintain/ <input type="checkbox"/> Accessory Building (> 200 sqft) <input checked="" type="checkbox"/> Other (driveway, retaining wall,)	3 PHASED PLAN REVIEW: <input type="checkbox"/> Foundation <input type="checkbox"/> Framing <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:
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4a. DESCRIPTION OF THE EXTENT OF WORK INCLUDED FOR APPROVAL: (RCO 107.2.1)

4b. Total Estimated Cost: \$ 72,000.00

4c. List total square footage of All levels of construction. (Foundation = _____ sf.) Patio (Main Floor = 5146 sf.)
(Second Floor = _____ sf.) (Attic/Roof = _____ sf.) (Other = _____ sf.)

5 PROJECT LOCATION: (RCO 107.2.2)

Legal description: _____

Street Address: 240 ARGYLE

City/Township: Rocky River

Zip Code: 44116

County: Cuyahoga

Directions: _____

- | | | | |
|---|-----|--|--|
| <input type="checkbox"/> Is this project/building located in a flood plain? | Yes | <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Has flood plain administrator been contacted for requirements? | Yes | <input checked="" type="checkbox"/> No | |

6 Method Of Demonstrating Energy Code Compliance

Demonstrating Compliance to the 2019 RCO Section 1101.14-1104 _____ or
Demonstrating Compliance to the 2019 RCO Section 1105 (Simulated Performance) _____ or
Demonstrating Compliance to the 2019 RCO Section 1106 (ERI) _____ or
Demonstrating Compliance to the 2019 RCO Section 1112 (OHBA option) _____ or
Demonstrating Compliance to the 2018 IECC _____

7 BUILDING OWNER INFORMATION: (RCO 107.2.4)

Name of owner: JARED/AVERY HASSON

Attention: _____

Street Address: 240 ARGYLE Rd

City: Rocky River

State: OH

Zip: 44011

Phone No.: 440-376-3457 Fax: _____

E-mail: JHASSON@JONESDAY.COM

8 APPLICANT INFORMATION: (Owner or Owner's authorized agent) (RCO 107.2.4)

Applicant: Chris Zbini / Zbini Landscaping

Attention: _____

Street Address: 32501 DETROIT Rd

City: Avon

State: OH

Zip: 44011

Phone No.: 440-989-6107 Fax: _____

E-mail: ChrisZbini@gmail.com

9 REGISTERED DESIGN PROFESSIONAL -IF APPLICABLE: (RCO 106.1.1-3, 106.2)

Architect _____ Engineer _____ Certified Fire protection system installer _____
 Designer BROOKACK DESIGN STUDIO Registration /Certificate No. _____
 Street Address 8981 LAUREL LANE City North Royalton State OH Zip 44133
 Phone No. _____ Fax _____ E-mail _____

10 EVIDENCE OF RESPONSIBILITY: (RCO 106.2)

(Required residential construction documents, when submitted for review as required under RCO section 107, shall bear the identification of the person primarily responsible for their preparation. Ohio Revised Code Section 3791.04 (A)(2)(b) permits construction documents for any residential building to be prepared by persons other than a registered architect or engineer, unless per Ohio Revised Code Section 3791.04 (A)(2)(c), the proposed work involves technical design analysis. The building official may rely on the placement of a 'seal' on the documents as evidence that the registered architect or engineer performed the technical analysis.

Document Preparer Name: Chris Zbini Title/Company President Zbini Landscaping
 Address _____ City _____ State _____ Zip _____

11 INDUSTRIALIZED UNITS INFORMATION: (The following information applies to the INDUSTRIALIZED UNITS and alternative materials, designs, methods of construction or equipment approved by the State of Ohio, Board of Building Standards Industrialized units (IU) program.) (RCO 106.1.4, Section 114)

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 submitted to BO? _____

YES _____ NO _____

12a CONSTRUCTION DOCUMENTS REQUIREMENTS:

(Refer to RCO 106.1-3 (1-9) for specific construction document requirements)

12b LOT LINE MARKERS REQUIRED: Before any work is started in the construction of a residential building or addition all boundary lines shall be marked at their intersections with permanent markers. (Refer to RCO 108.2 & 108.2.1)

Time limitation of Application: (RCO 107.2.1) The approval of construction documents under this section is a "license" and the failure to approve such construction documents as submitted within thirty days after filing or the disapproval of such construction documents is an "adjudication order denying the issuance of a license" requiring the opportunity for an "adjudication hearing" as provided by sections 119.07 to 119.13 of the Revised Code and as modified by sections 3781.031 and 3781.19 of the Revised Code. In accordance with section 109, an adjudication order denying the issuance of a license shall specify the reasons for such denial

13 CERTIFICATION: (RCO 107.2.5)

I certify that I am the _____ Owner _____ 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 and copied to the Owner.

Signature _____

Print Name _____ Date _____

Notes:

14 THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Fee Description	Amount	Deposits
PLAN REVIEW		
Permit Fee		
Other Fees		
Sub-Total	\$	\$
B.B.S. +1%		
Curb Crossing		
Street Cleaning		
Curb Cut		
Sewer Tie In Fee		
Total Fees	\$	
Date Received _____	Estimated Cost _____	
Check Number _____	Permit Number _____	
Processed By _____		