

City Of Rocky River
 21012 Hilliard Boulevard Rocky River, Ohio 44116
APPLICATION FOR RESIDENTIAL PLAN APPROVAL

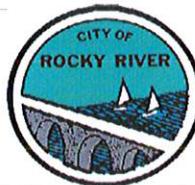
Submit one application per building or structure; **ALL** sections must be completed.

APPROVALS DATES:

Planning Comm: _____

Board of Appeals: _____

Design & Review: _____



Application Date: 10/20/2022

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 checked="" 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 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:
--	---	--

4a. DESCRIPTION OF THE EXTENT OF WORK INCLUDED FOR APPROVAL: (RCO 107.2.1)

GARAGE ADDITION , KITCHEN REMODEL, MUDROOM REMODEL, MASTER BEDROOM REMODEL

4b. Total Estimated Cost : \$ 200,000

**4c. List total square footage of All levels of construction. (Foundation = 360 sf.) (Main Floor = 1200 sf.)
(Second Floor = sf.) (Attic/Roof = sf.) (Other 350 PATIO sf.)**

5 PROJECT LOCATION: (RCO 107.2.2)

Legal description: _____

Street Address 19618 BEACHCLIFF

City/Township ROCKY RIVER Zip Code 44116 County CUYAHOGA

Directions: _____

▪ Is this project/building located in a flood plain?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
▪ Has flood plain administrator been contacted for requirements?	<input type="checkbox"/>	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 SHANNON POLK Attention: _____
 Street Address 19618 BEACHCLIFF City RR State OH Zip 44116
 Phone No. 216-6596316 Fax _____ E-mail spolk@polkkabat.com

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

Applicant Mark Reinhold Attention: _____
 Street Address 1120 Forest Road City Lkwd State oh Zip 44107
 Phone No. 216-906-7097 Fax _____ E-mail markreinhold55@gmail.com

9	REGISTERED DESIGN PROFESSIONAL –IF APPLICABLE: (RCO 106.1.1-3, 106.2)																																														
Designer	<input checked="" type="checkbox"/> Architect	<input type="checkbox"/> Engineer	Certified Fire protection system installer																																												
Street Address	MARK REINHOLD		Registration /Certificate No.: 10840																																												
Phone No.	1120 FOREST ROAD		City LKWD.	State OH	Zip 44107																																										
Fax			E-mail markreinhold55@gmail.com																																												
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: MARK REINHOLD Title/Company: architect																																															
Address: 1120 FOREST ROAD		City: LAKWOOD	State: OH	Zip: 44107																																											
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)																																														
<ul style="list-style-type: none"> ▪ 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 <input checked="" type="checkbox"/> 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: MARK REINHOLD Date: 10/20/2022																																															
Notes: _____																																															
14	THE AREA BELOW IS FOR OFFICIAL USE ONLY:																																														
<table border="1"> <thead> <tr> <th>Fee Description</th> <th>Amount</th> <th>Deposits</th> </tr> </thead> <tbody> <tr> <td>PLAN REVIEW</td> <td></td> <td></td> </tr> <tr> <td>Permit Fee</td> <td></td> <td></td> </tr> <tr> <td>Other Fees</td> <td></td> <td></td> </tr> <tr> <td>Sub-Total</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>B.B.S. +1%</td> <td></td> <td></td> </tr> <tr> <td>Curb Crossing</td> <td></td> <td></td> </tr> <tr> <td>Street Cleaning</td> <td></td> <td></td> </tr> <tr> <td>Curb Cut</td> <td></td> <td></td> </tr> <tr> <td>Sewer Tie In Fee</td> <td></td> <td></td> </tr> <tr> <td>Total Fees</td> <td>\$</td> <td></td> </tr> <tr> <td>Date Received</td> <td>Estimated Cost</td> <td></td> </tr> <tr> <td>Check Number</td> <td>Permit Number</td> <td></td> </tr> <tr> <td colspan="3">Processed By _____</td> </tr> </tbody> </table>						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 _____		
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 _____																																															