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:		ation Date:	
1 PLAN SUBMISSION	2 TYPE OF PROJECT:	3 PHASED P	LAN REVIEW:
Plan review will commence once all below plan copies are submitted. Have 2 paper and 1 digital plan been submitted for plan review? Yes No	New Building Construction We Building Addition Alteration (no additional sq. ft.) Repair/Maintain/ Accessory Building(> 200 sqft.)	Foundation Framing: Other: Other: Other:	nc
If No,date to be submitted by:	Other (driveway, retaining wall.)	The state of the s	
4a. DESCRIPTION OF THE EXTENT OF WORK IN		TO COMPANY	
1NCLUDING NEW FRONT DOON 4D Total Estimated Cost: \$		JE 859 IN	CEXISTING DES auditor
4c. List total square footage of All levels of const		969	addition site
(Second Floor = \$3 9 sf.)	$\frac{\text{truction. (Foundation} = sf.)}{\text{(Attic/Roof} = sf.)}$	(Main Floor =	sf.) sf.)
5 PROJECT LOCATION: (RCO 107.2.2)	(Attic/Root - St.)	(Other -	2,367 new 1st 6
Legal description PIN 302 - 31 - 0. Street Address 1932 WYN WOOD			total
City/Township COCKY FIVER Directions SOUTH OFF DETR	Zip Code	County (VY	AHOG-A
Is this project/building located in a flood plain?Has flood plain administrator been contacted for its plant of the pl	requirements? Yes	No No	
6 Method Of Demonstrating En			
Demonstrating Compliance to the 20	19 RCO Section 1105 (Simula 19 RCO Section 1106 (ERI) _ 19 RCO Section 1112 (OHBA	ted Performan	or nce) or or
Name of owner BENNETT BY LUTING USTREET Address 27899 CLEMENS ID Phone No. 440 835 3277 Fax	MPANY Attention: T		ip 44145
8 APPLICANT INFORMATION: (Owner or Owne Applicant SAME AS ABOVE	r's authorized agent) (RCO 107.2.4) Attention:		
Street Address	City	StateZ	ip
Phone No. Fax			i
			and the state of t

9 REGISTERED DESIGN PROFESSIONAL -IF APPLICABLE:	(RCO 106.1.1-3, 10	06.2)		700 T 1 170 No. 100 Year on all a base of a milder velocity of the date of a being a being being been considered.
X Architect Engineer	Certified Fire prot	ection system ins	staller	
Designer DESIGN VISIONS	Registration /Ce	rtificate No.:		
Street Address 4503 STATE RO City	CLEVELAN	D State 0	Н	Zip 44109
Designer DESIGN VISIDNS Street Address 4503 5+AT6 R0 City Phone No. 440 8 735 260 Pax	E-mail	marke do	2515r	V1810NS . 1.
10 EVIDENCE OF RESPONSIBILITY: (RCO 106.2)				
(Required residential construction documents, when submitted the identification of the person primarily responsible for their prepermits construction documents for any residential building to be engineer; unless per Ohio Revised Code Section 3791.04 (A)(2 The building official may rely on the placement of a 'seal' on the engineer performed the technical analysis.	eparation. Ohio Reve prepared by pers)(c), the proposed	vised Code Secti ions other than a work involves ted	on 3791 registe chnical c	.04 (A)(2)(b) red architect or design analysis.
Document Preparer Name: TIM BEN WETT Title/Company	66NIVETT	BULDING	Con	NEARY
Address. INDUSTRIALIZED UNITS INFORMATION: (The following information)	City:	State	: Z	ip:
 Standards Industrialized units (IU) program.) (RCO 106.1.4, Sec Authorized Manufacturer and project Information: Approval number: Approval Date: 	ction 114)			
Board approved documents submitted to local Building Official?		YES	3	NO
Details of on-site interconnection of modules or assemblies subr		YES		NO
ailure 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 microbe. In accordance with section 109, an adjudication order denying denial.	e" requiring the opp odified by sections	ortunity for an "a 3781.031 and 3	djudicai 781.19 (ion hearing" as of the Revised
3 CERTIFICATION: (RCO 107.2.5)	14 THE AREA B	ELOW IS FOR OF	FICIAL L	JSE ONLY:
I certify that I am the Owner Owner Owner Authorized Agent All information contained in this application is frue, 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	n Amoi	unt	Deposits
signature	Sub-Total	\$		S
3 4	B.B.S. +1%			
rint Name: TIMUTHY J. RENNETT Date: 12/12/23	Curb Crossing			
	Street Cleaning			
otes:	Curb Cut			
	Sewer Tie In Fee			1
	1			
	T(otal Fees \$		
	Date Received	· · · · · · · · · · · · · · · · · · ·	nated C	ost
		Estim		