

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 ____ No ____ If No, date to be submitted by: _____	2 TYPE OF PROJECT: ☐ New Building Construction ☐ Building Addition ☐ Alteration (no additional sq. ft.) ☐ Repair/Maintain/ ☐ Accessory Building(> 200 sqft) ☐ Other (driveway, retaining wall.)	3 PHASED PLAN REVIEW: ☐ Foundation ☐ Framing ☐ Other ☐ Other ☐ Other								
4a. DESCRIPTION OF THE EXTENT OF WORK INCLUDED FOR APPROVAL: (RCO 107.2.1) ADDITION PER PLANS (INCLUDES KITCHEN REMODEL, LAUNDRY ROOM, POWDER RM. + INTERIOR REMODEL)										
4b. Total Estimated Cost : \$ 150,000										
4c. List total square footage of All levels of construction. (Foundation = 377 sf.) (Main Floor = 785 sf.) (Second Floor = sf.) (Attic/Roof = sf.) (Other = sf.)										
5 PROJECT LOCATION: (RCO 107.2.2) Legal description _____ Street Address 24309 LAKE RD. City/Township ROCKY RIVER Zip Code 44116 County CUYAHOGA Directions _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Is this project/building located in a flood plain?</td><td style="width: 10%;">Yes</td><td style="width: 10%; text-align: center;">☒</td><td style="width: 30%;">No</td></tr><tr><td>Has flood plain administrator been contacted for requirements?</td><td>Yes</td><td></td><td>No</td></tr></table>			Is this project/building located in a flood plain?	Yes	☒	No	Has flood plain administrator been contacted for requirements?	Yes		No
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Has flood plain administrator been contacted for requirements?	Yes		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 SEBESTAK, BRYAN + JACQUELINE Attention: _____ Street Address 21309 LAKE RD. City R. RIVER State OH Zip 44116 Phone No. 41864-1029 Fax _____ E-mail _____										
8 APPLICANT INFORMATION: (Owner or Owner's authorized agent) (RCO 107.2.4) Applicant PATTI SARACUSA Attention: DOVER HOME REMODELERS Street Address 29341 LOKAIN RD. City NO. OLMSTED State OH Zip 44070 Phone No. 41777-7555 Fax _____ E-mail SARACUSAP@DOVERREMODELERS.COM										

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

Architect _____ Engineer _____ Certified Fire protection system installer _____
 Designer DOVER HOME REMODELING Registration /Certificate No. 10286
 Street Address 29341 LOMAIN RD. City NO. OLIMSTED State OH Zip 44070
 Phone No. 4177-7555 Fax _____ E-mail SARACUSA@DOVERHOMEREMODELING.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 GARY MENERS Title/Company DOVER HOME REMODELING
 Address 29341 LOMAIN RD. City NO. OLIMSTED State OH Zip 44070

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 SARACUSA

Print Name PATTI SARACUSA Date 2/28/23

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 _____		

Notes: