

City of Rocky River

21012 Hilliard Boulevard Rocky River, Ohio 44116

APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL

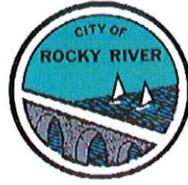
Submit one application per building or structure; All sections must be completed.

APPROVALS DATES:

Planning Comm: _____

Board of Appeals: _____

Design & Review: _____



Application Date: 5/28/24

Intent Sign Date: _____

1 PLAN SUBMISSION: Plan review will commence once all below plan copies are submitted. Have 2 paper and 1 digital plan(s) been submitted for plan review? Yes; <input checked="" type="checkbox"/> No: <input type="checkbox"/> To be sent by: _____	2 TYPE OF PROJECT: <input checked="" type="checkbox"/> New Building Construction <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Maintain/Replacement <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing Bldg C of O	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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4 APPLICATION RELATED INFORMATION:

- Is this project being submitted as a result of a previous preliminary plan review? No Yes
- Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?
 No Yes, please provide the adjudication order number: _____

5 PROJECT/BUILDING LOCATION: (OBC 107.2.2)

Building Name Rocky River Little League Concession Stand Street Address 21600 Center Ridge Rd.
 Street Address _____ Sublot No. _____ Lot Size _____
 Permanent Parcel Number _____ Estimated Time of Completion 6 Months

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 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1)

New Construction of 750 sf , 1 story concession stand with breezeway, storage, 2 toilet rooms and announcer booth .

Total Estimated Cost \$ 250,000

Total Square Footage of all Levels and Areas of Construction 750 **SQ. FT.**

7 BUILDING OWNER INFORMATION:

Name of owner Rocky River School District Attention: _____
 Street Address 21600 Center Ridge Rd. City Rocky River State OH Zip 44116
 Phone No. _____ E-mail _____

8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2)

Applicant Brandt Architecture Attention: Jill Brandt
 Street Address 22220 Wooster Rd. City Rocky River State OH Zip 44116
 Phone No. 440-865-1824 E-mail jbrandt@brandtarchitecture.com

9 REGISTERED DESIGN PROFESSIONAL INFORMATION: Architect Engineer Certified Fire protection system designer

Designer Jill Brandt Reg. /Certificate No.: OH # 12657

Street Address 2220 Wooster Rd. City Rocky River State OH Zip 44116

Phone No. 440-865-1824 Fax _____ E-mail jbrandt@brandtarchitecture.com

10 BUILDING CODE INFORMATION:
 (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building)

Current use group(s) M/B Construction Type of Project II B Construction Type of Building II B

Occupancy Description: 8 **Method of Demonstrating Energy Code Compliance 2012 IECC** 2010 AHRAE 90.1

11 GENERAL BUILDING INFORMATION: (The following information applies to the *entire building*, not just construction area.) (OBC 107.2.3.)

▪ Building Information:
 Use group(s)? _____ Mixed use groups? No Yes Separated Non-separated
 Construction type? _____ Building height (FT)? _____ No. of stories? _____
 Occupant load? _____ Storage height (FT)? _____ Storage aisle width (FT)? _____

▪ List USE GROUP below for mixed use building. ▪ List Occupancy Type for associated use group below.

▪	▪
▪	▪
▪	▪
▪	▪
▪	▪

▪ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)

Building sprinkler system? _____ Sprinkler demand @ base of riser (PSI)? _____
 Limited area sprinkler system? _____ Type 1 hood suppression? _____ In-Rack sprinkler system? _____
 Building fire alarm system? _____ Fire detection system? _____ Smoke detection system? _____

12 CERTIFICATION: (OBC 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.

Signature _____
 Print Name: Jill Brandt Date 5/28/24

13 THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Fee Description	Amount	Deposits
PLAN REVIEW		
Permit Fee		
Other Fees		
Sub-Total	\$	\$
B.B.S. +3%		
Curb Crossing		
Street Cleaning		
Curb Cut		
Sewer Tie In Fee		
Total Fees	\$	
Date Received _____ Estimated Cost _____		
Check Number _____ Permit Number _____		
Processed By _____		

Notes: