

City of Rocky River

21012 Hilliard Boulevard Rocky River, Ohio 44116

APPLICATION FOR **NON-RESIDENTIAL** PLAN APPROVAL

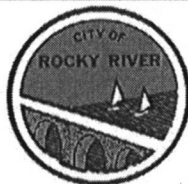
Submit one application per building or structure; **All** sections must be completed.

APPROVALS DATES:

Planning Comm: _____

Board of Appeals: _____

Design & Review: _____



Application Date: _____

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: ____ No: ____ To be sent by: _____	2 TYPE OF PROJECT: ____ New Building Construction ____ Building Addition ☒ Alteration ____ Repair/Maintain/Replacement ____ Change of Occupancy ____ Request Existing Bldg C of O	3 PHASED PLAN REVIEW: ____ Foundation ____ Framing: ____ Other: _____ ____ Other: _____ ____ Other: _____ ____ Other: _____						
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 <u>JOF Properties LLC</u> Street Address <u>19126 Old Detroit Road</u> Street Address _____ Sublot No. _____ Lot Size <u>5592 sf</u> Permanent Parcel Number <u>301-19-023</u> Estimated Time of Completion _____ <table border="0"><tr><td>▪ Is this project/building located in a flood plain?</td><td>☐ Yes</td><td>☒ No</td></tr><tr><td>▪ Has flood plain administrator been contacted for requirements?</td><td>☐ Yes</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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6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1) <u>Re-clad existing front exterior wall & construct new projecting roof with supporting posts.</u> Total Estimated Cost <u>\$ 78,000.00</u> Total Square Footage of all Levels and Areas of Construction _____ SQ. FT.								
7 BUILDING OWNER INFORMATION: Name of owner <u>Christine Norris</u> Attention: _____ Street Address <u>19421 Story Rd.</u> City <u>Rocky River</u> State <u>OH</u> Zip <u>44116</u> Phone No. <u>440-317-3712</u> E-mail <u>jofproperties@yahoo.com</u>								
8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) Applicant <u>Young Design Studio</u> Attention: <u>Magdalena Young</u> Street Address <u>15614 Detroit Ave. Ste 202</u> City <u>Lakewood</u> State <u>OH</u> Zip <u>44107</u> Phone No. <u>216-202-5259</u> E-mail <u>myoung@youngdesignstudio.com</u>								

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

Designer Brandon Young Reg. /Certificate No.: 1716985

Street Address 15614 Detroit Ave. Ste 202 City Lakewood State Zip

Phone No. Fax E-mail

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 Construction Type of Project Construction Type of Building

Occupancy Description: **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)? M Mixed use groups? ☒ No ☐ Yes ☐ Separated ☐ Non-separated

Construction type? Building height (FT)? No. of stories? 1

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 John Conner, President

Print Name: John Conner - Date 3/27/2025
President

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: