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
X 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? X No ___ Yes
- Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?

X No ___ Yes, please provide the adjudication order number: _____

5 PROJECT/BUILDING LOCATION: (OBC 107.2.2)

Building Name JOF Properties LLC Street Address 19126 Old Detroit Road

Street Address _____ Sublot No. _____ Lot Size 5592 sf

Permanent Parcel Number 301-19-023 Estimated Time of Completion

- Is this project/building located in a flood plain? ___ Yes X No
- Has flood plain administrator been contacted for requirements? ___ Yes X No

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

Re-clad existing front exterior wall & construct new projecting roof with supporting posts.

Total Estimated Cost $ 78,000.00

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

7 BUILDING OWNER INFORMATION:

Name of owner Christine Norris Attention: _____

Street Address 19421 Story Rd. City Rocky River State OH Zip 44116

Phone No. 440-317-3712 E-mail jofproperties@yahoo.com

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

Applicant Young Design Studio Attention: Magdalina Young

Street Address 15614 Detroit Ave. Ste 202 City Lakewood State OH Zip 44107

Phone No. 216-202-5259 E-mail myoung@youngdesignstudio.com

9 REGISTERED DESIGN PROFESSIONAL INFORMATION: X 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 Buiilding _____

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? X 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 X 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 - President Date 3/27/2025

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: