* Application being submitted for Design + Construction Review Board

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: July 2, 2025

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:

- [X] 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 New Gas Dock Building
Street Address 200 Yacht Club Dr.
Street Address _____
Sublot No. _____ Lot Size _____
Permanent Parcel Number 30109103
Estimated Time of Completion

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

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

Removal of existing 754sf Gas Dock Bldg and construction of new 9,000sf Gas dock building to provide attendant work area, merchandise sales area, walk-in cooler, and building support spaces. Work also includes removal/replacement of existing tank enclosure fence

Total Estimated Cost $ _____

Total Square Footage of all Levels and Areas of Construction 9,000 **SQ. FT.**

7 BUILDING OWNER INFORMATION:

Name of owner Cleveland Yacht Club Attention: Marc Dallas
Street Address 200 Yacht Club Dr City Rocky River State OH Zip 44116
Phone No. 440.333.1155 ext. 223 E-mail mdallas@cyctr.org

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

Applicant Perspectus Architecture Attention: Jim Wallis
Street Address 1300 East 9th St, Suite 910 City Cleveland State OH Zip 44114
Phone No. 216 752.1800 E-mail jwallis@perspectus.com

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

Designer Perspectus Architecture Reg. /Certificate No.: ___

Street Address ___ City ___ 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 VB

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? VB Building height (FT)? 20' No. of stories? 1

  Occupant load? 13 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? X Fire detection system? X Smoke detection system? X

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 James A Wallis

Print Name: James A. Wallis Date 7/2/25

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: