City of Rocky River

21012 Hilliard Boulevard Rocky River, Ohio 44116

DESIGN AND CONSTRUCTION BOARD OF REVIEW

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:

- ___ New Building Construction
- X 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? 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 NEW FIRE STATION

Street Address 21012 HILLIARD BOULEVARD, ROCKY RIVER, OHIO

Street Address _____

Sublot No. _____ Lot Size _____

Permanent Parcel Number _____

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)

PROJECT INVOLVES THE DEMOLITION OF EXISTING SINGLE STORY, APPROXIMATELY 10,016 SF, 4 BAY FIRE STATION. IN ITS PLACE, A NEW TWO-STORY FIRE STATION WITH A FOOTPRINT OF APPROXIMATELY 15,949 SF. AND SIX APPARATUS BAYS. WILL BE CONSTRUCTED.

Total Estimated Cost $ TBD

Total Square Footage of all Levels and Areas of Construction 27,190 **SQ. FT.**

7 BUILDING OWNER INFORMATION:

Name of owner CITY OF ROCKY RIVER Attention: RICH SNYDER

Street Address 21021 HILLIARD BLVD City ROCKY RIVER State OHIO Zip 44116

Phone No. _____ E-mail RSNYDER@ROCKYRIVEROHIO.GOV

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

Applicant PERSPECTUS ARCHITECTURE Attention: DAVE URBANSKY

Street Address 1300 E. 9TH ST SUITE 910 City CLEVELAND State OHIO Zip 44114

Phone No. 216 399 3699 E-mail DURBANSKY@PERSPECTUS.COM

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

Designer _____ 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) B, I-3, S-2, R-2 Construction Type of Project IIB Construction Type of Buiilding IIB

Occupancy Description: _____ **Method of Demonstrating Energy Code Compliance *2012 IECC*** ___ ***2010 AHRAE 90.1*** X

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)? I-3, B, S-2, R-2 Mixed use groups? ___ No X Yes X Separated ___ Non-separated

Construction type? IIB Building height (FT)? 34' 4" No. of stories? 2

Occupant load? 192 Storage height (FT)? _____ Storage aisle width (FT)? _____

List USE GROUP below for mixed use building.	List Occupancy Type for associated use group below.
I-3 EXISTING POLICE	
B EXISTING CITY HALL / EXISTING POLICE / NEW FIRE	
S-2 EXISTING POLICE / NEW FIRE	
R-2 NEW FIRE	

- 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? X Sprinkler demand @ base of riser (PSI)? _____

Limited area sprinkler system? _____ Type 1 hood suppression? X 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 _____

Print Name: DAVID URBANSKY Date 7/2/25

PERSPECTUS ARCHITECTURE

Notes:

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 _____