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? ____ No X 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 WESTGATE PLAZA Street Address 20325 CENTER RIDGE ROAD

Street Address _____ Sublot No. _____ Lot Size _____

Permanent Parcel Number _____ Estimated Time of Completion 18 MONTHS

▪ Is this project/building located in a flood plain?		Yes	X	No
▪ Has flood plain administrator been contacted for requirements?		Yes		No N/A.

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

CONVERSION OF MEDICAL OFFICE TO MULTI FAMILY.

Total Estimated Cost $ TBD

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

7 BUILDING OWNER INFORMATION:

Name of owner JAGUAR PROP ASSETS LLC Attention: BRIAN / GARRETT ALLEN

Street Address 1500 W. THIRD ST. #300 City CLEVELAND State OH Zip 44113

Phone No. 216-928-2976 E-mail gallen@WALTERHAV.COM

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

Applicant _____ Attention: _____

Street Address _____ City _____ State _____ Zip _____

Phone No. _____ E-mail _____

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

Designer HEART DESIGN GROUP Reg. /Certificate No.: ___

Street Address ___ City ___ State ___ Zip ___

Phone No. 216-924-4986 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) ___ Construction Type of Project CONCRETE 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)? ___ 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? YES Sprinkler demand @ base of riser (PSI)? ___

  Limited area sprinkler system? YES Type 1 hood suppression? ___ In-Rack sprinkler system? ___

  Building fire alarm system? YES 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: A Fintus Date JULY 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: