

City Of Rocky River
21012 Hilliard Boulevard Rocky River, Ohio 44116
APPLICATION FOR 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 been submitted for plan review? Yes ____ No ____ If No, date to be submitted by: _____	2 TYPE OF PROJECT: ☐ New Building Construction ☒ Building Addition ☐ Alteration (no additional sq. ft.) ☐ Repair/Maintain/ ☐ Accessory Building(> 200 sqft) ☐ Other (driveway, retaining wall.)	3 PHASED PLAN REVIEW: ☐ Foundation ☐ Framing: ☐ Other: ☐ Other: ☐ Other: ☐ Other:						
4a. DESCRIPTION OF THE EXTENT OF WORK INCLUDED FOR APPROVAL: (RCO 107.2.1) Adding Living Room space open to the kitchen off the the back of the home. Afull dedicated master bathroom with a walk in closet included. All on a crawl space. New Roof and gutters								
4b. Total Estimated Cost : \$ 80,000 - 100,000								
4c. List total square footage of All levels of construction. (Foundation = 484 sf.) (Main Floor = 484 sf.) (Second Floor = sf.) (Attic/Roof = sf.) (Other = sf.)								
5 PROJECT LOCATION: (RCO 107.2.2) Legal description _____ Street Address 22355 Rivergate Dr. City/Township Rocky River Zip Code 44116 County Cuyahoga Directions _____								
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> ☐ Is this project/building located in a flood plain? </td> <td style="width: 10%; text-align: center;"> ☐ Yes ☐ Yes </td> <td style="width: 10%; text-align: center;"> ☒ No ☒ No </td> </tr> <tr> <td> ☐ Has flood plain administrator been contacted for requirements? </td> <td style="text-align: center;"> ☐ Yes ☐ Yes </td> <td style="text-align: center;"> ☒ No ☒ No </td> </tr> </table>			☐ Is this project/building located in a flood plain?	☐ Yes ☐ Yes	☒ No ☒ No	☐ Has flood plain administrator been contacted for requirements?	☐ Yes ☐ Yes	☒ No ☒ No
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6 Method Of Demonstrating Energy Code Compliance Demonstrating Compliance to the 2019 RCO Section 1101.14-1104 _____ or Demonstrating Compliance to the 2019 RCO Section 1105 (Simulated Performance) _____ or Demonstrating Compliance to the 2019 RCO Section 1106 (ERI) _____ or Demonstrating Compliance to the 2019 RCO Section 1112 (OHBA option) _____ or Demonstrating Compliance to the 2018 IECC _____								
7 BUILDING OWNER INFORMATION: (RCO 107.2.4) Name of owner Gerald Reising Attention: _____ Street Address 22355 Rivergate Dr. City Rocky River State OH Zip 44116 Phone No. (440) 315-4561 Fax _____ E-mail greising1313@gmail.com								
8 APPLICANT INFORMATION: (Owner or Owner's authorized agent) (RCO 107.2.4) Applicant Owner Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____								

9 REGISTERED DESIGN PROFESSIONAL –IF APPLICABLE: (RCO 106.1.1-3, 106.2)

____ Architect _____ Engineer _____ Certified Fire protection system installer
Designer _____ Registration /Certificate No.: _____
Street Address _____ City _____ State _____ Zip _____
Phone No. _____ Fax _____ E-mail _____

10 EVIDENCE OF RESPONSIBILITY: (RCO 106.2)

(Required residential construction documents, when submitted for review as required under RCO section 107, shall bear the identification of the person primarily responsible for their preparation. Ohio Revised Code Section 3791.04 (A)(2)(b) permits construction documents for any residential building to be prepared by persons other than a registered architect or engineer; unless per Ohio Revised Code Section 3791.04 (A)(2)(c), the proposed work involves technical design analysis. The building official may rely on the placement of a 'seal' on the documents as evidence that the registered architect or engineer performed the technical analysis.

Document Preparer Name: _____ Title/Company: _____

Address: _____ City: _____ State: _____ Zip: _____

11 INDUSTRIALIZED UNITS INFORMATION: (The following information applies to the INDUSTRIALIZED UNITS and alternative materials, designs, methods of construction or equipment approved by the State of Ohio, Board of Building Standards Industrialized units (IU) program.) (RCO 106.1.4, Section 114)**▪ Authorized Manufacturer and project Information:**

Approval number: _____ Approval Date: _____

Board approved documents submitted to local Building Official? _____

YES _____ NO _____

Details of on-site interconnection of modules or assemblies submitted to BO? _____

YES _____ NO _____

12a CONSTRUCTION DOCUMENTS REQUIREMENTS:

(Refer to RCO 106.1-3 (1-9) for specific construction document requirements)

12b LOT LINE MARKERS REQUIRED: Before any work is started in the construction of a residential building or addition all boundary lines shall be marked at their intersections with permanent markers. (Refer to RCO 108.2 & 108.2.1)

Time limitation of Application: (RCO 107.2.1) *The approval of construction documents under this section is a "license" and the failure to approve such construction documents as submitted within thirty days after filing or the disapproval of such construction documents is an "adjudication order denying the issuance of a license" requiring the opportunity for an "adjudication hearing" as provided by sections 119.07 to 119.13 of the Revised Code and as modified by sections 3781.031 and 3781.19 of the Revised Code. In accordance with section 109, an adjudication order denying the issuance of a license shall specify the reasons for such denial.*

13 CERTIFICATION: (RCO 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 and copied to the Owner.

Signature _____

Print Name: _____ Date: _____

14 THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Fee Description	Amount	Deposits
PLAN REVIEW		
Permit Fee		
Other Fees		
Sub-Total	\$	\$
B.B.S. +1%		
Curb Crossing		
Street Cleaning		
Curb Cut		
Sewer Tie In Fee		
Total Fees	\$	
Date Received _____	Estimated Cost _____	
Check Number _____	Permit Number _____	
Processed By _____		

Notes: