** 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 23, 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 Guardhouse — Street Address: 200 Yacht Club Drive

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)

_____

_____

_____

_____

Total Estimated Cost $ _____

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

7 BUILDING OWNER INFORMATION:

Name of owner: Cleveland Yacht Club — Attention: Marc Dallas

Street Address: 200 Yacht Club Drive — City: Rocky River — State: OH — Zip: 44116

Phone No.: 440-333-1155 ext. 223 — E-mail: mdallas@cycrr.org

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

Applicant: Perspectus Architecture — Attention: Jim Wallis

Street Address: 1300 East 9th Street, 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: 1300 East 9th Street, Suite 910 — City: Cleveland — State: OH — Zip: 44114

Phone No.: 216-752-1800 — Fax: — E-mail: jwallis@perspectus.com

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): U — 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)? U — Mixed use groups? X No ___ Yes ___ Separated ___ Non-separated
  - Construction type? VB — Building height (FT)? 11'-0" — No. of stories? 1
  - Occupant load? 1 — 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: James A. Wallis

Print Name: James A. Wallis Date: 07-23-2025

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: