

**** 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

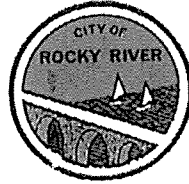
Submit one application per building or structure; **All** sections must be completed.

APPROVALS DATES:

Planning Comm: _____

Board of Appeals: _____

Design & Review: _____



Application Date: July 23, 2025

Intent Sign Date: _____

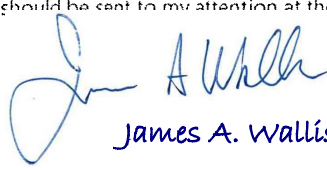
1 PLAN SUBMISSION: Plan review will commence once all below plan copies are submitted. Have 2 paper and 1 digital plan(s) been submitted for plan review? Yes: ____ No: ____ To be sent by: _____	2 TYPE OF PROJECT: ☒ New Building Construction ☐ Building Addition ☐ Alteration ☐ Repair/Maintain/Replacement ☐ 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 <u>New Guardhouse</u> Street Address <u>200 Yacht Club Drive</u> Street Address _____ Sublot No. _____ Lot Size _____ Permanent Parcel Number <u>30109103</u> 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 <u>Cleveland Yacht Club</u> Attention: <u>Marc Dallas</u> Street Address <u>200 Yacht Club Drive</u> City <u>Rocky River</u> State <u>OH</u> Zip <u>44116</u> Phone No. <u>440-333-1155</u> E-mail <u>mdallas@cycrr.org</u> <u>ext. 223</u>		
8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) Applicant <u>Perspectus Architecture</u> Attention: <u>Jim Wallis</u> Street Address <u>1300 East 9th Street, Suite 910</u> City <u>Cleveland</u> State <u>OH</u> Zip <u>44114</u> Phone No. <u>216-752-1800</u> E-mail <u>jwallis@perspectus.com</u>		

9	REGISTERED DESIGN		
	PROFESSIONAL INFORMATION: ☒ Architect ☐ Engineer ☐ Certified Fire protection system designer		
	Designer	<u>Perspectus Architecture</u>	Reg. /Certificate No.: _____
	Street Address	<u>1300 East 9th Street, Suite 910</u>	City <u>Cleveland</u> State <u>OH</u> Zip <u>44114</u>
Phone No.	<u>216-752-1800</u>	Fax _____ E-mail <u>jwallis@perspectus.com</u>	

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) VB	
	Current use group(s) <u>U</u>	Construction Type of Project _____ Construction Type of Building <u>VB</u>
Occupancy Description: _____		
Method of Demonstrating Energy Code Compliance <u>2012 IECC</u> <u>2010 AHRAE 90.1</u>		

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>U</u> Mixed use groups? ☒ No ☐ Yes ☐ Separated ☐ Non-separated Construction type? <u>VB</u> Building height (FT)? <u>11'-0"</u> No. of stories? <u>1</u> Occupant load? <u>1</u> Storage height (FT)? _____ Storage aisle width (FT)? _____						
	List USE GROUP below for mixed use building. <table border="1" style="width: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						
List Occupancy Type for associated use group below. <table border="1" style="width: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>							

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? _____	
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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 	Date <u>07-23-2025</u>
Print Name: <u>James A. Wallis</u>		

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: