

**CITY OF ROCKY RIVER**  
**21012 HILLIARD BOULEVARD**  
**ROCKY RIVER, OH 44116**  
**PHONE: (440) 331-0600    FAX: (440) 895-2628**

*\* Change of  
use for one  
unit only*

APPLICATION FOR PLAN REVIEW IN PLANNED DEVELOPMENT AREA

Location of Project: 1156 Linda St Date: 2-25  
(P.P. Nos.)

Present Use: LATINA DESIGN Proposed Use: Medical SPA

Owner: MARY PAT GALLAGHER 1156 Linda St 440-503-1700  
(Name) (Address & Zip) (Tel No.)

Engineer: \_\_\_\_\_  
(Name) (Address & Zip) (Tel No.)

Architect: \_\_\_\_\_  
(Name) (Address & Zip) (Tel No.)

Gross Land Area: \_\_\_\_\_ Acres sq. ft.

Building Area (Including Detached Accessory Buildings) \_\_\_\_\_ sq. ft.

Parking Spaces: \_\_\_\_\_ + \_\_\_\_\_ = Total: \_\_\_\_\_  
(Enclosed) (Unenclosed)


☒ Estimate of traffic volume to be generated by this project: ~25 patients/day M-F

☒ Cost estimate (include all public & private improvements): \$ ? 15,000 - 20,000 PAINT 4,000

Standards for construction of driveways, public & private streets, sidewalks, parking & loading areas and fire lanes.

no outdoor improvements.

Methods and standards for maintenance of private streets, driveways, open spaces, parking areas, common land, garbage and waste disposal.

 (Owner's Signature) \_\_\_\_\_ (Contact E-Mail Address)

This application must be accompanied by ten (10) sets of plans, as follows (see Sec: 1137).

<b>PLAN REVIEW NOTES:</b>

<b>Planning Commission:</b>	<u>1/2/25</u>
\$200 Application Fee Paid:	(Date)
Plan Exam Fee \$	<u>200</u>

*pat # 2203*

# Occupancy Permit Application

Date: 12.26.24

I wish to apply for an Occupancy Permit for ADVANCED AESTHETICS, LLC  
(Name of Business)  
at 1156 ~~DETROIT~~ LINCOLN ST  
(Address) (Permanent Parcel No.)

Located in a \_\_\_\_\_ zoning use district.

The purposed use of this occupancy is  
for

MEDICAL SPA-CONSISTING OF 1 MD COLLABORATING  
M.D. SPAUDERS 3RD INP 1 ESTHETICIAN, 3 AUXILIARY DESK ADMIN,  
FACIALS, BOTOX, FILLERS, DERM AS. ALL LICENSED & CEATIFIED

Square footage involved: \_\_\_\_\_

No. of off-street parking spaces available for this occupancy: \_\_\_\_\_

(Name of Property Owner)	
(Address)	(Zip)
(Phone Number)	

(Signature of Applicant)	
(Address)	(Zip)
(Phone Number)	

**Note:** Any signs in connection with the proposed occupancy are subject of the regulations of the codified ordinances of the City of Rocky River. Plans must be presented and approved before any sign(s) is (are) erected.

For office use only:

Zoning Approval: \_\_\_\_\_

Plumbing Report: \_\_\_\_\_

Electrical Report: \_\_\_\_\_

Architectural & Structural Report: \_\_\_\_\_

Fire Prevention Report: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Building Commissioner)

Occupancy Permit No. \_\_\_\_\_ Issued: \_\_\_\_\_

→ MP6A1A6H6XR2@gmail

→ 440.503.1700

MARY ANN GALLAGHER