

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: _____

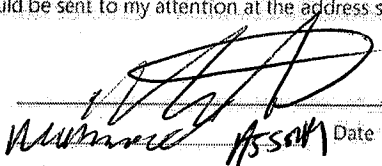
Design & Review: _____



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: <input type="checkbox"/> New Building Construction <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Maintain/Replacement <input checked="" type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing Bldg C of O | 3 PHASED PLAN REVIEW: <input type="checkbox"/> Foundation <input type="checkbox"/> Framing <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ |
| 4 APPLICATION RELATED INFORMATION: <input checked="" type="checkbox"/> Is this project being submitted as a result of a previous preliminary plan review? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order number: _____ | | |
| 5 PROJECT/BUILDING LOCATION: (OBC 107.2.2) Building Name <u>Rocky River S HOPES</u> Street Address _____ Street Address <u>19632 CENTER RIDGE ROAD</u> Sublot No. _____ Lot Size _____ Permanent Parcel Number <u>304-15-061</u> Estimated Time of Completion _____ <input type="checkbox"/> Is this project/building located in a flood plain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Has flood plain administrator been contacted for requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1) <u>Dance studio previous occupant</u> <u>new occupant Brazilian Jiu Jitsu</u> <u>NO construction being done</u> Total Estimated Cost \$ <u>3,000</u> Total Square Footage of all Levels and Areas of Construction <u>1,500</u> SQ. FT. | | |
| 7 BUILDING OWNER INFORMATION: Name of owner <u>Mahmud ASAAD</u> Attention: _____ Street Address <u>19630 Center Ridge</u> City <u>Rocky River</u> State <u>OH</u> Zip <u>44116</u> Phone No. <u>216-280-0019</u> E-mail <u>Expo@exposed.com</u> | | |
| 8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) Applicant _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ E-mail _____ | | |

| 9 | REGISTERED DESIGN PROFESSIONAL INFORMATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------|----------|--------------------|--|--|------------|--|--|------------|--|--|-----------|----|----|------------|--|--|---------------|--|--|-----------------|--|--|----------|--|--|------------------|--|--|------------|----|--|--|--|
| Designer: <u>N/A</u> Architect: _____ Engineer: _____ Certified Fire protection system designer: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone No.: _____ 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: _____ Construction Type of Building: _____ 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Non-separated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Construction type? _____ Building height (FT)? _____ No. of stories? <u>2</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dance studio | | Brazilian Jiu Jitsu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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? <input checked="" type="checkbox"/> Fire detection system? _____ Smoke detection system? _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | CERTIFICATION: (OBC 107.2.5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that I am the <input checked="" type="checkbox"/> Owner <input type="checkbox"/> 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: <u>Adam Assouh</u> Date: <u>1/30/25</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | THE AREA BELOW IS FOR OFFICIAL USE ONLY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Fee Description</th> <th style="width:20%;">Amount</th> <th style="width:20%;">Deposits</th> </tr> </thead> <tbody> <tr> <td colspan="3">PLAN REVIEW</td> </tr> <tr> <td>Permit Fee</td> <td></td> <td></td> </tr> <tr> <td>Other Fees</td> <td></td> <td></td> </tr> <tr> <td>Sub-Total</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>B.B.S. +3%</td> <td></td> <td></td> </tr> <tr> <td>Curb Crossing</td> <td></td> <td></td> </tr> <tr> <td>Street Cleaning</td> <td></td> <td></td> </tr> <tr> <td>Curb Cut</td> <td></td> <td></td> </tr> <tr> <td>Sewer Tie In Fee</td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total Fees</td> <td>\$</td> <td></td> </tr> </tbody> </table> | | 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 _____ | |
| Fee Description | Amount | Deposits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN REVIEW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permit Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub-Total | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B.B.S. +3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Curb Crossing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Curb Cut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sewer Tie In Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Fees | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Notes: