

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.

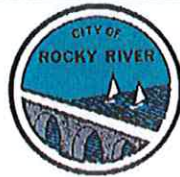


APPROVALS DATES:

Planning Comm: _____

Board of Appeals: _____

Design & Review: _____



Application Date: FEB. 24, 2025

Intent Sign Date: _____

<p>1 PLAN SUBMISSION:</p> <p>Plan review will commence once all below plan copies are submitted.</p> <p>Have 2 paper and 1 digital plan(s) been submitted for plan review?</p> <p>Yes; <input checked="" type="checkbox"/> No: <input type="checkbox"/> To be sent by: _____</p>	<p>2 TYPE OF PROJECT:</p> <p><input checked="" type="checkbox"/> New Building Construction</p> <p><input type="checkbox"/> Building Addition</p> <p><input type="checkbox"/> Alteration</p> <p><input checked="" type="checkbox"/> Repair/Maintain/Replacement</p> <p><input type="checkbox"/> Change of Occupancy</p> <p><input type="checkbox"/> Request Existing Bldg C of O</p>	<p>3 PHASED PLAN REVIEW:</p> <p><input type="checkbox"/> Foundation</p> <p><input type="checkbox"/> Framing:</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>
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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 MAGNIFICAT HIGH SCHOOL Street Address 20770 HILLIARD RD.

Street Address ~~304-03-052~~ Sublot No. _____ Lot Size 819786 S.F.

Permanent Parcel Number 304-03-052 Estimated Time of Completion _____

Is this project/building located in a flood plain?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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)

REPLACE EXISTING POLY-GREENHOUSE WITH A PERMANENT MASONRY/GLASS GREENHOUSE. ADD A NEW OPEN AIR ROOFED PAVILION FOR SPORT & HORTICULTURE ACTIVITIES. NEW WALKS & PATIOS FOR PEDESTRIAN CIRCULATION WITH A PERGOLA.

Total Estimated Cost \$ 250,000

Total Square Footage of all Levels and Areas of Construction 11,400 SQ. FT.

7 BUILDING OWNER INFORMATION:

Name of owner MAGNIFICAT HIGH SCHOOL Attention: DEB DURBIN

Street Address 20770 HILLIARD RD. City ROCKY RIVER State OH Zip 44116

Phone No. 440-331-1572 E-mail ddurbin@maghs.org

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

Applicant NEW VISTA ENTERPRISES, INC. Attention: BILL HANCE

Street Address P.O. BOX 21313 City CLEVELAND State OH Zip 44121

Phone No. 216-291-1100 E-mail BILLHANCE@NEWVISTAENT.COM

9 REGISTERED DESIGN PROFESSIONAL INFORMATION: Architect Engineer Certified Fire protection system designer
 Designer _____ Reg. /Certificate No.: _____
 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? No Yes Separated Non-separated
 - Construction type? _____ Building height (FT)? _____ No. of stories? _____
 - 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.

- 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 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: Bill Hance
 Print Name: BILL HANCE Date: FEB. 24, 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: