

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: _____

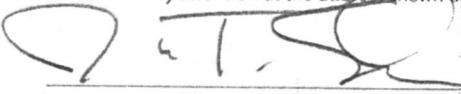
Intent Sign Date: _____

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: <input checked="" type="checkbox"/> No: _____ To be sent by: _____	2 TYPE OF PROJECT: <input type="checkbox"/> New Building Construction <input type="checkbox"/> Building Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair/Maintain/Replacement <input 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 checked="" type="checkbox"/> Other: <u>REPLACE BIORETENTION</u> <input checked="" type="checkbox"/> Other: <u>EXPAND PARKING</u> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
4 APPLICATION RELATED INFORMATION: ▪ Is this project being submitted as a result of a previous preliminary plan review? _____ No <input checked="" type="checkbox"/> Yes ▪ Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received? <input checked="" type="checkbox"/> No _____ Yes, please provide the adjudication order number: _____		
5 PROJECT/BUILDING LOCATION: (OBC 107.2.2) Building Name <u>JOE'S DELI PARKING LOT</u> Street Address <u>19215 HILLIARD BLVD.</u> Street Address _____ Sublot No. <u>N/A</u> Lot Size <u>1.7826 AC.</u> Permanent Parcel Number <u>301-32-073</u> 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) <u>REPLACEMENT OF EXISTING BIO RETENTION BASIN WITH A FILTERA</u> <u>HIGH PERFORMANCE BIORETENTION CHAMBER AND EXPANSION OF</u> <u>EXISTING PARKING LOT TO PROVIDE 9 ADDITIONAL SPACES</u> Total Estimated Cost \$ <u>40,000</u> Total Square Footage of all Levels and Areas of Construction <u>2,000</u> SQ. FT.		
7 BUILDING OWNER INFORMATION: Name of owner <u>KANAANITES, LLC</u> Attention: <u>JOHN KANAAN</u> Street Address <u>19215 HILLIARD BLVD</u> City <u>ROCKY RIVER</u> State <u>OH</u> Zip <u>44116</u> Phone No. <u>(440) 333-7890</u> E-mail _____		
8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2) Applicant <u>REITZ ENGINEERING CO</u> Attention: <u>JAMES SAYLER</u> Street Address <u>4214 ROCKY RIVER DR.</u> City <u>CLEVELAND</u> State <u>OH</u> Zip <u>44135</u> Phone No. <u>(216) 251-3033</u> E-mail <u>JTS@REITZENG.COM</u>		

9	REGISTERED DESIGN PROFESSIONAL INFORMATION:		
	Architect _____	<input checked="" type="checkbox"/> Engineer	Certified Fire protection system designer _____
	Designer <u>JAMES SAYLER</u>	Reg. /Certificate No.: <u>E-52385</u>	
	Street Address <u>4214 ROCKY RIVER DR.</u>	City <u>CLEVELAND</u>	State <u>OH</u> Zip <u>44135</u>
	Phone No. <u>(216) 251-3033</u>	Fax _____	E-mail <u>JTS@REITZENG.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)
	Current use group(s) <u>N/A</u> Construction Type of Project <u>N/A</u> Construction Type of Building <u>N/A</u>
	Occupancy Description: <u>N/A</u> Method of Demonstrating Energy Code Compliance 2012 IECC <u>2010 AHRAE 90.1</u>

11	GENERAL BUILDING INFORMATION: (The following information applies to the <i>entire building</i> , not just construction area.) (OBC 107.2.3.)												
	Building Information:												
	Use group(s)? <u>N/A</u> Mixed use groups? <u>No</u> <u>Yes</u> <u>Separated</u> <u>Non-separated</u>												
	Construction type? <u>N/A</u> Building height (FT)? <u>N/A</u> No. of stories? <u>N/A</u>												
	Occupant load? <u>N/A</u> Storage height (FT)? <u>N/A</u> Storage aisle width (FT)? <u>N/A</u>												
	<table style="width: 100%;"> <tr> <td style="width: 50%;"> List USE GROUP below for mixed use building. </td> <td style="width: 50%;"> List Occupancy Type for associated use group below. </td> </tr> <tr> <td> <input type="checkbox"/> <u>N/A</u> </td> <td> <input type="checkbox"/> <u>N/A</u> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	List USE GROUP below for mixed use building.	List Occupancy Type for associated use group below.	<input type="checkbox"/> <u>N/A</u>	<input type="checkbox"/> <u>N/A</u>								
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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? <u>N/A</u> Sprinkler demand @ base of riser (PSI)? <u>N/A</u>												
	Limited area sprinkler system? <u>N/A</u> Type 1 hood suppression? <u>N/A</u> In-Rack sprinkler system? <u>N/A</u>												
	Building fire alarm system? <u>N/A</u> Fire detection system? <u>N/A</u> Smoke detection system? <u>N/A</u>												

12	CERTIFICATION: (OBC 107.2.5)
	I certify that I am the _____ Owner <input checked="" 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>JAMES SAYLER</u> Date <u>2/13/25</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>PLAN REVIEW</td> <td></td> <td></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	\$	
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