

**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: \_\_\_\_\_

<p><b>1 PLAN SUBMISSION:</b></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; ___ No: ___ To be sent by: _____</p>	<p><b>2 TYPE OF PROJECT:</b></p> <p>___ New Building Construction</p> <p>___ Building Addition</p> <p>___ Alteration</p> <p>___ Repair/Maintain/Replacement</p> <p>___ Change of Occupancy</p> <p>___ Request Existing Bldg C of O</p>	<p><b>3 PHASED PLAN REVIEW:</b></p> <p>___ Foundation</p> <p>___ Framing:</p> <p>___ Other: _____</p> <p>___ Other: _____</p> <p>___ Other: _____</p> <p>___ 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 \_\_\_\_\_ Street Address \_\_\_\_\_

Street Address \_\_\_\_\_ Sublot No. \_\_\_\_\_ Lot Size \_\_\_\_\_

Permanent Parcel Number \_\_\_\_\_ Estimated Time of Completion \_\_\_\_\_

Is this project/building located in a flood plain?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has flood plain administrator been contacted for requirements?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

**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:** \_\_\_\_\_ 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 \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date \_\_\_\_\_

**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: