

**APPLICATION INFORMATION FILED
FOR THE PROJECT
CONSTRUCTION DESIGN RELEASE**

X	STANDARD		PARTIAL
	FOUNDATION		REQUEST

SBC Project Number
405282

Filing Date
01/08/2019

PROJECT LOCATION				
Name of project Freddy s Frozen Custard Steakhburgers			Closest intersecting street or road	
Address 5501 Pearl Dr			Direction FROM intersection TO project	
City EVANSVILLE		County VANDERBURGH	in city limits?	<u>Is project</u> State Owned <input type="checkbox"/>

OWNER'S CERTIFICATE			
Authorized signature		Name of owner or business Warren Bank Property LLC	
Name(<i>typed or printed</i>) Jonathan Lamar		Address(<i>number and street</i>) 4659 N First Ave	
Title		City, State, ZIP code Evansville 47710	
Telephone Number 8128902237	Fax Number 8124218145	E-Mail northpark@warrennpc.com	Facility use

Signature		Name of firm Lamar Architecture & Design	
Name Jonathan Courtney Lamar		Address 10400 State Route 662 W	
Indiana registration number AR11000144		City, state, ZIP code Newburgh IN 47630	
Telephone Number 8128902237	E-Mail	Fax 8128902237	
Designated inspecting design professional Lamar	Indiana registration number AR11000144		Telephone Number

PROJECT DESCRIPTION		FLOOR AREAS		ESTIMATED COSTS	
Scope of work		Total Project Area Sq.ft.			
	<div> Addition Remodeling </div>	6701	Areas below or at the bottom of report		
Is this construction the result of fire/natural disaster	Sewer	Existing			
N		6234			
Fire suppression system in building	Detailed suppression system plans and specs	Num. of Buildings / Num. of Types	1		
None		1			
If partial, specify where*	Located in flood plain (4 county plan commission)	A	B	D	F
	N				
Building construction type and occupancy classification	Building height (Stories)*	E	C Area /cost/type		
	1				
Indiana rehabilitation standard(Rule *) Evaluation documents provided?			Use of conversion rule (Rule 13)proposed?		
No	No		No		

Does project include:			
Elevator or lift	Combustible fibers storage	Fireworks storage	Explosive storage
High pile storage	Boiler or pressure vessel	Hazardous or flammable materials storage	

Describe proposed used of facility IN DETAIL, including type of flammable or combustible materials stored or handled **Restaurant**

Describe previous or current use of facility IN DETAIL(if existing facility).*	Number of persons employed
Restaurant	15
General comments*	Number of persons (public)
	72

GENERAL INFORMATION	
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Does project include use of a master plan design release or a factory built modular or mobil structure?	No	Modular/mobile seal number
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Name of manufacture	Master plan/Modular file

Facility Type	Category	Area New	Area Addition	Area Remodeled	Cost \$
	A	0	467	0	0
Facility B	Category C	0	0	0	\$

Facility Type	Category	Area New	Area Addition	Area Remodeled	Cost	\$
A	A	0	0	6234		