



APPLICATION INFORMATION FILED  
FOR THE PROJECT  
CONSTRUCTION DESIGN RELEASE

☒ STANDARD ☐ PARTIAL  
FOUNDATION REQUEST

SBC Project Number  
405299

Filing Date  
01/08/2019

PROJECT LOCATION			
Name of project <b>Costco Fuel Facility Expansion</b>		Closest intersecting street or road	
Address <b>515 E University Dr</b>		Direction FROM intersection TO project	
City <b>GRANGER</b>	County <b>IN 46530</b>	in city limits? <b>Is project</b>	State <input type="text"/>

OWNER'S CERTIFICATE			
Authorized signature  <b>Mostafa Ahanchi</b>		Name of owner or business <b>Costco Wholesale</b>	
Name (typed or printed) <b>Mostafa Ahanchi</b>		Address (number and street) <b>999 Lake Drive</b>	
Title <b>Agent</b>		City, State, ZIP code <b>Issaquah 98027</b>	
Telephone Number <b>2069626668</b>	Fax Number <b>2069626499</b>	E-Mail <b>david.kim@mg2.com</b>	Facility use

Signature  <b>Mitchell Clare Smith</b>		Name of firm	
Indiana registration number <b>AR19800090</b>		Address <b>1101 Second Ave Ste 100</b>	
City, state, ZIP code <b>Seattle WA 98101</b>			
Telephone Number <b>2069626668</b>	E-Mail	Fax <b>2069626499</b>	
Designated inspecting design professional <b>Smith</b>		Indiana registration number <b>AR19800090</b>	Telephone Number

PROJECT DESCRIPTION		FLOOR AREAS	ESTIMATED COSTS
Scope of work <b>Addition</b>		Total Project Area Sq.ft. <b>7200</b>	
Is this construction the result of fire/natural disaster		Existing <b>3840</b>	
Fire suppression system in building <b>None</b>		Areas below or at the bottom of report	
Detailed suppression system plans and specs		Num. of Buildings / Num. of Types <b>1 1</b>	
If partial, specify where*		A B D F	
Building construction type and occupancy classification		E C Area /cost/type	
Indiana rehabilitation standard(Rule *) Evaluation documents provided? <b>No</b>		Use of conversion rule (Rule 13)proposed?	

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 use of facility IN DETAIL, including type of flammable or combustible materials stored or handled  
**The Fueling Facility Expansion Includes 4 Islands with One Double Sided Fuel Disp**

Describe previous or current use of facility IN DETAIL(if existing facility).  
**The Fueling Facility Includes 8 Island with One Double Sided Fuel Dispenser ea**

General comments\*

Number of persons employed

Number of persons (public)

GENERAL INFORMATION					
Does project include use of a master plan design release or a factory built modular or mobil structure? <b>No</b>					
Modular/mobile seal number					
Name of manufacture <b>Master plan/Modular file</b>					
Facility Type <b>A</b>	Category <b>A</b>	Area New <b>0</b>	Area Addition <b>3360</b>	Area Remodeled <b>0</b>	Cost \$

