



APPLICATION INFORMATION FILED
FOR THE PROJECT
CONSTRUCTION DESIGN RELEASE

☒ STANDARD ☐ PARTIAL
☒ FOUNDATION REQUEST

SBC Project Number
407125

Filing Date
04/02/2019

PROJECT LOCATION			
Name of project South Bend LaQuinta		Closest intersecting street or road Darden Road	
Address 52554 State Rd 933		Direction FROM intersection TO project South	
City SOUTH BEND	County IN 46637 ST JOSEPH	in city limits? Yes	State Owned No

OWNER'S CERTIFICATE			
Authorized signature Name (typed or printed) Sam Patel		Name of owner or business Jai Jagdish Hotels, LLC	
Title Member		Address (number and street) 50970 Stonebridge Drive 50970 Stonebridge Drive	
Telephone Number 5743159700		City, State, ZIP code Granger 46530	
Fax Number 5745370808		E-Mail spatel@ganeshhotels.com	
		Facility use	

Signature		Name of firm Maust Architectural Services, Inc.	
Name MICHAEL MAUST		Address 112 North Main Street	
Indiana registration number AR19600150		City, state, ZIP code Goshen IN 46526	
Telephone Number 5745378500	E-Mail	Fax 5745370808	
Designated inspecting design professional MAUST		Indiana registration number AR19600150	Telephone Number

PROJECT DESCRIPTION		FLOOR AREAS	ESTIMATED COSTS
Scope of work New Building		Total Project Area Sq.ft. 43460	
Is this construction the result of fire/natural disaster N	Sewer	Existing 0	
Fire suppression system in building Full	Detailed suppression system plans and specs To Follow	Num. of Buildings / Num. of Types 1 1	
If partial, specify where*	Located in flood plain (4 county plan commission) N	A B D F	
Building construction type and occupancy classification	Building height (Stories)* 4	E C Area /cost/type	
Indiana rehabilitation standard(Rule *) Evaluation documents provided? No		Use of conversion rule (Rule 13)proposed? No	

Does project include:

<input checked="" type="checkbox"/> 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 **Hotel**

Describe previous or current use of facility IN DETAIL(if existing facility).*	Number of persons employed
N/A	6
General comments*	Number of persons (public)
	360

GENERAL INFORMATION					
Does project include use of a master plan design release or a factory built modular or mobil structure?			Modular/mobile seal number		
Name of manufacture			Master plan/Modular file		
Facility Type	Category	Area New	Area Addition	Area Remodeled	Cost \$
New Hotel	A	43460	0	0	

