



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

STANDARD **PARTIAL**
 FOUNDATION REQUEST

SBC Project Number
410585

Filing Date
08/30/2019

PROJECT LOCATION

Name of project Panera Bread		Closest intersecting street or road Brookton Dr	
Address 1315 E Ireland Rd		Direction FROM intersection TO project East	
City SOUTH BEND	County IN 46614	in city limits? Yes	State Owned <input type="checkbox"/> No

OWNER'S CERTIFICATE

Authorized signature Rashad Palmer		Name of owner or business Panera Braed	
Name (typed or printed) Rashad Palmer		Address (number and street) 3630 S Geyer Rd Suite 100	
Title Construction Manager		City, State, ZIP code St. Louis 63127	
Telephone Number 3149842525	Fax Number	E-Mail rashad.palmer@panerabread.c	Facility use Restaurant
Signature		Name of firm Arcvision Inc	
Name Frederick J Goglia		Address 1950 Craig Rd Suite 300	
Indiana registration number AR00920072		City, state, ZIP code St. Louis MO 63146	
Telephone Number 3144152400	E-Mail	Fax 3144152300	
Designated inspecting design professional Goglia		Indiana registration number AR00920072	Telephone Number

PROJECT DESCRIPTION FLOOR AREAS ESTIMATED COSTS

Scope of work New Building		Total Project Area Sq.ft. 4498	
Is this construction the result of fire/natural disaster N	Sewer	Existing 4498	Areas below or at the bottom of report
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)* 1	E	C Area /cost/type
Indiana rehabilitation standard(Rule *) Evaluation documents provided? No		Use of conversion rule (Rule 13)proposed? 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	12
General comments*	Number of persons (public)
	170

GENERAL INFORMATION

Does project include use of a master plan design release or a factory built modular or mobil structure? **No** Modular/mobile seal number

Name of manufacture Master plan/Modular file

Facility Type	Category	Area New	Area Addition	Area Remodeled	Cost \$
A	A	4498	0	0	

