



APPLICATION INFORMATION FILED  
FOR THE PROJECT  
CONSTRUCTION DESIGN RELEASE

☒

STANDARD ☒ PARTIAL  
FOUNDATION REQUEST

SBC Project Number  
410602

Filing Date  
08/30/2019

| PROJECT LOCATION                   |  |  |   |
|------------------------------------|--|--|---|
| Name of project<br><b>Dominos</b>  |  | Closest intersecting street or road <b>S Main St</b> |   |
| Address<br><b>206 W Ireland Rd</b> |  | Suite or floor                                       |   |
| City<br><b>SOUTH BEND</b>          |  | County<br><b>IN 46614 ST JOSEPH</b>                  | Direction FROM intersection TO project<br><b>East</b> |
| City limits?                       |  | in city<br><b>Is project</b>                         | State<br><b>Yes</b>                                   |

| OWNER'S CERTIFICATE                             |            |  |                                 |
|---|------------|--|---------------------------------|
| Authorized signature                            |            | Name of owner or business<br><b>RPM Pizza LLC</b>  |                                 |
| Name (typed or printed)<br><b>Glenn E Davis</b> |            | Address (number and street)<br><b>15384 5th St</b> |                                 |
| Title<br><b>Dir of Construction</b>             |            | City, State, ZIP code<br><b>Gulfport 36503</b>     |                                 |
| Telephone Number<br><b>2288324000</b>           | Fax Number | E-Mail<br><b>glenn.davis@rpmpizza.com</b>          | Facility use<br><b>Business</b> |

|   |        |   |                  |
|---|--------|---|------------------|
| Signature   |        | Name of firm<br><b>ADA Architects Inc</b>         |                  |
| Name<br><b>Kurt L Schmitz</b>                               |        | Address<br><b>17710 Detroit Ave</b>               |                  |
| Indiana registration number<br><b>AR11300141</b>            |        | City, state, ZIP code<br><b>Lakewood OH 44107</b> |                  |
| Telephone Number<br><b>2165215134</b>                       | E-Mail | Fax<br><b>2165214824</b>                          |                  |
| Designated inspecting design professional<br><b>Schmitz</b> |        | Indiana registration number<br><b>AR11300141</b>  | Telephone Number |

| PROJECT DESCRIPTION   |   | FLOOR AREAS   | ESTIMATED COSTS |
|---|---|---|-----------------|
| Scope of work<br><b>Remodeling</b>  |   | Total Project Area Sq.ft.<br><b>2430</b>                  |                 |
| Is this construction the result of fire/natural disaster<br><b>N</b>                    | Sewer   | Existing<br><b>Areas below or at the bottom of report</b> |                 |
| Fire suppression system in building<br><b>Partia</b>                                    | Detailed suppression system plans and specs<br><b>To Follow</b> | Num. of Buildings / Num. of Types<br><b>1 1</b>           |                 |
| If partial, specify where*  | Located in flood plain (4 county plan commission)<br><b>N</b>   | A B D F   |                 |
| Building construction type and occupancy classification                                 | Building height (Stories)*<br><b>1</b>                          | E C Area /cost/type                                       |                 |
| Indiana rehabilitation standard(Rule *) Evaluation documents provided?<br><b>No Yes</b> |   | Use of conversion rule (Rule 13)proposed?<br><b>No</b>    |                 |

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  
**Tenant interior finish of existing building**

|  |                            |
|--|----------------------------|
| Describe previous or current use of facility IN DETAIL(if existing facility).* | Number of persons employed |
| <b>Masonry &amp; brick commercial space</b>                                    | <b>6</b>                   |
| General comments*  | Number of persons (public) |
|  | <b>33</b>                  |

| 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 | \$ |
| <b>A</b>  | <b>A</b> | <b>0</b> | <b>0</b>      | <b>2430</b>                |      |    |

