



**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 Dominos		Closest intersecting street or road S Main St	
Address 206 W Ireland Rd		Direction FROM intersection TO project East	
City SOUTH BEND	County IN 46614	in city limits? Yes	State Owned No

OWNER'S CERTIFICATE

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

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

PROJECT DESCRIPTION FLOOR AREAS ESTIMATED COSTS

Scope of work Remodeling		Total Project Area Sq.ft. 2430	
Is this construction the result of fire/natural disaster N	Sewer	Existing Areas below or at the bottom of report	
Fire suppression system in building Partia	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	Yes	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
Tenant interior finish of existing building

Describe previous or current use of facility IN DETAIL(if existing facility).
Masonry & brick commercial space

General comments*
Number of persons employed **6**
Number of persons (public) **33**

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	0	0	2430		

