



APPLICATION INFORMATION FILED
FOR THE PROJECT
CONSTRUCTION DESIGN RELEASE

☒ STANDARD ☒ PARTIAL
☐ FOUNDATION REQUEST

SBC Project Number
412095

Filing Date
11/11/2019

PROJECT LOCATION			
Name of project Pac Man Zone		Closest intersecting street or road	
Address 6501 N Grape Rd		Suite or floor Space 570	
City MISHAWAKA		County ST JOSEPH	in city limits? Is project Yes State Owned No

OWNER'S CERTIFICATE			
Authorized signature		Name of owner or business Namco USA Inc	
Name (typed or printed) Kenneth W Walters		Address (number and street) 712 N Central Ave Suite B	
Title Executive Vice President		City, State, ZIP code Wood Dale 60191	
Telephone Number 6302382202	Fax Number 6302380561	E-Mail kenneth.walters@namco.co	Facility use A-3 assembly

Signature		Name of firm	
Name Patrick G. Blees		Address 800 Washington Ave. N suite 208	
Indiana registration number AR10000324		City, state, ZIP code Minneapolis MN 55401	
Telephone Number 6125471300	E-Mail	Fax 6125471301	
Designated inspecting design professional Blees		Indiana registration number AR10000324	Telephone Number

PROJECT DESCRIPTION		FLOOR AREAS	ESTIMATED COSTS
Scope of work Remodeling		Total Project Area Sq.ft. 4800	
Is this construction the result of fire/natural disaster N	Sewer	Existing 4800	Areas below or at the bottom of report
Fire suppression system in building Full	Detailed suppression system plans and specs Provided	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 use of facility IN DETAIL, including type of flammable or combustible materials stored or handled **A tenant improvement in an existing shell building for the amusement experience**

Describe previous or current use of facility IN DETAIL(if existing facility).*	Number of persons employed
Previous tenant unknown	3
General comments*	Number of persons (public) 398

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	4800	

