



APPLICATION INFORMATION FILED
FOR THE PROJECT
CONSTRUCTION DESIGN RELEASE

☒ STANDARD ☒ PARTIAL
FOUNDATION REQUEST

SBC Project Number
420359

Filing Date
01/22/2021

PROJECT LOCATION			
Name of project Big Lots		Closest intersecting street or road	
Address 1911 E Ireland Rd		Direction FROM intersection TO project	
City SOUTH BEND	County IN 46614	in city limits? Is project Yes	State Owned No

OWNER'S CERTIFICATE			
Authorized signature Lyn Davies		Name of owner or business Big Lots - Glenn Hanson	
Name (typed or printed) Lyn Davies		Address (number and street) 4900 E Dublin Granville Rd	
Title Owners Agent		City, State, ZIP code Columbus 43061	
Telephone Number 6168904196	Fax Number 6164939351	E-Mail ghanson@biglots.com	Facility use merantile

Signature Michael H Lutsch		Name of firm Abbott Studios Archiects, Plannes & Designers	
Indiana registration number AR10600120		Address 130 E Chestnut Suite 302	
Telephone Number 6144610101		City, state, ZIP code Columbus OH 43215	
E-Mail		Fax 6164939351	
Designated inspecting design professional Lutsch		Indiana registration number AR10600120	Telephone Number

PROJECT DESCRIPTION		FLOOR AREAS	ESTIMATED COSTS
Scope of work Remodeling		Total Project Area Sq.ft. 50664	
Is this costruction the result of fire/natural disaster N		Existing 50664	
Fire suppression system in building Full		Areas below or at the bottom of report	
Detailed suppression system plans and specs To Follow		Num. of Buildings / Num. of Types 1 1	
If partial, specify where*		A B D F	
Building construction type and occupancy classification		E C Area /cost/type	
Building height (Stories)* 1			
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 combustibile materials stored or handled
Retail sale of home products

Describe previous or current use of facitlity IN DETAIL(if existing facility).*	Number of persons employed
Same tenant	12
General comments*	Number of persons (public)
	1066

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 A	Category A	Area New 0	Area Addition 0	Area Remodeled 50664	Cost \$

