APPLICATION FOR CONSTRUCTION DESIGN RELEASE

State Form 37318 (R15 / 1-12)
Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
PLAN REVIEW BRANCH
302 West Washington Street, Room E245
Indianapolis, IN 46204
www.in.gov/dhs/2372.htm

INSTRUCTIONS: Please type or print clearly. If multiple design professionals are involved in the certification process, submit an additional page 1 with the appropriate information.

Type of application: ■ Standard ☐ Partial ☐ Foundation Request

PROJECT LOCATION (Must Be Complete and Accurate)

Name of project	Closest intersecting street or road
Manna Beverages	71st and Georgetown Rd
Address (site location, number and street)	Suite or floor / Direction FROM intersection TO project
7520 Georegetown Rd	1st — ■ North ☐ South ☐ East ☐ West
City / **County**	Is project within city limits? / Is building State owned?
Indianapolis / Marion	■ Yes ☐ No / ☐ Yes ■ No

OWNER'S CERTIFICATE (Must Be Executed)

As owner of the project for which this application is being filed, I hereby certify:
1. the description of use and information contained on this application are correct;
2. the project will be constructed in accordance with the released documents and applicable rules of the Fire Prevention and Building Safety Commission; and
3. any changes to the released documents will be filed with the Indiana Department of Homeland Security, Division of fire and Building Safety, Plan Review Branch.

Authorized signature	Date (month, day, year)
Ben Stephens	10/24/24
Name (typed or printed)	Title
Ben Stephens	Manna Beverages Ventures - Operations Consultant
Telephone number / **Fax number**	E-mail address
(770)617-0062 / ( )	bstephens@mannabev.com
Name of owner or business	Facility use
Manna Beverages Ventures - Midwest	Beverage Manufacturing

Address (number and street, city, state, and ZIP code): 7520 Georegetown Rd, Indianapolis, IN 46268

Foundation Requested - I agree to take full responsibility for removing and replacing any construction found, by plan examination or by inspection, to be in violation of the building codes. I further agree not to proceed with above grade construction until the complete building plans and specifications have been reviewed and released by the Indiana Department of Home land Security, Division of Fire and Building Safety, Plan Review Branch.

DESIGN PROFESSIONAL CERTIFICATE *

(Must Be Executed for all new buildings or additions exceeding 30,000 Gross Cubic feet or any alteration affecting Structural Safety)

As the design professional for the project for which this application, plans and specifications are being filed, I hereby certify:
1. I am qualified and competent to design such buildings, structures, and systems and have attached a copy of my current registration card;
2. the plans and specifications filed in conjunction with this application were created by me and / or by my persons under my immediate personal supervision and will comply with all applicable building laws and rules of the Commission;
3. the project data contained on this application are correct and correspond with the plans and specifications to be filed in conjunction with this application;
4. the design professional identified below will inspect the construction covered by this application at appropriate intervals to determine general compliance with the released documents and applicable rules of the Commission and will cause all noted deviations from released documents and code violations to be corrected or notify the owner and authorities having jurisdiction of all specific deviations and code violations; and
5. I affirm under penalty of perjury that the representations contained herein are true and I further understand that providing false information constitutes an act of perjury, which is a Class D Felony punishable by a prison term and a fine of up to $10,000.

Responsibility is for the following systems: ☐ Plumbing ☐ Foundation ☐ Structural ☐ Architectural ☐ Mechanical ☐ Site ☐ Electrical ☐ Fire Suppression ☐ All of the above ■ Other Fire Alarm

Signature	Date (month, day, year)
Name (typed or printed)	Indiana registration number — ☐ Architect ☐ Engineer
Telephone number / Fax number	E-mail address
( ) / ( )	
Name of firm (if applicable)	
Koorsen Fire & Security /Ashley Russell, PM / Ashley.Russell@Koorsen.com / 317317.223.5312	
Address (number and street, city, state, and ZIP code)	
2719 N Arlington Ave, Indianapolis, IN 46218	
Designated inspecting design professional	Indiana registration number / Telephone number
	( )

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL