



OHIO APPLICATION FOR PLAN APPROVAL

Submit one application for each building or structure. Please print or type. All sections must be completed. Refer to the instruction sheet for completing this application.

1	SCOPE OF PROJECT	2	County:			
	<input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Sprinklers <input type="checkbox"/> Plumbing <input type="checkbox"/> Industrialized Unit <input type="checkbox"/> Medical Gas	3	Is this project located in an incorporated city or village? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		4	Have you contacted your local flood plain administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		5	Enter number of sheets in one set of your drawings			
		6	Nature of project <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy			
		7	Previous or related Certificate of Plan Approval (CPA) Number(s)			
8		Name of project	Project No.			
Exact address of project						
City						
Zip						
Directions						
9	Owner of project	Attention				
Address		City		State Zip		
Phone ()		Send by <input type="checkbox"/> FAX ()				
10	<input type="checkbox"/> MAIL	Name of submitter				
Address		City		State Zip		
Phone ()		Send by <input type="checkbox"/> FAX ()				
11	<input type="checkbox"/> MAIL	Plans prepared by <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified sprinkler/Alarm designer (check one)				
Name		Ohio Registration Number				
Address		City		State Zip		
Phone ()		Send by <input type="checkbox"/> FAX ()				
12	Type of construction			23	If plans are submitted as the result of an Adjudication Order, enter order number here: I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. _____ _____ Signature Date _____ Print or type name of signer	
13	Current use group			24		
14	Proposed use group(s)					
15	Cost of work covered by this application	\$				
16	Total number of plumbing fixtures					
17	Total square footage (round to next 100 sq ft)	Struc	Elect	Mech		I.U.
18	Total lineal footage					
19	Sprinkler square footage					
20	Number of alarm devices					
21	Total fees due: (from Bldg. and/or Plbg. Worksheets)	\$				
22	Fees paid by	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> ISTV				
25	THE AREA BELOW IS FOR OFFICIAL USE ONLY					
Date recd:		CPA #				
Check #:		Verification #:				
Processed by:		<input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In				

WORKSHEET FOR FEES TO BE PAID

** Round up all lineal and square footage figures to the next 100 feet

STRUCTURAL FEES	
A. \$200.00 Processing Fee	\$
B. \$7.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)	\$
C. \$7.50 per 100 Lineal Feet** (Ex. fences, if 103 lineal ft, round to 200 lineal ft)	\$
MECHANICAL FEES	
(New Building Services Piping and Medical Gas Piping systems are included as part of the mechanical fees. All repair or alteration of existing piping systems can be done as a Special Inspection using form DIC3018.)	
A. \$200.00 Processing Fee	\$
B. \$4.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)	\$
C. \$4.50 per 100 Lineal Feet** (Ex. fences, if 103 lineal ft, round to 200 lineal ft)	\$
ELECTRICAL FEES	
A. \$200.00 Processing Fee	\$
B. \$4.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)	\$
C. \$4.50 per 100 Lineal Feet** (Ex. fences, if 103 lineal ft, round to 200 lineal ft)	\$
D. \$4.50 per Alarm System Device (This Alarm Device fee is not required for new work because it is included in the electrical fees. Use this box only when you are replacing or altering existing alarm systems and no other electrical work is being performed. Otherwise, ignore this fee box.)	\$
SPRINKLER FEES	
A. \$200.00 Processing Fee	\$
B. \$4.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)	\$
INDUSTRIALIZED UNIT FEES	
A. \$150.00 Processing Fee	\$
B. \$1.30 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft. These Industrialized Unit fees are only required if you are placing an approved Board of Building Standards Industrialized Unit at a commercial or industrial site for the first time. Otherwise, ignore this fee box.)	\$
SUB TOTAL	\$
BOARD OF BUILDING STANDARDS (BBS) FEE	\$ 3.25
PLUMBING FEE FROM WORKSHEET A (BBS \$3.25 fee is not required for plumbing only)	\$
TOTAL (transfer this amount to Total Fees to be Paid on the front side of this application)	\$
Make fee check payable to: <i>Treasurer, State of Ohio</i>	

Fees are due when plans are submitted. If you have fee related questions when completing this worksheet, call 1-800-523-3581.

** Lineal and square footage figures rounded up to the next 100-square/lineal feet as per Section 108.2 of the OBC

OFFICIAL USE ONLY	
Additional Fees Due	\$
Refund Due	\$

WORKSHEET A PLUMBING FEE SCHEDULE

CPA: _____

COUNTY: _____

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Ice Makers		Sinks, Plaster	
Aspirators		Interceptors, Garage/Oil		Sinks, Scullery	
Autopsy Tables, Morgue		Interceptors, Grease		Sinks, Food Prep	
Backflow Devices		Interceptors, Sand		Sinks, Mop	
Bidets		Lavatories		Sinks, Surgical	
Dental Cuspidors		Piping Systems, Sanitary		Sinks, X-Ray	
Dental Lavatories, Chair		Piping Systems, Storm		Sterilizers	
Dilution Sumps		Piping Systems, Water		Sump-Pumps	
Drains, Floor		Sewage/Ejectors		Tubs, Bath	
Drains, Roof Storm		Shampoo Bowls		Tubs, Laundry	
Expansion Tanks		Showers		Urinals	
Fountains, Baptismal		Sinks, Bar		Valves, Pressure Reducer	
Fountains, Drinking		Sinks, Chemical		Valves, Tempering	
Fountains, Soda		Sinks, Clinical		Washers, Automatic	
Fountains, Wash		Sinks, Domestic		Washers, Bed Pan	
Garbage Disposals		Sinks, Floor		Washers, Dish	
Hose Bibbs, Outside		Sinks, Instrument		Washers, Eye (Emergency)	
Hot Water Dispensers		Sinks, Laboratory		Water Closets	
Hydrotherapy Baths		Sinks, Pharmacy		Water Heaters	
TOTAL FIXTURE COUNT					

Plumbing processing fee (determine jurisdiction): \$200.00 \$ 200.00

Total fixture count from above: _____ x \$20.00 \$ _____

Plan evaluation fee: \$200.00 \$ 200.00

Total Plumbing Fees by totaling entries from above.....\$ _____

Enter the total plumbing fee to the worksheet for fees to be paid and return this worksheet with the application.

REQUEST FOR PHASED PLAN APPROVAL

Ohio Department of Commerce
Division of Industrial Compliance
Bureau of Building Code Compliance
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009

DATE: _____

COUNTY: _____

SHELF: _____

I (we), the undersigned, hereby acknowledge that three sets of partial construction plans for the above referenced project, with each sheet bearing the seal of an Ohio registered architect or engineer, have been submitted to the Division of Industrial Compliance, Bureau of Building Code Compliance for examination.

PHASED APPROVAL REQUESTED

ADDITIONAL REMARKS

Deep Foundation/Caissons

Footings/Foundation

Perimeter Insulation/Slab

Structural Frame

Exterior Walls

I (we) fully agree to perform said work at my (our) own risk and, accordingly, agree to make any and all changes, alterations, additions or deletions in the work required by the Division of Industrial Compliance, Bureau of Building Code Compliance to be in compliance with the approved plans and the Ohio Building Code.

I (we) fully understand that said permission by the Division of Industrial Compliance, Bureau of Building Code Compliance is not to be construed as a complete approval of my (our) construction plans, but as a phased approval as provided in Section 106.3.3 of the Ohio Building Code

REQUESTER'S SIGNATURE

ADDRESS

TITLE

The (owner) (owner's agent) responsible for coordinating the submission of all drawings/specifications required for total approval on this project shall be:

REQUESTER'S SIGNATURE

ADDRESS

TITLE

DIRECTIONS FOR COMPLETING OHIO APPLICATION FOR PLAN APPROVAL

In accordance with Ohio Revised Code (ORC) Section 3791.04, before beginning the construction, erection or manufacture of any building for which construction documents are required, including all industrialized units, the owner shall submit three (3) copies of construction drawings to this division for approval. Two (2) additional sets of plans are required when we have jurisdiction for the Plumbing. The construction documents shall be accompanied with the application form and attached worksheets. The construction documents shall be prepared by a registered design professional an examination fee will be assessed at the time of submittal.

Application Directions: Complete page one of the application and attached worksheets as outlined below. Please print legibly (in blue or black ink) or type. All boxes, 1 through 24, must be completed in full or the application will be returned.

1. Check all boxes that apply to the proposed project. If applicable, include the number of boilers and/or elevator units that will be installed in this building.
2. List the County where the proposed project is located.
3. In order to establish the proper building department jurisdiction, please check yes or no.
4. Please respond in order to comply with federal law regarding proposed construction within a flood plain.
5. Enter the number of sheets included in one set of your drawings.
6. Refer to Ohio Building Code (OBC) Chapter 2 for definitions.
7. List any previous or related Certificate of Plan Approval (CPA) number(s) associated with this submission.
8. List exact title of project or name of business. For inspection purposes provide specific address and location including tenant space, building floor number, suite numbers, crossroads, landmarks or any other directional guidelines.
9. Provide owner name, their address, telephone, and a contact person.
10. Provide submitter name, their address, telephone. All correspondence will be sent to the submitter.
11. According to the OBC Section 106.3.4, the design professionals must be identified by completing all information including their Ohio registration number.
12. Refer to OBC Chapter 6 for Types of Construction.
13. List current use group and occupancy type if submission is an existing building. Otherwise, show N/A and move on to 14.
14. Transcribe from plans or refer to OBC 302.1 for use group and occupancy type.
15. List total cost of work covered in scope of project shown in box 1.
16. If project includes plumbing, show the total number of fixtures included in the project.
17. List the structural, mechanical, electrical, or Industrialized Units square footages.
18. List the lineal footage of fence, underground service, or other types of non-square footage submissions.
19. If different from box 17, list the area that covers the installation of the sprinkler system only.
20. If project includes alarm devices, show the total number of devices included in the project.
21. List total of all fees from corresponding worksheets.
22. Check the method of payment.
23. In order to rescind a standing adjudication order and to stop further legal proceedings, list the number found on the order.
24. Application cannot be processed without the signature of the owner or agent for the owner.
25. Reserved for official use only.

Once the plans have been examined and approved, a Certificate of Plan Approval will be issued to the owner along with two sets of construction documents. One of the sets of construction documents must remain at the job site at all times during construction. Inspections can be obtained from the Division of Industrial Compliance by calling the dispatch center at least one day prior to the inspection. The dispatch phone number is (800) 822-3208. Once all inspections have been obtained a final Certificate of Occupancy will be issued.