

YEARLY OPERATIONAL REPORT

RESIDENTIAL BUILDING DEPARTMENTS

This Yearly Operational Report for Certified Residential Building Departments is herewith submitted pursuant to Section 3781.10(A) and (E) of the Ohio Revised Code and Section 103.2.6 of 4101:8-1-03 of the Ohio Administrative Code, and to the rules for certification by the Board of Building Standards.



Board of Building Standards

6606 Tussing Road, P.O. Box 4009, Reynoldsburg, Ohio
43068-9009

(614) 644-2613 (800) 750-0750 (TTY/TDD)

E-Mail: dic.bbs@com.state.oh.us

Web: <http://www.com.ohio.gov/dico/BBS.aspx>

1. This form must be on file in the office of the Board of Building Standards at the above address within **ninety calendar days after the end of each calendar year.** §4101:8-1-01 OAC.
2. This form is for permanent record and every item must be completed fully.
3. Please type or print clearly. Illegible or incomplete forms are subject to rejection or return for completion.

DIRECTIONS FOR COMPLETION OF THE REPORT:

- Item 1. DEPARTMENT NAME:** List name of certified residential building department for which this Yearly Operational Report is filed.
- Item 2. DEPARTMENT ADDRESS:** List the official address to which the Board should direct all communication and possible requests for additional information. If Residential Building Official signing the form is at another address, please indicate this address and telephone number in the space provided in item #18 on the reverse side of the form.
- Item 3. CERTIFIED EMPLOYEE NAMES:** List the names of the primary and one backup for each required position listed in Item #4.
- Item 4. CERTIFICATION:** One certified individual and backup must be shown for each residential classification listed.
- Item 5. CERTIFICATION NUMBER:** List the Ohio architectural or engineering registration number or other BBS certification number for the individuals listed in Item #3.
- Item 6. CERTIFICATION EXPIRATION DATE:** List the dates that current certifications expire for each person listed in Item #3.
- Item 7. EMPLOYMENT:** Indicate the employment status, part time or full time, of each individual listed in Item #3 by placing an "X" in the appropriate column. If the person is under contract, indicate this by placing a "X" in the appropriate column and submit a copy of the agreement or contract if renewed, updated, or not previously submitted.
- Item 8. APPOINTMENT DATE:** List the date of appointment for each individual listed in Item #3.
- Item 9. ADDITIONAL EMPLOYEES:**
- (a) List the names of additional personnel not previously listed in Item #3 or those no longer employed by the department since the last Yearly Operational Report was filed with the Board.
 - (b) List the certification held by each individual listed in Item #9a.
 - (c) List the certification expiration date for each employee listed in Item #9a.
 - (d) Indicate the employment status (part time or full time) of each individual listed in Item #9a by placing an "X" in the appropriate column.
- Item 10. CONTRACT ELECTRICAL INSPECTIONS:** If electrical inspections are performed under contract, indicate individual or firm providing electrical safety inspection services.
- Item 11. CONTRACT RESIDENTIAL PLUMBING INSPECTIONS:** If plumbing inspections are performed under contract, indicate individual or firm providing residential plumbing inspection services.
- Item 12. PLAN APPROVALS ISSUED:** List the total number of RCO plan approvals issued during the reporting period.
- Item 13. INSPECTIONS:** List the total number of inspections made for 1-, 2, and 3-family construction and (if applicable) industrialized units. The total inspections are intended to reflect the total number of times all inspectors have visited the job sites.
- Item 14. RECEIPTS AND EXPENDITURES:** List income the department received from projects within the scope of the RCO and expenditures made in operating the department to perform duties on projects within the scope of the RCO.
- Item 15. REQUIRED DOCUMENTS:** Enclose an updated organizational chart which shows all building department personnel and all the other forms listed in this section. Larger departments may submit an outline organizational chart but should attach lists of personnel in each organizational area. Yearly Operational Reports will not be processed until these items are received.
- Item 16. RCO APPEALS:** List all appeals heard before the local appeals hearing agency.
- Item 17. CONTRACT SERVICES:** Complete as indicated.
- Item 18. SIGNATURE OF THE RESIDENTIAL BUILDING OFFICIAL:** The Residential Yearly Operational Report must be signed by the primary Residential Building Official listed in Item #3 who is responsible for completing the report and verifying that the information submitted is true and correct. If the Residential Building Official's address is different than that given in Item #2, please provide the address and telephone number at which the Residential Building Official may be reached.

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1. CERTIFIED RESIDENTIAL BUILDING DEPARTMENT:

Dept. Name _____

2. CERTIFIED RESIDENTIAL BUILDING DEPARTMENT ADDRESS:

Street: _____
 City: _____
 County: _____ Zip: _____
 Calendar year of report: _____ Tele: _____
 E-mail: _____

3. NAME: Current Employees	4. CERTIFICATION	5. PERSONNEL NUMBER	6. CERT. EXP. DATE (MM/DD/YY)	7. EMPLOYMENT			8. APPOINTED TO POSITION (MM/DD/YY)
				PART TIME	FULL TIME	Under Contract	
	Residential Bldg. Official Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Res. Building Official Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Res. Plans Examiner Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Res. Plans Examiner Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Res. Bldg. Inspector Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Res. Bldg. Inspector Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Elec. Safety Insp. Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Elec. Safety Insp. Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Res. Plumbing Insp. Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Res. Plumbing Insp. Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9 LIST ADDITIONAL EMPLOYEES OR THOSE TERMINATED THIS CALENDAR YEAR IN THE SPACE BELOW.

a. Employee Name	b. Certification Held	c. Cert. Expiration Date	d. PART TIME	FULL TIME	Under Contract	e. Date (MM/DD/YY) Hired/Terminated (H, T)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. _____
 11. _____

12. INDICATE THE TOTAL NUMBER OF PERMITS ISSUED FOR THE REPORTING PERIOD:

Single Family: _____

Two- Family: _____

Three-Family: _____

13. INSPECTIONS	Total Number of Plan Approvals Issued	Total Number of Inspections Made	Total Valuation of Construction
1-,2-,3-Family:			
Industrialized Units:			
TOTALS			

14. Total Receipts for Residential Code of Ohio Enforcement:	\$
Total Expenditures for Calendar Year:	\$
Appropriated Operational Budget for Next Calendar Year:	\$

15. FORMS REQUIRED TO BE SUBMITTED WITH YEARLY OPERATIONAL REPORT (CHECKLIST):

Organizational Chart Sample Adjudication Order Certificate of Occupancy
 Application for Plan Approval Certificate of Plan Approval Fee Schedule

16. Number of RCO

Appeals During the Calendar Year:

17. Summary Of Services Performed By Contract Residential Plans Examiner - Where the personnel are not in the direct full-time employ of the building department, list those plans which have been examined by the contract plan examiner during the report year. Attach additional sheets if necessary.

19. The information submitted above, and the attachments, are true and correct to the best of the knowledge of the undersigned primary RBO:

Building Official's Signature: _____ Date: _____

Address: _____ Phone: _____

_____ Zip Code: _____

E-Mail: _____

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RESIDENTIAL BUILDING DEPARTMENTS
(Sub-Department Page)



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CERTIFIED RESIDENTIAL BUILDING DEPARTMENT:

Primary Building
Department Name: _____

Indicate the total number of permits issued during the reporting period:

Single Family: _____
Two-Family: _____
Three-Family: _____

Residential Sub-Department Name: _____

INSPECTIONS	Total Number of Permits Issued	Total Number of Inspections Made	Total Valuation of Construction
1-,2-,3-Family:			
Industrialized Units:			
TOTALS			

Indicate the total number of permits issued during the reporting period:

Single Family: _____
Two-Family: _____
Three-Family: _____

Residential Sub-Department Name: _____

INSPECTIONS	Total Number of Permits Issued	Total Number of Inspections Made	Total Valuation of Construction
1-,2-,3-Family:			
Industrialized Units:			
TOTALS			

Indicate the total number of permits issued during the reporting period:

Single Family: _____
Two-Family: _____
Three-Family: _____

Residential Sub-Department Name: _____

INSPECTIONS	Total Number of Permits Issued	Total Number of Inspections Made	Total Valuation of Construction
1-,2-,3-Family			
Industrialized Units:			
TOTALS			

Indicate the total number of permits issued during the reporting period:

Single Family: _____
Two-Family: _____
Three-Family: _____

Residential Sub-Department Name: _____

INSPECTIONS	Total Number of Permits Issued	Total Number of Inspections Made	Total Valuation of Construction
1-,2-,3-Family			
Industrialized Units:			
TOTALS			