



# Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor  
Jacqueline T. Williams, Director

## Bureau Policy for Preliminary Plan Review

### ❖ Introduction:

A preliminary plan review before the project design stage has proven to be beneficial for both our customers and our plan examiners in the past. This preliminary plan review process will provide the following benefits:

- It provides opportunity for design professional to get examiner's interpretations for potential code violations in the project design.
- It provides a process for initiating code variance appeal if potential code violations can not be resolved in the preliminary plan review meeting.

### ❖ Preliminary plan review qualifications:

- The preliminary plan review meeting for a brand new building construction will be conducted in our office unless special circumstances exist as approved by the building official.
- Only existing building alterations and/or additions with complicated scope of work or existing building conditions that can not meet the current building code requirements can be qualified for an on-site preliminary plan review.
- **This preliminary plan review meeting can also be conducted through a go-to-meeting video conference process to save time and money of traveling to site or to state office.**

### ❖ Preliminary plan review procedures:

- The preliminary plan review meeting is scheduled by appointment only. An appointment must be made no less than five business days before the requested plan review date. To schedule for an appointment, complete the application form and work sheet and fax it to (614) 644-3145, you will be contacted to schedule an appointment once the application is processed. Please contact Venise Carter at (614) 644-3253 for any additional question.
- The State plan examiner(s) will meet with the project designer(s) and/or property owner(s) either in person or via video conference to go over the general scope of work and review possible code issues prior to the project design phase.
- It is possible to obtain a correction letter/adjudication order through the preliminary review if unusual conditions exist that cannot comply with the code. This will facilitate an early opportunity to appear before the Ohio Board of Building Appeals for relief. Otherwise, the designer should write up a meeting note summarizing all the discussion and conclusions for all issues discussed and mail it to our office for our file.

### ❖ Preliminary plan review fees:

- Preliminary plan review fees will be based ONLY on the actual time spent by the plan examiner for the meeting @ \$130.00 per hour. For on-site preliminary plan review meeting, the travel time will not be charged. An invoice will be mailed to the customers after the meeting.

**No document or letter other than invoice will be mailed to the submitter until the review fees are paid.**

## WORK SHEET FOR PRELIMINARY PLAN REVIEW

Project: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Construction               | <input type="checkbox"/> Alterations                              | <input type="checkbox"/> Change of Occupancy |
| <input type="checkbox"/> Building Additions             | <input type="checkbox"/> Chapter 34 Existing Building / Structure |  |
| <input type="checkbox"/> Temporary Building / Structure |   |  |

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Single use group                | <input type="checkbox"/> Mixed use groups, Separated |  |
| <input type="checkbox"/> Mixed use groups, non-separated |  |  |
| <input type="checkbox"/> Fire Alarm System               | <input type="checkbox"/> Sprinkler System            | <input type="checkbox"/> Fire Detection System |
| <input type="checkbox"/> Standpipe System                |  |  |

Current use group(s): \_\_\_\_\_ Proposed use group(s): \_\_\_\_\_

Building Height (ft): \_\_\_\_\_ Total building area (sf): \_\_\_\_\_

No. of story: \_\_\_\_\_ Construction area (sf): \_\_\_\_\_

1. Do you wish to have this meeting through a video conference process?

- Yes, provide the meeting contact person's name, phone number, e-mail address below

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

2. Is the purpose of this preliminary plan review to obtain an adjudication order?

- No
- Yes, mark on the item(s) listed below that you wish to receive an adjudication order

3. List of code questions and/or potential code violations that you wish to discuss:

---

---

---

---

---

---

\*\* Use additional sheets if necessary.



## OHIO APPLICATION FOR PRELIMINARY PLAN REVIEW

**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.**

<b>1</b> SCOPE OF PROJECT <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Sprinklers <input type="checkbox"/> Fire alarm Request meeting place: <input type="checkbox"/> Video Conference <input type="checkbox"/> On Site <input type="checkbox"/> In State's office	<b>2</b> County:	<b>3</b> Is this project located in an incorporated city or village? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4</b> Is this project located within your local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<b>5</b> Enter number of sheets in one set of your drawings	
		<b>6</b> Type of project <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy	
		<b>7</b> Previous or related Certificate of Plan Approval (CPA) Number(s)	
<b>8</b>	Name of project		Project No.
Exact address of project			
City		Zip	
Directions			
<b>9</b>	Owner of project		Attention
Address		City	State      Zip
Phone (    )		FAX (    )	E-Mail:
<b>10</b>	Name of submitter		
Address		City	State      Zip
Phone (    )		FAX (    )	E-Mail:
<b>11</b>	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 (    )		FAX (    )	E-Mail:
<b>12</b>	Type of construction	<b>16</b> 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 the submitter:	
<b>13</b>	Current use group		
<b>14</b>	Proposed use group(s)		
<b>15</b>	Fees paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> ISTV <input type="checkbox"/> Unknown		

<b>17</b>	<b>THE AREA BELOW IS FOR OFFICIAL USE ONLY</b>
Fees to be paid: _____ Hours x \$130.00 = \$ _____	
Date received:	
CPA No.:	Verification No.:
Processed by:	<input type="checkbox"/> Mail In <input type="checkbox"/> Walk In

\*\* See directions for completing this form and also complete and submit the attached work sheets with this application.

## DIRECTIONS FOR COMPLETING OHIO APPLICATION FOR PRELIMINARY PLAN REVIEW

*Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 16, must be completed in full or the application will be returned.*

- 1. Check all boxes that apply to the proposed project. If you wish to apply for the on-site preliminary plan review** (Only existing building alterations and/or additions with complicated scope of work or existing building conditions that can not meet the current building code requirements can be qualified for a on-site preliminary plan review) **for the project or video conference process, check the proper box.**
- 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, and 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. Provide current use group and occupancy type if submission is for an existing building. Otherwise, show N/A and move on to 14.
14. Transcribe from plans or refer to OBC 302.1 for the new use group and occupancy type.
15. Please check the method of payment.
16. Application cannot be processed without the name of the owner or agent for the owner.
17. For DIC office use only.