



2017 YEARLY OPERATIONAL REPORT
RESIDENTIAL BUILDING DEPARTMENTS

This Yearly Operational Report for Certified Residential Building Departments is submitted pursuant to Section 3781.10(A) and (E) of the Ohio Revised Code and Section (F)(1) of 4101:7-2-01 of the Ohio Administrative Code (OAC), and to the rules for certification by the Board of Building Standards.

- 1. This form must be on file in the office of the Board of Building Standards at the address above within ninety calendar days after the end of each calendar year.
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.
4. Any additional information submitted must be on 8x11 paper.
5. Only submit 1 sided documents and do not use staples.

DIRECTIONS FOR THE COMPLETION OF THE REPORT:

Item 1. DEPARTMENT NAME: List the name of certified building department for which this Yearly Operational Report is filed. i.e. Columbus, Perkins Township, Miami County.

Item 2. DEPARTMENT ADDRESS: List the official address and E-mail address to which the Board should direct all communication and possible requests for additional information. If the Residential Building Official signing the form is at another address, please indicate this address and telephone number in the space provided in item #20.

Item 3. CERTIFIED EMPLOYEE NAMES: List the names of the CURRENT Board of Building Standards (BBS) certified individuals serving as the primary and one backup for each required position listed in Item #4. Do not list previous employees. Only list certified individuals working for the department on the day this report is completed.

Item 4. CERTIFICATION: One BBS certified individual and backup must be listed for each classification.

Item 5. CERTIFICATION NUMBER: List the Ohio architectural registration number, engineering registration number, and/or BBS certification number for the individuals listed in Item #3.

Item 6. CERTIFICATION EXPIRATION DATE: List the dates that current BBS certifications expire for each person listed in Item #3.

Item 7. EMPLOYMENT: Indicate the employment status - part time, full time, or under contract - of each individual listed in Item #3 by placing an "X" in the appropriate column and line. If the person is shown as under contract, 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:

List the names of additional personnel not listed in Item #3 that are employed by the department. List the Board certifications held by each of the individuals listed in Item #9a. List the expiration dates of the Board certifications for each of the employee certifications listed in Item #9b. Indicate the employment status (part time, full time, or under contract) of each individual listed in Item #9a by placing an "X" in the appropriate column.

Item 10. CONTRACT ELECTRICAL INSPECTIONS: If electrical safety inspections are performed under contract, indicate the individual and firm, if applicable, providing electrical safety inspection service.

Item 11. CONTRACT PLUMBING INSPECTIONS: If plumbing inspections are performed under contract, indicate individual and firm, if applicable, providing plumbing inspection services.

Item 12. PLAN APPROVALS ISSUED: List the total number of RCO plan approvals issued in each residential use group during the reporting period.

Item 13. INSPECTIONS/SQUARE FOOTAGE: List the total number of inspections made for RCO regulated projects and (if applicable) industrialized units. (The total number of inspections is intended to reflect the total number of times all inspectors have visited job sites to perform inspections.) List the total square footage of RCO regulated projects and (if applicable) industrialized units. (The total square footage is intended to reflect the total area of additions and new construction built within the report period.)

Item 14. FISCAL - RECEIPTS AND EXPENDITURES:

List income the department received from projects within the scope of the RCO. Plan review and inspections of RCO related issues ONLY.

Expenditures made in operating the department to perform duties on projects within the scope of the RCO.
Budget for the next fiscal year approved by your jurisdiction to run the department.

Item 15. REQUIRED ATTACHMENTS: Enclose an updated organizational chart, which shows the building department's place in the political subdivision as well as how the department is organized with certified personnel. Also include other required attachments.

Item 16. RCO APPEALS: List all appeals of building department orders heard before a local Appeals Board.

Item 17. SUMMARY OF CONTRACT SERVICES: List work done by contract plans examiners if any.

Item 18. NAME OF THE PERSON RESPONSIBLE FOR THE BUILDING DEPARTMENT: The Yearly Operational Report must include the name of the individual in the political subdivision responsible for the oversight of the building department; e.g. Safety Services Director, Building Commissioner, Mayor, etc.

Item 20. SIGNATURE OF THE BUILDING OFFICIAL: The primary 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 Building Official's address is different than that given in Item #2, please provide the address and telephone number at which the Building Official may be reached.



YEARLY OPERATIONAL REPORT

RESIDENTIAL BUILDING DEPARTMENTS

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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: dico.bbs@com.state.oh.us

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

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 IN THE SPACE BELOW.

a. NAME: Additional Employees	b. CERTIFICATION	c. PERSONNEL NUMBER	d. CERT. EXP. DATE (MM/DD/YY)	e. Part Time	Full Time	Under Contract	f. APPNTD. TO (POSITION) (MM/DD/YY)
				<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"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Contract Electrical Inspectors	
11. Contract Plumbing Inspectors	

12. INDICATE THE TOTAL NUMBER OF APPROVALS 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 Square Footage of Construction
1-,2-,3-Family:			
Industrialized Units:			
TOTALS			

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

15. FORMS REQUIRED TO BE SUBMITTED WITH YEARLY OPERATIONAL REPORT IF CHANGED (CHECKLIST):	16. Number of RCO Appeals During the Calendar Year: <input type="text"/>
<input type="checkbox"/> Organizational Chart <input type="checkbox"/> Sample Adjudication Order <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Application for Plan Approval <input type="checkbox"/> Certificate of Plan Approval <input type="checkbox"/> Fee Schedule	

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.

18. DEPARTMENT CERTIFICATION: List the name and title of person responsible for the building department and its certification.

Name: _____ Telephone: _____

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: _____

YEARLY OPERATIONAL REPORT



Board of Building Standards

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RESIDENTIAL BUILDING DEPARTMENTS (Sub-Department Page – if applicable)

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 Plan Approvals Issued	Total Number of Inspections Made	Total Square Footage 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 Plan Approvals Issued	Total Number of Inspections Made	Total Square Footage 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 Plan Approvals Issued	Total Number of Inspections Made	Total Square Footage 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 Plan Approvals Issued	Total Number of Inspections Made	Total Square Footage of Construction
1-,2-,3-Family			
Industrialized Units:			
TOTALS			