



# Department of Commerce

Division of Industrial Compliance

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

## Bureau Policy for Tent Permit

### ❖ Introduction:

- Occasionally we receive applications for erecting temporary or permanent tents at schools or commercial establishments. This policy is generated to give a general guideline for the tent approval procedures and documentation.
- Section 3103 Ohio Building Code provides general guidelines for membrane structures. Chapter 24 of International Fire Code and section 1301:7-7-31 Ohio Fire Code also provides some guidelines for the construction of tents and membrane structures.

### ❖ Code Requirements and References:

- Tents and membrane structures, **for temporary or permanent use, having an area larger than 200 square feet and canopies (open without sidewalls or drops on 75% or more of the perimeter) larger than 400 square feet will require approvals from the building official.** Exceptions are given for the following conditions (i.e. a permit application is not required):
  - ❖ **Tents used exclusively for recreational camping purposes,**
  - ❖ **Canopies open on all sides and meeting all the following criteria:**
    1. **Individual canopy having a maximum 700 square feet in size,**
    2. **The aggregate area of multiple canopies not exceeding 700 square feet in area and placed side by side with a minimum clearance of 12 feet.**
    3. **A minimum clearance of 12 feet to all structures and other tents.**
- Height and area limitations of tent structures:  
**The height and area limitations for tent structures shall be evaluated in accordance with table 504 and section 506 OBC based on the use group and construction type classifications as specified in chapter 3 and section 3102.3 OBC.**
  - For tents with non-combustible (steel, etc.) frames or poles (2B Construction type) used for assembly purposes (A-2/A-3/A-4 use groups):** a non-sprinklered single tent or a group of tents with aggregate areas of not more than 9,500 square feet can be applied under one application for approval.
  - For tents with combustible (wood, etc.) frames or poles (5B Construction type) used for assembly purposes (A-2/A-3/A-4 use groups):** a non-sprinklered single tent or a group of tents with aggregate areas of not more than 6,000 square feet can be applied under one application for approval.
  - A single tent or a group of tents under one permit shall be separated from another tent or group of tents, or other existing structures by a minimum distance of 20 feet. Otherwise, the adjacent sides of the tent(s) shall have a**

**minimum** one-hour fire resistance rating tested and approved by acceptable standards in OBC.

- **See section 3102 OBC for other requirements of various types of tent structure.**

❖ **Tent Permit approval procedures:**

- **How to apply for a tent permit:**

**For permanent tent(s): processed through a regular building plan approval application**

1. Apply in paper format: Complete the application form (**DIC 3016**) and mail in, fax in (614) 644-3145, or e-mail in ([BDCCPlans@com.state.oh.us](mailto:BDCCPlans@com.state.oh.us)) the application form along with all required supporting documents.
2. Apply online through web portal: <https://icportal.com.ohio.gov/web/ohio/login>. If you have not registered as a member in the web portal, you must complete the registration process first. Once you are registered, you can follow the screen instructions to apply for "**Building Permit**" as application type and upload all required supporting documents (in .PDF format) in the attachment tab.

**For temporary tent(s): processed through inspection without sealed plan application.**

1. Apply in paper format: Complete the application form (**DIC 3018**) and mail in, fax in (614) 644-3145, or e-mail in ([BDCCPlans@com.state.oh.us](mailto:BDCCPlans@com.state.oh.us)) the application form along with all required supporting documents.
2. Apply online through web portal: <https://icportal.com.ohio.gov/web/ohio/login>. If you have not registered as a member in the web portal, you must complete the registration process first. Once you are registered, you can follow the screen instructions to apply for "**Building Inspection without Plans**" as application type and upload all required supporting documents (in .PDF format) in the attachment tab.
3. A walk-in plan review appointment can be scheduled for **permanent tent** permits. Check the box "Request for walk-in plan review appointment" on the paper building plan approval application form or apply through the web portal by selecting "walk-in" as application subtype. Additional expedited plan review fee of \$275.00 per scope of work will be charged for all walk-in plan review in addition to the regular permit fees.

- **Plan requirements:**

1. Submit **three (3) sets** of construction drawings showing the size of each tent, the location of tents including distances to property lines, adjacent buildings, structures, or other tents, and construction details of the tent structure(s).

2. Plans shall also include electrical design, cooking equipment, and fire suppression system if required and provided for tents intended for interior lighting, cooking and dining activities.
  - a. For tents housing **cooking activities**, submit drawings for type and layout with dimensions of all cooking appliances, type of exhaust hood and/or hood suppression system, etc., if applicable in accordance with code requirements.
  - b. For tents of **assembly** use purpose **with food and/or drink consumption (A-2)**, submit sprinkler system design if the fire area exceeds **5,000 square feet** or occupant load exceeds **100 people** in the tent or in the group of tents. **For temporary tents, a “fire watch plan” approved by the local fire authority may be submitted in lieu of sprinkler system design.**
  - c. For tents of **assembly** use purpose **without food and/or drink consumption (A-3 or A-4)**, submit sprinkler system design if the fire area exceeds **12,000 square feet** or occupant load exceeds **300 people** in the tent or in the group of tents. **For temporary tents, a “fire watch plan” approved by the local fire authority may be submitted in lieu of sprinkler system design.**
3. Submit **certificate(s)** for membrane materials meeting the provisions of section 703.4 OBC or fire propagation performance criteria in **NFPA 701** and the manufacturer’s test protocol.
  - Applicant shall be responsible to call for the required inspections when the work is ready.

**Revised 12/30/2018**



# APPLICATION FOR BUILDING, PLUMBING, & MEDICAL GAS PLAN APPROVAL

This form is also available at [www.com.ohio.gov/dico](http://www.com.ohio.gov/dico)

Submit one application per building or structure; all sections must be completed, See instruction sheet for details.

<b>1 SCOPE OF PROJECT:</b> <input type="checkbox"/> Building General <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Electrical <input type="checkbox"/> Industrialized unit <input type="checkbox"/> Plumbing <input type="checkbox"/> Medical Gas  <input type="checkbox"/> Request for walk in plan review appointment	<b>2 TYPE OF PROJECT:</b>  <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Building Addition <input type="checkbox"/> Change of Occupancy	<b>3 PHASED PLAN REVIEW:</b>  <input type="checkbox"/> Footing & Foundation <input type="checkbox"/> Building Slab <input type="checkbox"/> Building Shell <input type="checkbox"/> Interior Partitions <input type="checkbox"/> Building Systems
<b>4 APPLICATION RELATED INFORMATION:</b> <ul style="list-style-type: none"> <li>▪ Is this project being submitted as a result of a previous preliminary plan review?  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please provide the preliminary plan review CPA number: _____</li> <li>▪ Has this building received any certificate of plan approval before this application?  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please provide all previous or related CPA numbers: _____</li> <li>▪ Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?  <input type="checkbox"/> No    <input type="checkbox"/> Yes, please provide the adjudication order number: _____</li> <li>▪ Total number of sheets in one set of your drawings for this application? _____</li> </ul>		
<b>5 PROJECT/BUILDING LOCATION:</b> Building Name _____ Street Address _____ City/Township _____ Zip Code _____ County _____ Directions _____ <ul style="list-style-type: none"> <li>▪ Is this project /building located in an incorporated city, township, or village?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>▪ Is this project/building located within your local flood plain?                    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul>		
<b>6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:</b> _____ _____ _____		
<b>7 BUILDING OWNER INFORMATION:</b> Name of owner _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
<b>8 APPLICANT INFORMATION:</b> Applicant _____ Attention: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
<b>9 DESIGNER INFORMATION:</b> <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Fire protection system designer Designer _____ Ohio registration No.: _____ Street Address _____ City _____ State _____ Zip _____ Phone No. _____ Fax _____ E-mail _____		
<b>10 BUILDING CODE INFORMATION:</b> (Information applies to construction area in a mixed use groups building, or the entire building if a single use group building) Current use group(s) _____ Proposed use group(s) _____ Construction type(s) _____		



## OHIO APPLICATION FOR BUILDING PLAN APPROVAL

<b>11</b>	<b>GENERAL BUILDING INFORMATION:</b> (The following information applies to the <i>entire building</i> , not just construction area.)																											
<ul style="list-style-type: none"> <li>▪ Building Information:               <table style="width: 100%; border: none;"> <tr> <td>Use group(s)? _____</td> <td>Mixed use groups? _____</td> <td>No _____</td> <td>Yes _____</td> <td>Separated _____</td> <td>Non-separated _____</td> </tr> <tr> <td>Construction type? _____</td> <td>Building height (FT)? _____</td> <td colspan="4">No. of stories? _____</td> </tr> <tr> <td>Occupant load? _____</td> <td>Storage height (FT)? _____</td> <td colspan="4">Storage aisle width (FT)? _____</td> </tr> </table> </li> <li>▪ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)               <table style="width: 100%; border: none;"> <tr> <td>Building sprinkler system? _____</td> <td>Sprinkler demand @ base of riser (PSI)? _____</td> </tr> <tr> <td>Limited area sprinkler system? _____</td> <td>Type 1 hood sprinkler? _____</td> <td>In-Rack sprinkler system? _____</td> </tr> <tr> <td>Building fire alarm system? _____</td> <td>Fire detection system? _____</td> <td>Smoke detection system? _____</td> </tr> </table> </li> </ul>			Use group(s)? _____	Mixed use groups? _____	No _____	Yes _____	Separated _____	Non-separated _____	Construction type? _____	Building height (FT)? _____	No. of stories? _____				Occupant load? _____	Storage height (FT)? _____	Storage aisle width (FT)? _____				Building sprinkler system? _____	Sprinkler demand @ base of riser (PSI)? _____	Limited area sprinkler system? _____	Type 1 hood sprinkler? _____	In-Rack sprinkler system? _____	Building fire alarm system? _____	Fire detection system? _____	Smoke detection system? _____
Use group(s)? _____	Mixed use groups? _____	No _____	Yes _____	Separated _____	Non-separated _____																							
Construction type? _____	Building height (FT)? _____	No. of stories? _____																										
Occupant load? _____	Storage height (FT)? _____	Storage aisle width (FT)? _____																										
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Building fire alarm system? _____	Fire detection system? _____	Smoke detection system? _____																										
<b>12</b>	<b>APPLICATION FEES:</b> Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> ISTV																											
<ul style="list-style-type: none"> <li>▪ Total square footage of construction area (Round up to the next 100 square feet):               <table style="width: 100%; border: none;"> <tr> <td>Building _____</td> <td>Mechanical _____</td> <td>Electrical _____</td> <td>Sprinkler _____</td> <td>I.U. _____</td> </tr> </table> </li> <li>▪ Total linear footage of construction items not covered under the square footage:               <table style="width: 100%; border: none;"> <tr> <td>Building _____</td> <td>Mechanical _____</td> <td>Electrical _____</td> <td>Number of alarm devices _____</td> </tr> </table> </li> <li>▪ Plumbing: Total number of plumbing fixtures: _____</li> <li>▪ Medical gas: Total number of rooms with med gas equipment: _____ Total number of zone valve assembly? _____               <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td>Total number of system: _____</td> <td>Total number of tie-ins: _____</td> </tr> </table> </li> <li>▪ <b>Total application fees (from fee worksheet)</b> _____ Estimated construction cost: _____</li> </ul>			Building _____	Mechanical _____	Electrical _____	Sprinkler _____	I.U. _____	Building _____	Mechanical _____	Electrical _____	Number of alarm devices _____	Total number of system: _____	Total number of tie-ins: _____															
Building _____	Mechanical _____	Electrical _____	Sprinkler _____	I.U. _____																								
Building _____	Mechanical _____	Electrical _____	Number of alarm devices _____																									
Total number of system: _____	Total number of tie-ins: _____																											
<b>13</b>	<b>CERTIFICATION:</b>  I certify that I am the _____ Owner _____ 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 _____ Print Name: _____ Date _____	<b>14</b>																										
		<b>THE AREA BELOW IS FOR OFFICIAL USE ONLY:</b>  Date received _____ CPA No.: _____ Check No.: _____ Verification # _____ Processed by: _____ <input type="checkbox"/> Walk in <input type="checkbox"/> Mail in																										

The maximum number of inspections included in the fees provided for in Section 4101:7-7 of the Ohio Administrative Code (OAC) will be as indicated in the chart below. Any additional inspections will be subject to a charge of \$150 re-inspection fee. Please note that the allocated number of inspections does not include fire protection system acceptance inspections by the State or local fire officials.

Number of allocated inspections for building/mechanical/electrical/sprinkler/fire alarm work included in the permit fees	
0-2,500	5 per each scope of project
2,501-10,000	6 per each scope of project
10,001-20,000	9 per each scope of project
20,001-30,000	10 per each scope of project
> 30,000	Add 1 inspection per each additional 10,000 s.f.
Number of allocated inspections for medical gas scope of work included in the permit fees	
Total number of rooms with medical gas equipment	2 per room
Total number of zone valve assembly	2 per assembly
Total number of medical gas system	2 per system
Total number of tie-ins	2 per tie-in

## DIRECTIONS FOR COMPLETING OHIO APPLICATION FOR BUILDING PLAN APPROVAL

**Application Directions:** Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 14, must be completed in full or the application will be returned. Send this completed form along with all required documents to “Ohio Department of Commerce, Division of Industrial Compliance, Bureau of Building Code Compliance, 6606 Tussing Road, Reynoldsburg, Ohio 43068-9009”

1. **SCOPE OF PROJECT:** Check all the boxes that apply to the scope of work proposed in this project. Every scope of work checked must be accompanied with the appropriate fees. Without establishing the proper scope of work, the division will be unable to establish the inspection schedule for the project. Please note that “**Building General**” refers to **all “general trade” work** in the building including ceiling panels/grids, non-loadbearing partitions, flooring, etc.; NOT just structural loadbearing components of the building. Requesting walk-in plan review appointment must first fax (614) 644-3145 or e-mail ([BDCCPlans@com.state.oh.us](mailto:BDCCPlans@com.state.oh.us)) this completed application to our office for review and consideration. By checking this request on the form does not guarantee a plan review appointment.
2. **TYPE OF PROJECT:** Check one of the types of projects from the list.
3. **PHASED PLAN REVIEW:** If you are applying for a phased plan approval, check all phases of the plan reviews that are applicable to this project. The plans examiner will review your plans according to the phased schedule. If you are not applying for a phased plan review, leave all boxes blank.
4. **APPLICATION RELATED INFORMATION:** Answer each of the questions in this block and provide additional information accordingly. Complete answers to the questions will help the division process and review the project accurately.
5. **PROJECT/BUILDING LOCATION:** Please provide complete information identifying the location of the building where the construction or renovation will occur. This will help the division determine the proper jurisdiction for the project.
6. **BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:** Please provide a brief description of the scope of work. Please include the names of the areas or rooms affected by the construction when only a portion of building is covered under the permit application. The description provided will be shown on your certificate of use and occupancy.
7. **BUILDING OWNER INFORMATION:** Please provide complete answers to each item. If the building is owned by a corporation, please provide the name of the corporation and identify a contact person in the section called “Attention.”.
8. **APPLICANT INFORMATION:** Provide complete information. All project correspondences will be directed to the project applicant.
9. **DESIGNER INFORMATION:** Section 106.2 of the Ohio Building Code requires that the design professional be identified including the design professional’s Ohio registration number.
10. **BUILDING CODE INFORMATION:** Information provided applies to the construction area in a mixed-use group building, or the entire building if it is a single use group building. For change of occupancy, the term “Current use group” refers to the approved use group under the previous occupancy. For information concerning the term “Proposed use group”, please refer to Chapters 3 and 6 of Ohio Building Code for the proper classification.
11. **GENERAL BUILDING INFORMATION:** The information provided applies to the entire building and is not limited to the construction area. Even when the proposed project is a partial building renovation or a building addition, the information for the entire building is required. The information provided will be shown on your certificate of use and occupancy in accordance with section 111 of the Ohio Building Code.
12. **APPLICATION FEES:** Please check one of the preferred payment methods and provide the square footage or linear footage of the areas affected by the construction. Please refer to the Fees Worksheet in this package for more details.
13. **CERTIFICATION:** The application cannot be processed if this section is not complete.
14. **OFFICE USE ONLY:** This section is reserved for our office use only. Please do not mark in this area.

*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 pursuant to Section 107.7 Ohio Building Code. Inspections can be obtained from the Division of Construction 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 pursuant to Section 111 Ohio Building Code.*

## WORKSHEET FOR APPLICATION FEES TO BE PAID

<b>BUILDING GENERAL FEES</b> (** Round up all lineal and square footage figures to the next 100 feet)				
A.	\$275.00 Processing Fee			\$
B.	\$10.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)			\$
C.	\$10.50 per 100 Lineal Feet** (See notes below, if 103 lineal ft, round to 200 lineal ft)			\$
D.	\$5.00 Ohio Board of Building Standards (BBS) fee for building general scope of work			\$
<b>MECHANICAL FEES</b> (** Round up all lineal and square footage figures to the next 100 feet)				
A.	\$275.00 Processing Fee			\$
B.	\$6.50 per 100 Square Feet** (See notes below; if 103 sq ft, round to 200 sq ft)			\$
C.	\$5.00 Ohio Board of Building Standards (BBS) fee for mechanical scope of work			\$
<b>ELECTRICAL FEES</b> (** Round up all lineal and square footage figures to the next 100 feet)				
A.	\$275.00 Processing Fee			\$
B.	\$6.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)			\$
C.	\$6.50 per 100 Lineal Feet** (See notes below, if 103 lineal ft, round to 200 lineal ft)			\$
D.	\$5.00 Ohio Board of Building Standards (BBS) fee for electrical scope of work			\$
<b>FIRE ALARM FEES</b> (Do not include system acceptance tests/inspections by fire officials)				
A.	\$275.00 Processing Fee			\$
B.	\$6.50 per Alarm Device			\$
C.	\$5.00 Ohio Board of Building Standards (BBS) fee for fire alarm scope of work			\$
<b>SPRINKLER FEES</b> (Do not include system acceptance tests/inspections by fire officials)				
A.	\$275.00 Processing Fee			\$
B.	\$6.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)			\$
C.	\$5.00 Ohio Board of Building Standards (BBS) fee for sprinkler scope of work			\$
<b>PLUMBING FEES</b>				
A.	\$200.00 Processing Fee			\$
B.	\$200.00 Plan Review Fee			\$
C.	\$20.00 per plumbing fixture	Total number of fixtures:		= \$
<b>MEDICAL GAS FEES</b>				
A.	\$275.00 Processing Fee			\$
B.	\$275.00 Plan Review Fee			\$
C.	\$10.00 per room with medical gas equipment	Total No. of room(s)		= \$
D.	\$25.00 per zone valve assembly	Total No. of assemblies		= \$
E.	\$25.00 per system	Total No. of systems		= \$
F.	\$25.00 per tie-in	Total No. of tie-ins		= \$
G.	\$5.00 Ohio Board of Building Standards (BBS) fee for medical gas scope of work			\$
<b>INDUSTRIALIZED UNIT FEES</b>				
A.	\$200.00 Processing Fee			\$
B.	\$1.75 per 100 Square Feet** (Ex. if 103 sq ft round to 200 sq ft. The 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.)			\$
C.	\$5.00 Ohio Board of Building Standards (BBS) fee for industrialized unit scope of work			\$
<b>CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION FEES (4101:7-7-01 OAC)</b>				
A.	\$65.00 per application except for the application with plumbing scope of work only			\$
<b>TOTAL (transfer this amount to Total Fees to be Paid on the front side of this application)</b>				
				\$

- **Fees are due when plans are submitted.** Please make check payable to Treasurer, State of Ohio. If you have fee related questions when completing this worksheet, call 1-800-523-3581.
- **Effective January 1, 2019, the Ohio Board of Building Standards (BBS) fee of \$5.00 will be charged to each scope of work applicable to each permit application except plumbing scope of work (Section 4101:7-7-01 OAC).**
  - Building general linear footage fee applies to fences and/or retaining walls, etc.
  - Mechanical linear footage fee and/or electrical linear footage fee apply to projects containing mechanical and/or electrical works where square footages are difficult to calculate; such as HVAC ductwork only, electrical wiring only, etc. If the work can be covered under the square footage fee calculation; no need to provide linear footage fee again.

(DIC3016 Revised 12-30-2018)

# Work Sheet for Phased Plan Approval

1. Project location and applicant information:

Building address: \_\_\_\_\_ County: \_\_\_\_\_  
Designer: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax No: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

2. Check the type of work:

New Construction    Alterations    Change of Occupancy    Building Additions

Use group(s): \_\_\_\_\_ Construction type: \_\_\_\_\_

3. Phase of plan approval requested: (Please indicate all applicable phases you are requesting)

Building footing and foundation:

- Site plan showing the location of the building in relation to the property lines, public streets, and/or adjacent buildings,
- Building footing and foundation plan showing the depth, section, and all structural design data,
- Building floor plan showing the use occupancy and construction type classification, building area, building height, number of story, means of egress, required fire rated wall locations, etc.,
- Soil investigation report if required by section 1802 OBC.
- Special inspections statement for footing and foundation if required by section 1705 OBC.

Building slab and perimeter insulation:

- All documents required for building footing and foundation phase,
- Building slab and perimeter insulation details,
- Underground utilities including electrical, water, gas, sewer, and fire protection lines and construction details,
- Building energy conservation reports per 1301 OBC for new building constructions,

Building shell:

- All documents required for building footing, foundation, and slab and perimeter insulation,
- Construction details for exterior wall, load bearing and non-load bearing walls, including the required fire resistance rating wall construction details,
- Roof truss and/or floor truss shop drawings,
- Roof construction details,
- Electrical service and wiring for exterior walls and required means of egress lightings,

Building interior partitions:

- All documents required for building footing, foundation, and slab and perimeter insulation, and building shell,
- Construction details for all interior partitions including the required fire resistance rating wall construction details,
- Electrical, plumbing, and/or mechanical drawings if the finishes of interior partitions are a part of the request.

Building systems:

- All documents required for building footing, foundation, and slab and perimeter insulation, and building shell, and interior partitions,
- Construction drawings and details for building system such as electrical, plumbing, mechanical, fire protection systems separately if desired.

Other type of phased approvals: Please attach additional sheet(s) to explain.





# APPLICATION FOR INSPECTION NOT REQUIRING SEALED PLANS

(This form is also available at [www.com.ohio.gov/](http://www.com.ohio.gov/))

<b>1</b> Scope of Project: <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Medical Gas	<b>2</b> County: _____	<b>3</b> Is this project located in an incorporated city, village, or township?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Type of Application: <input type="checkbox"/> Electrical Upgrade <input type="checkbox"/> Temporary Electrical <input type="checkbox"/> Minor Construction <input type="checkbox"/> Type A Day Care		
<b>5</b> Describe the scope of work: (Submit 3 sets of floor plan and/or electrical one-line diagram indicating the work items) _____ _____		
<b>6</b> Name of Project: _____ Project Address: _____ City: _____ Zip: _____ Direction to Project: _____		
<b>7</b> Owner of Project: _____ Attention: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-mail: _____		
<b>8</b> Name of submitter: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-Mail: _____		
<b>9</b> Use Group: _____ Construction Type: _____ Cost of Work: _____		
<b>10</b> Existing Building Information: (The following information applies to the entire building) -Mixed use groups? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Separated? <input type="checkbox"/> Non-Separated? -Building height (FT)?    _____ No. of Stories?    _____ Storage height (FT)?    _____ Occupant Load? _____  Fire Protection System: (Please enter the type of system such as NFPA 13, NFPA 72, etc., Enter N/A if non-applicable) -Building sprinkler system?    _____ Sprinkler demand @ base of riser (PSI)? _____ -Limited area sprinkler system?    _____ Type 1 hood sprinkler?    _____ In-rack sprinkler?    _____ -Building fire alarm system?    _____ Fire detection system?    _____ Smoke detection?    _____		
<b>11</b> Is this application submitted as a result of a Notice of Violation? <input type="checkbox"/> No <input type="checkbox"/> Yes    Order No: _____		
<b>12</b> <b>Fees to be Paid from the Scope of Project:</b> -Structural inspection:      \$150.00    \$ -Mechanical inspection      \$150.00    \$ -Electrical inspection        \$150.00    \$ -Plumbing inspection         \$150.00    \$ -Certificate of Occupancy (Not required for plumbing only)    \$65.00    \$ -Board of Building Standards fee (Not required for plumbing only)    \$5/Scope    \$  <div style="text-align: right;">Total fees to be paid:    \$</div>	<b>13</b> I hereby certify that I am the (check 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.  Signature: _____ Print name: _____  Date: _____	
<b>14</b> Fees paid by: (Check one applicable) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> ISTV		
<b>15</b> <b>THIS AREA IS FOR OFFICIAL USE ONLY</b> Date Received: _____ CPA Number: _____ <input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In Check Number: _____ Verification No.: _____    Processed by: _____		

\*\*Please see instruction sheet for additional required information.

INSTRUCTIONS FOR COMPLETING  
APPLICATION FOR INSPECTION NOT REQUIRING SEALED PLANS (DIC 3018)

**This application form is for inspections of minor construction only. Submit 3 sets of floor plan and/or electrical one-line diagram showing the proposed scope of work. Plans do not require seals of Ohio registered design professionals per 106.2.1 OBC.**

***Application Directions: All boxes, 1 through 14, must be completed in full or the application will be returned. Please type or print legibly (in blue or black ink). Applications are available on our website: [www.com.ohio.gov/](http://www.com.ohio.gov/)***

- ***Mail completed application form along with payment and plans to “State of Ohio, Department of Commerce, Division of Industrial Compliance, Bureau of Building Code Compliance, 6606 Tussing Road, Reynoldsburg, Ohio 43068-9009.” or,***
- ***Fax application and all supporting documents to 614-644-3145 and pay by credit cards. DO NOT WRITE CREDIT CARD NUMBER ON THE APPLICATION. Include a phone number where you can be reached for the credit card information. Once documentation has been reviewed and approved, you will receive notification in the mail or e-mail regarding the procedure to schedule inspections, or***
- ***Go onto online web portal: <https://icportal.com.ohio.gov/web/ohio/login> to complete the application form and upload all required supporting documents .***

The items listed below correspond to the numbered boxes on the application. Complete all information boxes except box 15:

1. Check all boxes that apply to the proposed project.
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. Check a proper type of inspection that will be requested under this application. See description above.
5. Provide a brief description of the project; submit floor plan and/or one-line diagram if applicable.
6. List exact title of project or name of business. For inspection purposes provide **specific address** and location including tenant space, suite numbers, floor number, crossroads, landmarks or any other directional guides.
7. List the owner of project, their address, telephone, and a contact person.
8. List the name of submitter, their address, and telephone. Correspondence will be sent to submitter.
9. Refer to OBC Chapters 3 & 6 for Use group and Types of Construction for the building. Also provide the estimated construction cost of this project.
10. Provide all necessary information in this box about the building to help us determine the proper and applicable code sections for plan review and approval.
11. In order to rescind a standing adjudication order and to stop further legal proceedings, list the number found on the order. Otherwise, enter N/A and move to box 12.
12. Show total fees according to the Scope of Work checked in box 1.
13. Application cannot be processed without the signature of the owner or agent for the owner.
14. Please list method of payment. Make check payable to: Treasurer, State of Ohio if paid by a check.
15. This space is reserved for official use only.

***Once all required inspections are conducted and passed, a certificate of use and occupancy will be issued and mailed to the applicant except the application for plumbing inspection only. The documents can also be downloaded through online web portal.***