



2017 YEARLY OPERATIONAL REPORT NON-RESIDENTIAL BUILDING DEPARTMENTS

This Yearly Operational Report for Certified Non-Residential Building Departments is herewith 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.** §4101:7-2-01(F)(1) 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.
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 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 certified individuals working for the department on the day you complete the report.
- 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, 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:**
- (a) List the names of additional personnel not listed in Item #3 that are employed by the department.
 - (b) List the Board certifications held by each of the individuals listed in Item #9a.
 - (c) List the expiration dates of the Board certifications for each of the employee certifications listed in Item #9b.
 - (d) 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 BY USE GROUP:** List the total number of OBC plan approvals issued in each occupancy group during the reporting period. (Refer to Chapter 3 of the OBC for occupancy group descriptions)
- Item 13. INSPECTIONS/SQUARE FOOTAGE:** List the total number of inspections made for OBC 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 OBC 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. RECEIPTS AND EXPENDITURES:**
- List income the department received from projects within the scope of the OBC. Plan review and inspections of OBC related issues ONLY.
 - Expenditures made in operating the department to perform duties on projects within the scope of the OBC.
 - 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 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 be returned if these items are not included.
- Item 16. OBC APPEALS:** List all appeals of building department orders heard before the State Board of Building Appeals in Columbus or heard before a BBS certified local Boards of Building Appeal.
- Item 17. APPEALS BOARD INFORMATION:** If a local certified board of appeals is used, provide information shown.
- Item 18. SUMMARY OF CONTRACT SERVICES:** List work done by contract plans examiners if any.
- Item 19. SIGNATURE OF THE PERSON RESPONSIBLE FOR THE BUILDING DEPARTMENT:** The Yearly Operational Report must be signed by the individual in the political subdivision responsible for the oversight of the building department. i.e. Mayor, Building Commissioner, County Commissioner.
- 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

NON-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 Fax (614) 644-3147

800-750-0750 (TTY/TDD)

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

Web: www.com.ohio.gov/dico/bbs.aspx

1. CERTIFIED BUILDING DEPARTMENT:

Dept. Name: _____

2. CERTIFIED BUILDING DEPARTMENT ADDRESS:

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

3. NAME: Current Employees	4. CERTIFICATION	5. ARCH/PE/or PERSONNEL NUMBER	6. CERT. EXP. DATE (MM/DD/YY)	7. EMPLOYMENT			8. APPOINTED TO POSITION (MM/DD/YY)
				Part Time	Full Time	Under Contract	
	Building Official Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Building Official Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Plans Examiner Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Plans Examiner Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg. Inspector Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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"/>	
	Plumbing Insp. Primary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Plumbing Insp. Backup			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. LIST ADDITIONAL EMPLOYEES IN THE SPACE BELOW.

a. Employee Name	b. CERTIFICATION	c. ARCH/PE/or 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"/>	
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				<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 PLAN APPROVALS ISSUED FOR EACH OF THE FOLLOWING GROUPS:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
A1	A2	A3	A4	A5	B	E	F1	F2	H1	H2	H3	H4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
H5	I1	I2	I3	I4	M	R1	R2	R3	R4	S1	S2	U	Plmbg.

A-Assembly, B-Business, E-Education, F-Factory/Industrial, H-High Hazard, I-Institutional, M-Mercantile, R-Multi-Family Residential, S-Storage, U-Utility/Miscellaneous, P-Plumbing

13. INSPECTIONS	Total Number of Plan Approvals Issued	Total Number of Inspections Performed	Total Square Footage of Construction
Industrialized Units			
OBC Construction			
TOTALS			

14. Total Receipts for OBC Enforcement:	\$
Total Expenditures for Calendar Year:	\$
Appropriated Operational Budget for Next Calendar Year:	\$

15. FORMS REQUIRED TO BE SUBMITTED WITH YEARLY OPERATIONAL REPORT IF CHANGED (Checklist):	16. Number of OBC 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. APPEALS.

Local certified Non-Residential Board of Building Appeals is used for building code appeals: YES NO

If YES, list certified Board of Building Appeals contact information:

Address: _____ Telephone: _____

_____ Chairman: _____

18. SUMMARY OF CONTRACT SERVICES - Where an Ohio registered architect or engineer is employed as a plan examiner and is not in the direct full-time employ of the building department, list those projects which have been examined by the contract plan examiner during the report year showing group, size, and construction type. Attach additional sheets if necessary.

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

Name: _____ Telephone: _____

20. The information submitted above, and the attachments, are true and correct to the best of the knowledge of the undersigned Building Official:

Building Official's Signature: _____ Date: _____

Address: _____ Phone: _____

_____ Zip Code: _____

E-mail: _____

YEARLY OPERATIONAL REPORT

NON-RESIDENTIAL BUILDING DEPARTMENTS
(Sub-Department Page)



Board of Building Standards

6606 Tussing Road, P.O. Box 4009, Reynoldsburg, Ohio
43068-9009
(614) 644-2613 Fax (614) 644-3147
800-750-0750 (TTY/TDD)
E-Mail: dic.bbs@com.state.oh.us
Web: www.com.ohio.gov/dico/bbs.aspx

CERTIFIED BUILDING DEPARTMENT:

Primary Building
Department Name:

INDICATE THE TOTAL NUMBER OF PLAN APPROVALS ISSUED FOR EACH OF THE FOLLOWING GROUPS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A1	A2	A3	A4	A5	B	E	F1	F2	H1	H2	H3	H4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H5	I1	I2	I3	I4	M	R1	R2	R3	R4	S1	S2	U	Plmbg.

Sub-Department Name: _____

A-Assembly, B-Business, E-Education, F-Factory/Industrial, H-High Hazard, I-Institutional, M-Mercantile, R- Multi-Fam Residential, S-Storage, U-Utility/Miscellaneous, Plmbg.-Plumbing

	Total Number of Plan Approvals Issued	Total Number of Inspections Performed	Total Square Footage of Construction
Industrialized Units			
OBC Construction			
TOTALS			

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A1	A2	A3	A4	A5	B	E	F1	F2	H1	H2	H3	H4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H5	I1	I2	I3	I4	M	R1	R2	R3	R4	S1	S2	U	Plmbg.

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A1	A2	A3	A4	A5	B	E	F1	F2	H1	H2	H3	H4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H5	I1	I2	I3	I4	M	R1	R2	R3	R4	S1	S2	U	Plmbg.

Sub-Department Name: _____

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