



OHIO APPLICATION FOR PLUMBING PLAN APPROVAL

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.

1	SCOPE OF PROJECT	2	County:		
	<input type="checkbox"/> Plumbing	3	Is this project located in an incorporated city or village? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		4	Is this project located within your local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		5	Enter number of sheets in one set of your drawings		
		6	Nature of project <input type="checkbox"/> New Building Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy		
		7	Previous or related Certificate of Plan Approval (CPA) Number(s)		
8	Name of project		Project No.		
Exact address of project					
City			Zip		
Directions					
9	Owner of project		Attention		
Address		City		State	Zip
Phone ()		Send by <input type="checkbox"/> FAX ()			
10	<input type="checkbox"/> MAIL	Name of submitter			
Address		City		State	Zip
Phone ()		Send by <input type="checkbox"/> FAX ()			
11	<input type="checkbox"/> MAIL	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 ()		Send by <input type="checkbox"/> FAX ()			
12	Type of construction		19	If plans are submitted as the result of an Adjudication Order, enter order number here:	
13	Current use group		20	I hereby certify that I am the (select one) <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner	
14	Proposed use group(s)		<p>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.</p> <p>Signature _____ Date _____</p> <p>Print or type name of submitter _____</p>		
15	Cost of work covered by this application	\$			
16	Total number of plumbing fixtures				
17	Total fees due: (from Plumbing Worksheets)	\$			
18	Fees paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> ISTV <input type="checkbox"/> ACH				
21	THE AREA BELOW IS FOR OFFICE USE ONLY				
Date recd:			CPA #		
Check #:			Verification #:		
Processed by:			<input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In		

DIRECTIONS FOR COMPLETING OHIO APPLICATION FOR PLUMBING PLAN APPROVAL

In accordance with Ohio Administrative Code (OAC) Chapter 4101:1-1-06, pursuant to Ohio Revised Code (ORC) Section 3791.04, before beginning the construction, erection or manufacture of any building for which construction documents are required, including all industrialized units, two (2) sets of plans are required when we have jurisdiction for the Plumbing. The construction documents shall be accompanied with the application form and attached worksheets. The construction documents shall be prepared by a registered design professional pursuant to OAC 4101:1-1-06.3.4. An examination and inspection fee will be assessed at the time of submittal as outlined in OAC 4101:1-1-08.2.

Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 23, must be completed in full or the application will be returned. Please mail the application, drawings, and fees to "Division of Industrial Compliance, State of Ohio, 6606 Tussing Road, P. O. Box 4009, Reynoldsburg, Ohio 43068-9009."

1. Check plumbing box only.
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. Provide total cost of construction work covered in scope of project shown in box 1.
16. Provide the total number of plumbing fixtures from the work sheet.
17. Provide the total fees due calculated from the plumbing work sheet.
18. Please check the method of payment. Make check payable to **"Treasurer, State of Ohio"** if paid by checks.
19. In order to rescind a standing adjudication order and to stop further legal proceedings, list the number found on the order.
20. Application cannot be processed without the name of the owner or agent for the owner.
21. For DIC office use only.

Once the plans have been examined and approved, one set of approved drawings will be sent back to the submitter and it must remain at the job site at all times during construction pursuant to OAC 4101:1-1-06.3.1. Inspections can be obtained from the Division of Construction Compliance by calling the dispatch center. The dispatch phone number is (800) 822-3208. Once all inspections have been obtained a Certificate of Use will be issued pursuant to OAC 4101:1-1-10.1.

Assigned CPA No. (For DIC Office use only)	
Name of the County (Customer to provide)	

Plumbing Fixtures and Fees Work Sheet:

Fixture	Count	Fixture	Count	Fixture	Count
Air Admittance Valves		Ice Makers		Sinks, Plaster	
Aspirators		Interceptors, Garage/Oil		Sinks, Scullery	
Autopsy Tables, Morgue		Interceptors, Grease		Sinks, Food Prep	
Backflow Devices		Interceptors		Sinks, Mop	
Bidets		Lavatories		Sinks, Surgical	
Dental Cuspidors		Piping Systems, Sanitary		Sinks, X-Ray	
Dental Lavatories, Chair		Piping Systems, Storm		Sterilizers	
Dilution Sumps		Piping Systems, Water		Sump-Pumps	
Drains, Floor		Sewage/Ejectors		Tubs, Bath	
Drains, Roof Storm		Shampoo Bowls		Tubs, Laundry	
Expansion Tanks		Showers		Urinals	
Fountains, Baptismal		Sinks, Bar		Valves, Pressure Reducer	
Fountains, Drinking		Sinks, Chemical		Valves, Tempering	
Fountains, Soda		Sinks, Clinical		Washers, Automatic	
Fountains, Wash		Sinks, Domestic		Washers, Bed Pan	
Garbage Disposals		Sinks, Floor		Washers, Dish	
Hose Bibbs, Outside		Sinks, Instrument		Washers, Eye (Emergency)	
Hot Water Dispensers		Sinks, Laboratory		Water Closets	
Hydrotherapy Baths		Sinks, Pharmacy		Water Heaters	
TOTAL FIXTURE COUNT					

Plumbing processing fee (determine jurisdiction).....\$ 200.00

Total fixture count from above: _____ x \$20.00..... \$ _____

Plan evaluation fee:\$ 200.00

Total Plumbing Fees by totaling entries from above.....\$ _____