

YEARLY OPERATIONAL REPORT

NON-RESIDENTIAL BUILDING DEPARTMENTS



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

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

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 103.2.6 of 4101:1-1-01 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.** §4101:1-1-01 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.

DIRECTIONS FOR COMPLETION OF REPORT:

- Item 1. DEPARTMENT NAME:** List name of certified building department for which this Yearly Operational Report is filed.
- 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 #18 on the reverse side of the form.
- Item 3. CERTIFIED EMPLOYEE NAMES:** List the names of the Board of Building Standards (BBS) certified individuals serving as the primary and one backup for each required position listed in Item #4.
- 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 or full time, of each individual listed in Item #3 by placing an "X" in the appropriate column. If the person is under contract, indicate this by placing an "X" in the appropriate column and 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 previously listed in Item #3 or those no longer employed by the department since the last Yearly Operational Report was filed with the Board.
 - (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 services.
- 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 use group during the reporting period.
- Item 13. INSPECTIONS:** 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.
- Item 14. RECEIPTS AND EXPENDITURES:** List income the department received from projects within the scope of the OBC and expenditures made in operating the department to perform duties on projects within the scope of the OBC.
- 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 BBS certified local Boards of Building Appeal.
- Item 17. CONTRACT PLAN EXAMINER SERVICES:** List the names of contract certified plan examination personnel.
- Item 18. SIGNATURE OF BUILDING OFFICIAL:** The Yearly Operational Report must be signed by 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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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 OR THOSE TERMINATED THIS CALENDAR YEAR IN THE SPACE BELOW.

a. Employee Name	b. Certification Held	c. Cert. Expiration Date	d. Part Time	Full Time	Under Contract	e. Date (MM/DD/YY) Hired/Terminated (H, T)
			<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 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.

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

13.INSPECTIONS	Total Number of Plan Approvals Issued	Total Number of Inspections Performed	Total Valuation 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 (Checklist):	16. Number of OBC
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 <input type="checkbox"/>	Appeals During the Calendar Year: <input type="text"/>

17. Summary Of Services Performed By Architect or Engineer Serving as Contract Plans Examiner - Where the Ohio registered architect or engineer employed as a plan examiner is not in the direct full-time employ of the building department, list those plans which have been examined by the plan examiner during the report year showing group, size, and construction type. Attach additional sheets if necessary.

18. 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: _____

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NON-RESIDENTIAL BUILDING DEPARTMENTS
 (Sub-Department Page)

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-Residential, S-Storage, U-Utility/Miscellaneous, Plmbg.-Plumbing

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

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.

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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.

Sub-Department Name: _____ Assembly, B-Business, E-Education, F-Factory/Industrial, H-High Hazard, I-Institutional, M-Mercantile, R-Residential, S-Storage, U-Utility/Miscellaneous, Plmbg.-Plumbing

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Industrialized Units			
OBC Construction			
TOTALS			