



2020 YEARLY OPERATIONAL REPORT
NON-RESIDENTIAL BUILDING DEPARTMENTS

This Yearly Operational Report for Certified Non-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. §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. e.g. 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 #19.
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. Only list certified individuals working for the department on the day you complete the report.
EMPLOYEES UNDER CONTRACT: If inspection or plans examination services are performed under a contract with another political subdivision, the State of Ohio, Boards of Health, individual or firm, all information for Items 3 – 9 are required including names, certification number, and expiration date. Do not simply name the entity or firm for which the individual is employed.
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 BBS certification number for the individuals listed in Item #3. MPE's must hold a current registration as an architect or engineer.
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.
Item 8. APPOINTMENT DATE: List the date of appointment for each individual listed in Item #3.
Item 9. ADDITIONAL EMPLOYEES: Do not list previous employees.
(a) 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.

(d) 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. ORGANIZATIONAL CHART: Enclose an updated organizational chart, which shows where the building department falls in the political subdivision and how your department is structured by certified personnel.

Item 11. PLUMBING & MED GAS INSPECTIONS: If the jurisdiction is not BBS certified to enforce plumbing and/or medical gas, list what entity performs those duties, e.g. Board of Health, Division of Industrial Compliance.

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:

- a. List income the department received from projects within the scope of the OBC. Plan review and inspections of OBC related projects ONLY.
- b. Expenditures made in operating the department to perform duties on projects within the scope of the OBC.
- c. Budget for the next fiscal year, approved by your jurisdiction to run the department.

Item 15. ATTACHMENTS: Enclose the listed documents as attachments **IF** they have changed since the last report period.

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. NAME OF THE PERSON RESPONSIBLE FOR THE BUILDING DEPARTMENT: The Yearly Operational Report must state the individual in the political subdivision responsible for the oversight of the building department. i.e. Elected Official, Safety Director, Building Commissioner-**Not the Building Official.**

Item 19. 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.

Item 20. OPTIONAL DEMOGRAPHIC INFORMATION: If available, include optional demographic information requested.

Attachment A: ENERGY CODE COMPLIANCE SURVEY: Beginning with 2019 Yearly Operational Reports, completion of the Energy Code Compliance is required. Attached the completed survey to the report.

REMINDER: Pursuant to OAC4101:7-2-01(F)(2) all certified building departments are required to advise the Board of personnel changes throughout the year, within 30 days of each new appointment

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.



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"/>	
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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. ORGANIZATIONAL CHART: Include a current organizational chart with this Yearly Operational Report.

11. PLUMBING INSPECTIONS:

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. 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 Building Official:

Building Official's Signature: _____ Date: _____

Address: _____ Phone: _____

_____ Zip Code: _____

E-mail: _____

20. OPTIONAL DEMOGRAPHIC INFORMATION:

1. Size or area of the political subdivision: Sq. Mi.

2. Number of Adjudication Orders issued:

3. Population at last census: _____

4. Estimated current population: _____

5. Does the political subdivision enforce a contractor registration program?

Non-Residential: Yes No

Residential: Yes No

6. Does the political subdivision enforce a zoning code? Yes No NA

7. Does the political subdivision enforce a property maintenance code? Yes No NA

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			

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

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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: _____

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			



ATTACHMENT A
2020 ENERGY CODE COMPLIANCE SURVEY

SURVEY QUESTIONS - (Complete the applicable sections consistent with your type of building department)

Jurisdiction _____ (Check both, if applicable)
Commercial _____ (Part A)
Residential _____ (Part B)

PART A - COMMERCIAL BUILDING ENERGY CODE COMPLIANCE - (OBC Chapter 13)

Considering collectively all of the **new** commercial building construction documents submitted to your jurisdiction for plan approval in 2020:

1. METHOD OF DEMONSTRATING ENERGY CODE COMPLIANCE

A. Please provide an estimated percentage breakdown of **which code option** owners/designers are using to demonstrate energy code compliance. (Percentages should add up to 100%)

Demonstrating Compliance to the 2012 IECC _____ % or
Demonstrating Compliance to the 2010 ASHRAE 90.1 _____ %
Total _____ 100 _____ %

I am not able to estimate the percentages _____

B. Please provide an estimated percentage breakdown of the **method of compliance** owners/designers are using to demonstrate energy code compliance. (Percentages should add up to 100%)

Using Prescriptive Tables _____ % or
Using Envelope Trade-off Software COMcheck _____ % or
Using Performance Analysis Software _____ %
Total _____ 100 _____ %

I am not able to estimate the percentages _____

2. DEGREE OF ENERGY CODE COMPLIANCE

A. Does your plans examiner use a check list that includes energy conservation items? (Y/N) _____

B. Please provide an estimated percentage of the degree to which energy code compliance was demonstrated correctly on the plans upon first review: _____ %

I am not able to estimate the percentage _____

C. Does your building inspector regularly conduct energy efficiency inspections? (Y/N) _____

D. Please provide an estimated percentage of the degree to which energy code inspections were successful upon first inspection: _____ %

I am not able to estimate the percentage _____

PART B - RESIDENTIAL BUILDING ENERGY CODE COMPLIANCE - (RCO Chapter 11)

Considering collectively all of the **new** residential building construction documents submitted to your jurisdiction for plan approval in 2020:

1. METHOD OF DEMONSTRATING ENERGY CODE COMPLIANCE

A. Please provide an estimated percentage breakdown of **which code option** owners/builders/designers are using to demonstrate energy code compliance. (Percentages should add up to 100%)

Demonstrating Compliance to the 2019 RCO Section 1101.14-1104	_____ % or
Demonstrating Compliance to the 2019 RCO Section 1105 (Simulated Performance)	_____ % or
Demonstrating Compliance to the 2019 RCO Section 1106 (ERI)	_____ % or
Demonstrating Compliance to the 2019 RCO Section 1112 (OHBA option)	_____ % or
Demonstrating Compliance to the 2018 IECC	_____ %
Total	_____ <u>100</u> %

I am not able to estimate the percentages _____

B. Please provide an estimated percentage breakdown of the **method of compliance** owners/builders/designers are using to demonstrate energy code compliance. (Percentages should add up to 100%)

Using Prescriptive Tables	
IECC Prescriptive Table R402.1.2 (2018 IECC)	_____ % or
RCO Prescriptive Table 1102.1.2 (2019 RCO)	_____ % or
OHBA Prescriptive Table 1112.2.1 (2019 RCO)	_____ % or
Using Envelope Trade-off Software REScheck	_____ % or
Using Performance Analysis Software	_____ % or
Using ERI Analysis Software	_____ %
Total	_____ <u>100</u> %

I am not able to estimate the percentages _____

2. DEGREE OF ENERGY CODE COMPLIANCE

A. Does your plans examiner use a check list that includes energy conservation items? (Y/N) _____

B. Please provide an estimated percentage of the degree to which energy code compliance was demonstrated correctly on the plans upon first review: _____ %

I am not able to estimate the percentage _____

C. Does your building inspector regularly conduct energy efficiency inspections? (Y/N) _____

D. Please provide an estimated percentage of the degree to which energy code inspections were successful upon first inspection: _____ %

I am not able to estimate the percentage _____