

PLAN APPROVAL APPLICATION

RESIDENTIAL BUILDINGS

PROJECT NAME: _____	IWORQ # _____
ADDRESS _____	DATE _____
OWNER _____	PHONE _____
ADDRESS _____	FAX _____
CITY _____ STATE _____ ZIP _____	EMAIL _____
CONTRACTOR _____	PHONE _____
EMAIL _____	FAX _____
PLANS PREPARED BY _____	PHONE _____
ADDRESS _____	FAX _____
CITY _____ STATE _____ ZIP _____	EMAIL _____

NATURE OF JOB

TYPE OF IMPROVEMENT	
<input type="checkbox"/>	NEW BUILDING
<input type="checkbox"/>	ALTERATION
<input type="checkbox"/>	ADDITION
<input type="checkbox"/>	REPAIR/REPLACEMENT
<input type="checkbox"/>	GARAGE
<input type="checkbox"/>	ACCESSORY/DECK

TYPE	FEE	TOTAL
APPLICATION FEE	\$ 40.00	\$40.00
PLAN REVIEW – HABITABLE AREAS (50% OF BLDG FEE/\$100.00 MIN)	\$100.00 min	
PLAN REVIEW – NON HABITABLE	\$ 50.00	
BUILDING FEE (SEE REVERSE SIDE)		
CERTIFICATE OF OCCUPANCY	\$ 50.00	
TEMP CERTIFICATE OF OCCUPANCY	\$150.00	
ENERGY CODE REVIEW	\$ 15.00	
BUILDING SUBTOTAL		
OBBS FEE (1% OF BUILDING SUBTOTAL)		
ZONING	\$ 25.00	
INFORMATIONAL INSPECTIONS	\$ 45.00	
INVESTIGATION FEE (\$200 - \$1000)	\$200.00 min	
LESS DEPOSIT (Non-Refundable) \$90 NON-HABITABLE \$140 HABITABLE		
TOTAL FEES DUE		

SIZE/MISC	
SQUARE FOOTAGE	_____
CONTRACT COST	_____
PROJECT VALUE	_____

RECEIPT #	_____
DATE	_____
RECEIVED BY	_____

SEE NOTES ON REVERSE SIDE

Separate permits may be required for work involving electric, HVAC, plumbing, sign installation, and fire suppression/detection.

Signature: _____	Title: _____
Print Name: _____	Phone: _____

Rev 03/18/15 jt

Application Approved by _____
Date _____

RESIDENTIAL BUILDING PERMIT FEE SCHEDULE

BUILDING FEE IS OBTAINED BY USING THE FOLLOWING FORMULAS

FOR ALL RESIDENTIAL PERMITS		
	HABITABLE AREAS	NON-HABITABLE (Garages, sheds, decks)
Gross Area (in square feet)		
	x \$45.00	x \$25.00
Subtotal		
	x.0045	x.0045
Building Fee		

NOTE: If project valuation is less than \$30,000.00 the permit fee will be a minimum of \$135.00 plus associated fees.

NOTES

Work started prior to securing the required permits is subject to a minimum investigation fee of \$200.00. Emergency work, if agreed to by the Chief Building Official, shall be exempt from the investigation fee.

Only the person performing the work may obtain a permit and schedule an inspection.

Installations requiring inspections must not be covered until approved. Failure to receive approval may result in orders requiring the removal of such covering.

Installations must be in accordance with the current edition of the adopted Ohio Residential Code and referenced documents

Requests for field inspections must be made a minimum of 24 hours in advance and will be scheduled for the next working day.

Applicants on the schedule for the day’s inspections may contact the respective inspectors during the morning from 8:00 am to 8:45 am for consultation or scheduling time.

An additional \$45.00 reinspection fee may be imposed for work that is not properly installed, is not ready for inspection, has changed from the approved plans or is not accessible at the time of the inspection.

Residential plans must be submitted with a “plan approval application” – sealed drawings are not required.

PLAN APPROVAL APPLICATION

GAS PIPING

PROJECT		IWORQ#	
ADDRESS		DATE	
OWNER		PHONE	
CONTRACTOR		PHONE	
		FAX	

RES	COM	TYPE	FEE	TOTAL
		APPLICATION FEE	\$ 40.00	40.00
		PLAN REVIEW (Residential)	\$ 20.00	
		PLAN REVIEW (Commercial)	\$100.00	
		GAS OR LP PIPING (1) (New Installation)	\$ 45.00	
		Rough in Inspection (1) (New Installation)	\$ 45.00	
		Alteration and Extension of existing gas line (1)	\$ 45.00	
		Appliance Feed Inspection	\$ 10.00 ea.	
		INFORMATIONAL INSPECTIONS	\$ 45.00 ea.	
		ADDITIONAL INSPECTIONS	\$ 45.00 ea.	
		INVESTIGATION FEE (\$200 – 1,000.00)	\$200.00 min	
		OTHER		
		SUB TOTAL		
		OBBS FEE (3% Commercial)		
		OBBS FEE (1% Residential)		
		LESS DEPOSIT \$140.00 Commercial		
		TOTAL FEES DUE		

The minimum fee for the issuance of any Gas Piping Permit shall be \$85.00.
 An additional \$45.00 reinspection fee may be imposed for work that was not properly installed, was not ready or inspection, had changed from the approved plans, or was not accessible at the time of inspection.

SEE NOTES ON REVERSE SIDE

Signature: _____ **Title:** _____

Print Name: _____ **Phone:** _____

NOTES

Numbers in parenthesis indicate the number of inspections provided.

Commercial plans, which include the technical design analysis, shall bear the seal of a design professional and must include calculations as required

Residential plans must include a one-line drawing (a design professional's seal *is not* required) and must be submitted with the application. Plans should include a schematic design showing pipe size and length, BTU per appliance, & operating pressure (3 sets).

Work started prior to securing the required permits are subject to a minimum investigation fee of \$200.00. Emergency work, if agreed to by the Chief Building Official, shall be exempt from the investigation fee.

Only the person/company that is licensed may obtain a permit and schedule inspections.

Payments for all permits must be made prior to requesting an inspection.

Installation requiring inspections must not be covered until approved. Failure to receive approval may result in orders requiring the removal of such covering.

Installations must be in accordance with the International Fuel Gas Code, Ohio Mechanical Code (OMC), the current edition of the adopted Ohio Building Code (OBC), and referenced documents.

Requests for field inspections must be made a minimum of 24 hours in advance and will be scheduled for the next working day.

Applicants on the schedule for the day's inspections may contact the respective inspectors during the morning from 8:00 am to 8:45 am for consultation or scheduling time.

An additional \$45.00 reinspection fee may be imposed for work that is not properly installed, is not ready for inspection, or is not accessible at the time of the inspection.

PRESSURE TESTING OF GAS LINES

- A. Commercial house lines will be tested with a minimum pressure of 10 lbs. (up to 1 ½ times the supply pressure)
- B. Underground lines will be tested at 3 lbs.
- C. Residential house lines will be tested with a minimum pressure of 3 lbs. (up to 1 ½ times the supply pressure)

FOR RESIDENTIAL PLAN SUBMITTAL ONLY

APPLIANCES:	TYPE	BTU	OPERATING PRESSURE
	1.		
	2.		
	3.		
	4.		

SCHEMATIC DESIGN
(Show all pipe sizes and lengths)



76 E HIGH STREET, SPRINGFIELD, OHIO 45502 PHONE: (937) 324-7389 FAX: (937) 328-3558

REQUIREMENTS TO OBTAIN HVAC PERMIT

- 1) **Replacement units without ductwork replacement or gas line change out.**
 - a. Submit specification sheet (manufacturers sheet with unit installed highlighted)
 - b. Venting detail: High efficiency PVC vent new run location; does water heater vent still meet vent table if vented to same location.
 - c. Heat loss/ gain work sheets (Manual J)
- 2) **Replacement units with ductwork /gas line modification.**
 - a. Detailed floor plan showing location of units with duct sizes and what room it is feeding, venting details; if in attic or crawlspace installation, needs insulation specification and manufacturing installation sheets.
- 3) **New installations.**
 - a. Detailed drawing with location, venting (also bath fans) termination, duct size and runs, gas line schematic, heat loss/ gain work sheets (Manual J), manufacturer's specifications on units installed. Heating and cooling equipment must match building energy code as submitted.
- 4) **Geo Thermal, same as above.**
 - a. Plumbing schematic as proposed.
- 5) **Other requirements for all units.**
 - a. General location of equipment: attic – crawl – basement – closet- etc.
 - b. New installations location, electric requirements (GFCI receptacle) AC unit service size.

PLAN APPROVAL APPLICATION

HVAC

PROJECT		HTE #	
ADDRESS		DATE	
OWNER		PHONE	
CONTRACTOR		PHONE	
		FAX	

RES	COM	TYPE	FEE	TOTAL
		APPLICATION FEE	\$ 40.00	\$ 40.00
		PLAN REVIEW (Commercial ½ for replacements)	\$ 100.00	
		PLAN REVIEW (Residential)	\$ 20.00	
		HEATING/COOLING		
		New Furnace system with AC (2)	\$ 90.00 ea	
		New furnace system only (2)	\$ 90.00 ea	
		Replacement Furnace with AC (1)	\$ 45.00 ea	
		Replacement Furnace Only (1)	\$ 45.00 ea	
		New AC Unit (1)	\$ 45.00 ea	
		Replacement AC (1)	\$ 45.00 ea	
		Replace Air Handler/Heat Pump(2)	\$ 90.00 ea	
		Unit/Radiant Heaters (1)	\$ 45.00	
		Additional Units - \$2.00 ea	\$ 2.00 ea	
		Package Rooftop Units (1)	\$ 45.00	
		Ductwork / Alteration (1)	\$ 45.00	
		FIREPLACE (Wood or Gas-- pre-fabricated) (1)	\$ 45.00	
		Solid Fuel Appliance (1)	\$ 45.00	
		Chimney Liner when not part of furnace System Installation (1)	\$ 45.00	
		VENTILATION EQUIPMENT (1)	\$ 45.00	
		COMMERCIAL REFRIGERATION (1)	\$ 45.00	
		COMMERCIAL RANGE HOOD (vent/duct) (Hood fee includes plan review)	\$ 250.00	
		INFORMATIONAL INSPECTIONS	\$ 45.00	
		ADDITIONAL INSPECTIONS	\$ 45.00	
		INVESTIGATION FEE (\$200 1,000.00)	\$ 200.00 min	
		SUB TOTAL		
		OBBS fee (3% commercial)		
		OBBS fee (1% residential)		
		TOTAL FEES DUE		

SEE NOTES ON REVERSE SIDE

Signature: _____ **Title** _____

rev 5/5/17 jls

Application Approved by _____
Date _____

NOTES

Numbers in parenthesis indicate the number of inspections provided.

Commercial plans, which include the technical design analysis, shall bear the seal of a design professional and must include calculations as required.

Work started prior to securing the required permits are subject to a minimum investigation fee of \$200.00. Emergency work, if agreed to by the Chief Building Official, shall be exempt from the investigation fee.

Only the person performing the work may obtain a permit and schedule inspections.

Payments for all permits must be made prior to requesting an inspection.

Installation requiring inspections must not be covered until approved. Failure to receive approval may result in orders requiring the removal of such covering.

Installations must be in accordance with Ohio Mechanical Code (OMC), the current edition of the adopted Ohio Building Code (OBC), OBOA and referenced documents.

Requests for field inspections must be made a minimum of 24 hours in advance and will be scheduled for the next working day.

Applicants on the schedule for the day's inspections may contact the respective inspectors during the morning from 8:00 am to 8:45 am for consultation or scheduling time.

An additional \$45.00 re inspection fee may be imposed for work that is not properly installed, is not ready for inspection, has changed from the approved plans or is not accessible at the time of the inspection.

FOR RESIDENTIAL PLAN SUBMITTAL ONLY

Type of Fuel	
Heat Gain/Loss (submit calculations)	
Equipment Type	
Combined BTU Rating of all Appliances & Equipment discharging into vent	
Location of Appliance	
Chimney/Vent	Type
	Size
	Height
Connector	Size
	Rise
	Single or Double Wall
Source of Combustion Air	

PROVIDE ADDITIONAL DETAILS OR DRAWINGS BELOW

Installations must be in accordance with the Ohio Mechanical code, the current edition of the adopted Ohio Building Code, the Residential Code of Ohio and Referenced Documents



BUILDING REGULATIONS

ATTENTION

New Procedure – Effective 9/14/2020

Electrical Service Reconnect

Procedure:

Commercial Properties (Includes residential properties with 4 or more units)

Permits can only be issued to licensed contractors

Residential Properties

Permits can be issued to licensed contractors, owners and owners' agents (w/signed affidavit)

Permit Fees include 1 inspection – each additional inspection/re-inspection will cost \$45.00

The person responsible for the work must be on site at the time of the inspection

Typical violation that must be corrected before the service can be reconnected include:

1. Ground rod missing (5/8" x 8' galvanized or 1/2" x 8' copper)
2. Ground wire to water pipe missing
3. Bonding jumper around water meter missing
4. Service entrance cable damaged
5. Equipment rusted (lugs, meter panel)
6. Service panel not accessible
7. Multiple conductors secured under one lug
8. Overcurrent protection oversized
9. Panel/meter/service entrance cable loose

***60 amp services with violations #4, 5, 7, or 8 much be upgraded to 100 amps.**

Reconnect Site Requirements

1. Meter base has to have a clear path free of debris and safe to access
2. Meter base has to be clear of weeds tall or short and inside needs to be clean from insects (wasps, bees, etc.)
3. If access to the panel is in the basement; it has to be clear and safe
 - a. No debris in the pathway
 - b. Conditions have to be safe and sanitary
 - c. No standing water
 - d. Must be clean and sanitary, no animal feces
 - e. Basement stairways have to be safe and accessible, no missing treads or areas where the rise is more than 8 inches
 - f. Panel covers are to be removed
4. Panel location must be identified on application (basement, kitchen, bedroom northeast, etc.)
 - a. No debris in pathway
 - b. Conditions have to be safe and sanitary
 - c. Must be clean and sanitary, no animal feces
 - d. Panel cover is to be removed

PLAN APPROVAL APPLICATION

ELECTRICAL

PROJECT		IWORQ #	
ADDRESS		DATE	
OWNER		PHONE	
CONTRACTOR		PHONE	
		FAX	

RES	COM	TYPE	FEE	TOTAL
<input type="radio"/>	<input type="radio"/>	APPLICATION FEE	\$ 40.00	40.00
	<input type="radio"/>	PLAN REVIEW (Commercial)	\$100.00	
<input type="radio"/>		PLAN REVIEW (Residential)	\$ 20.00	
<input type="radio"/>	<input type="radio"/>	SERVICES		
<input type="radio"/>	<input type="radio"/>	New (3 inspections)	\$135.00	
<input type="radio"/>	<input type="radio"/>	Underground (trench) (1)	\$ 45.00	
<input type="radio"/>	<input type="radio"/>	Sub panels 1 – 10 # _____	\$ 5.00 ea	
	<input type="radio"/>	Sub panels 11+ # _____	\$ 1.00 ea	
<input type="radio"/>	<input type="radio"/>	Upgrade (1)	\$ 45.00	
<input type="radio"/>	<input type="radio"/>	Reconnect (1)	\$ 45.00	
<input type="radio"/>	<input type="radio"/>	Temporary (1)	\$ 45.00	
<input type="radio"/>	<input type="radio"/>	ALTERATIONS/REPAIRS (1)	\$ 45.00	
<input type="radio"/>	<input type="radio"/>	New Circuits 1 – 10 # _____	\$ 3.00 ea	
<input type="radio"/>	<input type="radio"/>	New Circuits 11+ # _____	\$ 1.00 ea	
<input type="radio"/>	<input type="radio"/>	Sub panels 1 – 10 # _____	\$ 5.00 ea	
<input checked="" type="radio"/>	<input type="radio"/>	Sub panels 11+ # _____	\$ 1.00 ea	
	<input type="radio"/>	COMMERCIAL REFRIGERATION (1)	\$ 45.00	
	<input type="radio"/>	SIGN CIRCUITS (1)	\$45.00	
<input type="radio"/>	<input type="radio"/>	POOLS		
<input type="radio"/>	<input type="radio"/>	Above ground (1)	\$45.00	
<input type="radio"/>	<input type="radio"/>	In ground (+1) (2)	\$90.00	
<input type="radio"/>	<input type="radio"/>	INVESTIGATION FEE (\$200 – 1,000.00)	\$200.00 min	
<input type="radio"/>	<input type="radio"/>	ADDITIONAL OR REQUESTED INSPECTIONS	\$ 45.00 ea	
<input type="radio"/>	<input type="radio"/>	SUB TOTAL		
	<input type="radio"/>	OBBS fee (3% commercial)		
<input type="radio"/>		OBBS fee (1% residential)		
		FINAL SUB TOTAL		
		LESS DEPOSIT (nonrefundable)		
TOTAL FEES DUE				

SEE NOTES ON REVERSE SIDE

Signature: _____ **Title:** _____

Print Name: _____ **Phone:** _____

ELECTRICAL PERMIT APPLICATION NOTES

Numbers in parenthesis indicate the number of inspections provided.

Commercial plans, which include the technical design analysis, shall bear the seal of a design professional and must include fault current calculations and a one-line diagram.

Work started prior to securing the required permits are subject to a minimum investigation fee of \$200.00. Emergency work, if agreed to by the Chief Building Official, shall be exempt from the investigation fee.

Only the person performing the work may obtain a permit and schedule inspections.

Payments for all permits must be made prior to requesting an inspection.

Installations requiring inspections must not be covered until approved. Failure to receive approval may result in orders requiring the removal of such covering.

Installations must be in accordance with NEC, as referenced per RBO and OBC.

Requests for field inspections must be made a minimum of 24 hours in advance and will be scheduled for the next working day.

Applicants on the schedule for the day's inspections may contact the respective inspectors during the morning from 8:00 am to 8:45 am for consultation or scheduling time.

An additional \$45.00 reinspection fee may be imposed for work that is not properly installed, is not ready for inspection, has changed from the approved plans or is not accessible at the time of the inspection.

FOR RESIDENTIAL PLAN SUBMITTAL ONLY

COMPONENT	SIZE	OVER HEAD	UNDER GROUND
SERVICE		<input type="checkbox"/>	<input type="checkbox"/>
SERVICE CABLE			
GROUND WIRE TO EARTH			
GROUND WIRE TO WATER			

LOCATION OF PANEL IN STRUCTURE

PROVIDE ADDITIONAL DETAILS OR DRAWING BELOW

All electrical installations must comply with the 2011 National Electric Code
(new system or alteration to existing system)

PERMIT APPLICATION

DEMOLITION

PROJECT		IWORQ #	
ADDRESS		DATE	
OWNER		PHONE	
CONTRACTOR		PHONE	
		FAX	

TYPE OF STRUCTURE	STRUCTURE INFORMATION
	Type of Construction
Residential	Number of Floors
Accessory	Basement
	Number of Units (Res)

TYPE	FEE	TOTAL
APPLICATION FEE	\$30.00	\$30.00
RESIDENTIAL GARAGES	\$ 15.00	
DEMOLITION FEE Square Feet = _____	\$15.00 (per 1,000 sq. ft. or fraction thereof)	
SUB TOTAL		
OBBS fee (1% commercial)		
TOTAL FEES DUE		

REQUIRED INSPECTIONS (See permit for detailed information)	
Sewer Cap	(6" of Concrete)
Backfill	(Verify hole before backfilling)
Final	(To verify grade before seed & straw)

SPECIAL CONDITIONS OR NOTES

Note: Owner/Contractor/Applicant shall be required to submit a "Notification of Demolition & Removal" to the Regional Air Pollution Control Agency (RAPCA) when requested by the Code Enforcement Manager.

Signature: _____ Title: _____

Print Name: _____ Phone: _____

Rev 03/19/15 JT

RESIDENTIAL RE-ROOFING AFFIDAVIT APPLICATION

ADDRESS		IWORQ#	
		DATE	
OWNER		PHONE	
CONTRACTOR		PHONE	

DESCRIPTION OF PROJECT (Check one)

- (1) One layer of roofing material will be applied over one existing layer of roofing material with suitable existing sheathing.
- (2) Present roofing materials will be removed and new roofing materials will be installed over suitable existing sheathing as required in the residential building code for new roofs. (Example – where the existing roof has two or more applications of any type of roof covering).
- (3) Present roofing material including sheathing will be removed and new sheathing, felt paper, drip edge and roofing materials will be installed to meet requirement of residential building codes for new roofs. (Example – where the existing roof or roof covering is water soaked or has deteriorated)

REGULATIONS (See reverse side for additional regulations)

1. Roofing materials will not be applied over an existing wood shake, slate, clay, cement or asbestos-cement tile.
2. All roofing materials will be installed per manufactures specifications, warranty and industry standards.
3. Workmanship will not be addressed by the building department and is the responsibility of the homeowner to oversee.
4. Owner is responsible for hiring a licensed contractor if owner is not doing the work.
5. All contractors are required to be licensed by the City of Springfield, Ohio.

TOTAL FEES DUE: \$32.00

**THE UNDERSIGNED AGREE TO ALL OF THE ABOVE AND REFERENCED REGULATIONS.
 CONTRACTOR MUST PROVIDE A COPY OF SIGNED APPLICATION TO THE PROPERTY OWNER.**

Signed/Owner: _____

Signed/Contractor: _____

Print Name: _____

Separate permits are required for any other alteration/construction work or electrical or heating-ventilation-air conditioning or sign or demolition or fire detection/suppression installations

RESIDENTIAL ROOFING REGULATIONS

SECTION 803 ROOF SHEATHING

Roof sheathing shall comply with Table 803.1

Wood structural panels shall comply with Table 503.2.1.1(1).

The roof covering shall be applied only when the supporting roof construction is clean and dry.

SECTION 905 REQUIREMENTS FOR ROOF COVERINGS

Asphalt Shingles

General: Asphalt shingles shall be applied according to the manufacturer's Printed instructions and shall be fastened to solidly sheathed decks.

Slope: Asphalt shingles shall only be used on roof slopes of two units vertical in twelve units horizontal (2:12) and up. For roof slopes of 2:12 to 4:12, double underlayment application is required in accordance with section 905.2.7 and fasteners must comply with 905.2.5 and 905.2.6.

Underlayment: Required underlayment shall conform with ASTM D 226, Type 1, or ASTM D 4869, Type 1. Underlayment application must comply with 905.2.7 and 905.2.7.1

Flashing: Shall comply with section 905.2.8.1 thru 905.2.8.5

Roll Roofing: Shall comply with section 905.5.1 thru 905.5.5

SECTION 907 REROOFING

General: Materials and methods of application used for recovering or replacing an existing roof shall comply with the requirements of Chapter 9.

Structural and Construction Loads: The structural roof components shall be capable of supporting the roof covering system and the material and equipment loads that will be encountered during installation of the roof covering system.

Recovering versus Replacement: New roof covering shall not be installed without first removing existing roof coverings when any of the following conditions occur:

1. Where the existing roof or roof covering is water-soaked or has deteriorated to the point that the existing roof covering is not adequate as a base for additional roofing.
2. Where the existing roof covering is wood shake, slate, clay, cement or asbestos-cement tile
3. Where the existing roof has two or more applications of any type of roof covering

Exception: Complete and separate roofing systems, such as standing-seam metal roof systems that are designed to transmit the roof loads directly to the building's structural system and that do not rely on existing roofs and roof coverings for support shall not require the removal of existing roof coverings.

Reinstallation of materials. The reinstallation of existing roof covering materials which have been removed shall not be permitted unless the materials provide an effective barrier against the weather.

Flashings: Flashings shall be reconstructed in accordance with approved manufacturer's installation instructions

Per Table 301.2(1) ice barrier underlayment is required in the state of Ohio.