



5800 Shier Rings Road | Dublin, Ohio 43016
Phone: 614.410-4670 | Fax: 614.761.6566 | Inspection Line: 614.410.4680

Commercial Walk-Thru Plan Review

Walk-thru Plan Review is administered by Review Services to expedite small commercial interior alterations. Four 30-minute sessions are reserved on Wednesday mornings for Walk-thru Plan Review. Building, Zoning and Fire plans examiners perform this concurrent review at 5800 Shier Rings Road.

Walk-thru Submittal

A complete submittal package containing the following materials should be delivered to Building Standards no later than noon on Friday (Thursday, if Friday is a holiday) for a project to be considered for a Walk-thru Plan Review the following Wednesday morning.

- A completed and signed Commercial Building Permit Application, indicating on Page 2 that a Walk-thru Plan Review is requested.
- A completed Walk-thru Review Eligibility Worksheet.
- A completed and signed Certificate of Zoning Plan Approval form, including detailed description of proposed use of the space
- Four (4) complete sets of Fire Alarm/Sprinkler Construction documents and completed Fire Protection Permit Application form (if modifications to an existing system are required). ***These must be submitted separately from construction plans.***
- Three (3) complete sets of construction plans and documents containing information required by OBC 106.1.1, including:
 - Scaled site plan for the structure in which the project is located, including parking and parcel boundaries;
 - Scaled floor plan indicating location of any existing fire-rated assemblies and the entire space of any area affected by the project to establish compliance of the remaining circulation with code requirements;
 - Complete graphic representations of any approved fire-rated assemblies or penetrations required for compliance with the code;
 - Furniture layout for any "open office" spaces;
 - Description of any medical use activities and equipment, as described by the physician, associated with exam or procedure rooms; and
 - Appropriate Energy Compliance Certificates.

Walk-thru Plan Review

Applications are reviewed and appointments for eligible projects are scheduled on a first-come, first-scheduled basis. Projects not eligible for Walk-thru are reviewed as a normal Team Room review. If more requests are received than time-slots available, applications may be assigned a time-slot on the following Wednesday. Applicants will be notified of the scheduled time for the Walk-thru Plan Review by 2 p.m. on Tuesday.

If all plan examiners complete their reviews at the scheduled session, reviewed plans and paperwork will be assembled and returned to the Building Standards Permit Staff for out-processing. The applicant is advised of the outcome (approved or disapproved) at the session.

If any plan examiner is unable to complete an adequate review at the scheduled session, plan review will continue as a normal Team Room plan review.

If approved, the applicant will be notified when the approved plans and building permit are ready for pickup and of applicable fees due. Disapproved construction documents shall be corrected and resubmitted for review as a normal Team Room plan review.



Walk-Thru Eligibility Worksheet

(Application for Commercial Building Permit)

City of Dublin - Building Standards

(Information confirmed and/or corrected by Dublin Plans Examiner)

Building Permit Application # _____

Project Name _____ **Project Address** _____

Circle points that apply and place values in equation below (**NP**= Walk Thru Plan Review is **Not Permitted**)

A Interior Tenant Fitup	B Number of Sheets <small>(include title sheet)</small>	C Square Footage	D Floors
Walk-Thru plan reviews are reserved for commercial interior alterations Associated <u>minor</u> site work or changes to exterior building elevations are considered on a case-by-case basis only Change of Occupancy.....1.0	1-5 sheets.....1.0 6-9 sheets.....2.0 10-14 sheets....3.0 15-20 sheets...4.5 >20 sheets.....NP	<1000sf.....1.0 1001 - 2000.....1.5 2001 - 3000.....2.0 3001- 4000.....2.5 4001 - 5000.....3.0 >5000 sf.....NP	1 floor.....1.0 2 floors.....2.0 >2 floors.....NP
E Permits Required <small>(Circle all that apply)</small>	F OBC Use Group	G Construction Type	H Plans Author
HVAC (minor/existing).....1.0 HVAC (new system).....2.0 Electric (minor).....1.0 Electric (new equip).....2.0 Electric (medical).....2.0 Fuel Gas.....0.5 P & Z Rezoning.....NP BZA or ARB.....NP	A1, A2.....3.0 A3, E, M.....1.8 A4.....1.6 A5, B, U.....1.0 B (medical)....2.5 F1, F2.....2.5 H.....NP I1, I2, I3.....3.0 R.....1.5 S1.....1.4 S2.....1.2	IA.....3.0 IB.....2.5 IIA.....2.5 IIB.....1.0 IIIA.....2.5 IIIB.....1.3 IV.....1.2 VA.....2.5 VB.....2.5	Author of the drawings must be an Ohio registered professional or certified designer if project includes analysis of safety or sanitation Other.....2.0

I - Missing Documentation

All Walk Thru Applications **must include a Site Plan** of the subject property, a **Certificate of Zoning Plan Approval** (properly signed by the owner of the building) and **all applicable Fire Alarm, Suppression Suppression and Detection Drawings** (when required by the Building and/or Fire Codes.)

Projects over **10 points** are not eligible for Walk-Thru Plan Review

$$\begin{array}{cccccccccc}
 \underline{\quad} & + & \underline{\quad} & = & \underline{\quad} \\
 \text{A} & & \text{B} & & \text{C} & & \text{D} & & \text{E} & & \text{F} & & \text{G} & & \text{H} & & \text{Total}
 \end{array}$$

This project IS IS NOT eligible for Walk-Thru Plan Review.

Commercial Plans Examiner: **X** _____ Date _____



CITY OF DUBLIN.

Commercial Building Permit Application

Building Standards & Review Services

5800 Shier-Rings Road, Dublin OH 43016

Application No. _____

Staff Use Only

A. BASIC PROJECT INFORMATION *(required)*

No Missing Information

New Building Bldg Addition Alteration/Fitup Accessory Change of Use/Occupancy

Project Name		Project Size (Square Feet)
Project Address		Estimated \$ Cost of Construction
Tax Parcel Number	OBC Construction Type(s)	OBC Use Group(s)

B. PROPERTY OWNER *(required)*

No Missing Information

Corporate/Company Name <i>(if applicable)</i>		
Owner Name		Title
Address		City/State/Zip
Phone	Fax	Email

C. TENANT NAME *(provide, or indicate "owner" or "unknown")*

No Missing Information

Company Name		
Contact Name		Title
Address		City/State/Zip
Phone	Fax	Email

D. ARCHITECT or DESIGN PROFESSIONAL *(signature required on page 2)*

No Missing Information

Architect or Design Professional's Name		
Company Name		Ohio Registration No.
Address		City/State/Zip
Phone	Fax	Email

E. CIVIL ENGINEER *(provide, or indicate "n/a")*

No Missing Information

Civil Engineer's Name		
Company Name		Ohio Registration No.
Address		City/State/Zip
Phone	Fax	Email

F. GENERAL CONTRACTOR *(Dublin registration required)*

Company Name		Dublin Registration No.
Contact Name		Title
Address		City/State/Zip
Phone	Fax	Email



Commercial Building Permit Application

Project, Submittal, and Contact Information

*Application Number
(and/or Project Address)*

G. PROJECT DESCRIPTION & SCOPE *(briefly describe work)*

NOTE: Refer to plans for OBC construction analysis	Target Construction Start Date (if known):
Changing building exterior <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Change of Use <input type="checkbox"/> Entire Structure <input type="checkbox"/> Partial
Changing exterior site conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Entire Structure <input type="checkbox"/> Partial

H. DESIGN PROFESSIONAL *(in responsible charge – signature required)* *No Missing Information*

1. Applications with MISSING INFORMATION or INCOMPLETE PLANS may not be in-processed for review
2. The application default is NO Phased Approval and NO WALK-THRU Plan Review
3. The Commercial Plans Examiner shall determine eligibility for PHASED APPROVAL or WALK-THRU Review
4. Building, Fire, Engineering, Landscape, and Zoning reviews are CONCURRENT and COORDINATED
5. Refer to Dublin contact information below for QUESTIONS or HELP with this application, review, or process

Indicate as applicable:

- | | | |
|-----|----|---|
| Yes | No | Plans for <i>Fire Detection and/or Fire Suppression</i> have been submitted for review |
| Yes | No | Attached is a request for <i>OBC Phased Plan Approval</i> (Dublin Form BLD-240 or equivalent) |
| Yes | No | Attached is a <i>Walk-Thru Eligibility Worksheet</i> (Dublin Form BLD-246) requesting WTPR |

I am the Architect or Design Professional in responsible charge (listed on Page 1, Section D of this application) and state to the best of my knowledge and belief that submitted plans, attachments, materials, and information provided on this application are complete and correct and ready for in-processing and plan review.

Design **Professional Signature** **X** _____ **Date** _____

I. PROJECT CONTACT *(If Other Than Design Professional listed in section D. and H)*

I make this application as (or on behalf of) the owner and assert that the above information is complete and correct and **that I am the person to be contacted concerning this application and submittal and to be notified to pick up reviewed plans.**

Signature **X** _____ (print name) _____ Date _____

Company _____ Phone _____ Email _____

J. CONTACT THE CITY OF DUBLIN

Building Standards – intake, out-processing, permit issuance, fees	614-410-4670	Fax 614-761-6566	
Review Services – procedures, plan tracking, plan review status	614-410-4608	Fax 614-718-4346	

Certificate of Zoning Plan Approval (CZPA)

PLEASE SUBMIT THIS SIGNED APPLICATION WITH:

- ONE (1) COPY OF A SCALED SITE PLAN DRAWN IN INK** indicating all current structures, property lines, setbacks, and easements in addition to all proposed structures and site improvements. All proposed work should be dimensioned and labeled. Additional documentation may be required. Partial or incomplete applications and drawings cannot be processed and **will be returned to the applicant** (not required for sign renewals).
- FEE PAYMENT** Non-refundable applicable fee (refer to the approved fee list)

**PLEASE DESCRIBE THE PROPOSED WORK
(PATIO, FENCE, TEMPORARY SIGN, ETC.)**

OFFICE USE ONLY

ZONING INSPECTION REQUIRED UPON COMPLETION?
 If yes, please call 614-410-4673 to schedule an inspection.

YES NO

*Please refer to Planning Department or Planning Website for additional submittal information. Separate HOA approval may be required.

SUBDIVISION/BUSINESS NAME		LOT NUMBER
PROPERTY OWNER	PHONE	
ADDRESS OF SUBJECT PROPERTY OR PARCEL ID		
APPLICANT/AUTHORIZED REPRESENTATIVE	PHONE	
ADDRESS OF APPLICANT/AUTHORIZED REPRESENTATIVE	APPLICANT'S E-MAIL	

PROPERTY OWNER AUTHORIZATION (NOT APPLICABLE TO TEMPORARY SIGNS)

I, _____ (Name of Current Property Owner), the owner and applicant, hereby authorize _____ (Representative) to act as my representative and agent in matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the Authorized Representative.

Signature of Current Property Owner	DATE	Signature of Authorized Representative	DATE
x _____		x _____	

OFFICE USE ONLY

APPLICATION # _____ **DATE ISSUED** _____ **RESUBMISSION** YES NO

APPROVED APPROVED AS NOTED DISAPPROVED AS NOTED (REVISE DOCUMENTS AS REQUIRED & RESUBMIT FOR APPROVAL)

This Certificate of Zoning Plan Approval is issued for, and in reference to the property and use described above, and as approved by the City Administrator or designee, or the City Council, Board of Zoning Appeals, Planning & Zoning Commission, or the Architectural Review Board as appropriate.

BY: _____ **DATE:** _____

NOTES: _____