



**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 (include title sheet)	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 (Circle all that apply)	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
<b>I - Missing Documentation</b>			
All Walk Thru Applications <b>must include a Site Plan</b> of the subject property, a <b>Certificate of Zoning Plan Approval</b> (properly signed by the owner of the building) and <b>all applicable Fire Alarm, Suppression Suppression and Detection Drawings</b> (when required by the Building and/or Fire Codes.)			

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

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
A B C D E F G H Total

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

Commercial Plans Examiner: X \_\_\_\_\_ Date \_\_\_\_\_

# BUILDING STANDARDS PERMIT COVER SHEET

ALL applicants are required to complete appropriate **Permit Application & Checklist** for specific application type.

## APPLICATION TYPE

<input type="checkbox"/> <b>COMMERCIAL</b>		<input type="checkbox"/> <b>RESIDENTIAL</b>	<input type="checkbox"/> <b>SIGNAGE</b>
<input type="checkbox"/> Site Only		<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Basement Finish <input type="checkbox"/> Deck <input type="checkbox"/> Screened Porch <input type="checkbox"/> Pool <input type="checkbox"/> Building Removal <input type="checkbox"/> Other	<input type="checkbox"/> New Ground <input type="checkbox"/> Replacement Ground <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Entry Feature <input type="checkbox"/> Reface Existing <input type="checkbox"/> Other
<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Building Removal <input type="checkbox"/> Other	<input type="checkbox"/> Walk Thru Attach Eligibility Worksheet (Form BLD-246)		
	<input type="checkbox"/> Not a Phased Request <input type="checkbox"/> Phased Request Attach OBC Phased Plan Approval (Form BLD-240 or Equivalent)		

<b>FIRE PROTECTION</b>	<b>ELECTRICAL</b>	<b>HVAC</b>	<b>GAS PIPING</b>
<b>Commercial</b> <input type="checkbox"/> Suppression <input type="checkbox"/> Alarm <input type="checkbox"/> Other  <b>Residential</b> <input type="checkbox"/> Suppression <input type="checkbox"/> Alarm <input type="checkbox"/> Other	<input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> <b>Residential</b>	<input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> <b>Residential</b>	<input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> <b>Residential</b>

**Applicant's Name / Number**

Signature

Date

## BUILDING PERMIT APPLICATION

### BASIC PROJECT INFORMATION (PRINT)

Project Name		
Project Address		
Project Unit / Suite Number		
Subdivision Name		
<b>EXISTING</b> Water <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Detection <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Master Meter Community <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CHANGES</b> Exterior Site Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No  Building Exterior Facade <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Cost of Construction Lot Number Project Size (sq ft) OBC Construction Type OBC Use Group
Project Description (attach additional information as needed)		

### REVISIONS (PRINT)

This section is for **REVISIONS** to plans that have already been assigned an application number. This must be filled out when submitting any additional paper work or plans. NOTE: All REVISIONS must be clearly highlighted on all revised plans and plot plans.

Description of the <b>REVISION(S)</b> being submitted (attach additional info as needed) <input type="checkbox"/> Not Applicable	<b>FOR OFFICE USE ONLY</b>  Date Application No. Revision No. Fee
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## BUILDING PERMIT APPLICATION

### PROPERTY OWNER / PRIMARY CONTACT (PRINT)

I, the owner of this building and the undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the Ordinances of this jurisdiction, pertaining to the building and the buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

#### Property Owner Name

Signature		Date
Corporate / Company Name		Title
Address		
City, State, Zip Code		Email
Telephone		Fax

I, the Project Representative and Contact, acknowledge and make this application as, or on behalf of, the owner and further assert that I am the agent / representative to be contacted concerning matters relating to this application.

#### Project Primary Contact Name

Signature		Date
Corporate / Company Name		Title
Address		
City, State, Zip Code		Email
Telephone		Fax

## BUILDING PERMIT APPLICATION

All project references may not be applicable to your job type.

### PROJECT REFERENCES (PRINT)

#### TENANT NAME

Company Name	
Contact Name	Title
Address	
City, State, Zip Code	Email
Telephone	Fax

#### ARCHITECT / DESIGN PROFESSIONAL

Company Name	OH License #
Architect / Contact Name	
Address	
City, State, Zip Code	Email
Telephone	Fax

#### CIVIL ENGINEER

Company Name	OH License #
Architect / Contact Name	
Address	
City, State, Zip Code	Email
Telephone	Fax

#### GENERAL CONTRACTOR DUBLIN REGISTRATION REQUIRED

Company Name	
Architect / Contact Name	Title
Address	
City, State, Zip Code	Email
Telephone	Fax

#### LANDSCAPE ARCHITECT

Company Name	OH Reg #	
Architect / Contact Name	Title	OH License #
Address	State Certification #	
City, State, Zip Code	Email	
Telephone	Fax	

#### OTHER

Company Name	
Architect / Contact Name	Title
Address	
City, State, Zip Code	Email
Telephone	Fax

# COMMERCIAL CHECKLIST

CHECK ALL THAT APPLY

## COMMERCIAL APPLICATION COMPLETION CHECKLIST

### BUILDING STANDARDS PERMIT

☐ Building Standards Permit Application (SIGNED)

### CERTIFICATE OF ZONING PLAN

☐ Certificate of Zoning Plan Approval

### SEALED DRAWINGS

#### ARCHITECTURAL PLAN

☐ Index

☐ Demolition

☐ Floor Plans

☐ Roof Plans

☐ Exterior Elevations

☐ Building Sections

☐ Exterior Building Envelope

☐ Wall Sections

☐ Interior Elevations

☐ FIRE PROTECTION SYSTEM DRAWINGS

### SOIL

☐ Soils Report

### STRUCTURAL

☐ Structural Loading Information

### BUILDING CODE

☐ Building Code Summary

### DELEGATED DESIGN

☐ Delegated Design Listed

### SYSTEM DESCRIPTIONS

☐ System Descriptions

### OPERATIONS

☐ Operations

### ENERGY

☐ Code-Required Energy Compliance

### UL ASSEMBLIES LISTING

☐ UL Assemblies Listing

### ELECTRIC

☐ Electric Panel Schedules

☐ Electric Load Calculations

☐ Electric Grounding (UFER)

### GAS

☐ Gas Line Calculations & Isometric

### INSPECTIONS

☐ Special Inspections & Inspector's Credentials

### FIRE

☐ Fire Suppression System

☐ Fire Resistance Rating

### ADDITIONAL INFORMATION

☐ Additional Information (if applicable)

**CERTIFICATE OF ZONING PLAN APPROVAL**

A Certificate of Zoning Plan Approval (CZPA) is required for accessory structures, fences, patios, walls, temporary signs, model homes, outdoor sales, and for all commercial projects.

**I. APPLICATION REQUIREMENTS**

☐ **APPLICATION FEE (\$70 RESIDENTIAL, \$145 COMMERCIAL, \$90 TEMPORARY SIGN)**

☐ **SCALED SITE PLAN**

One (1) copy, 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. Typically, site plans come from the surveyor and are enclosed with the closing papers. (Not required for temporary signs).

**II. PROPOSAL:** Please describe the proposal (patio, fence, temp. sign, etc.)


**III. PROPERTY & APPLICANT INFORMATION**

Address of Subject Property OR Parcel ID:	
Property Owner:	Phone Number:
Subdivision/Business Name:	Lot Number:
Applicant/Authorized Representative:	
Address of Applicant/Authorized Representative:	
Applicant's Phone Number:	Applicant's Email:

**IV. APPLICANT'S STATEMENT OF ACKNOWLEDGEMENT:** This section is NOT required for temporary signs.

I, _____, the owner and applicant, hereby authorize _____ 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.	
Property Owner Signature:	Date:
Authorized Representative Signature:	Date:

**FOR CITY USE ONLY**

Resubmission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued/Issued By:
<input type="checkbox"/> Approved <input type="checkbox"/> Approved as Noted <input type="checkbox"/> Disapproved as Noted	Notes:

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.

For questions or more information, please contact Planning at 614.410.4600 | [www.dublinohioUSA.gov](http://www.dublinohioUSA.gov)

