PRESCRIBED REPORT FORM

FOR MONTHLY ASSESSMENTS CERTIFIED BUILDING DEPARTMENTS



Board of Building Standards

6606 Tussing Rd., P.O. Box 4009 Reynoldsburg, OH 43068-9009 (614) 644-2613 www.com.state.oh.us/dic/dicbbs.htm

CERTIFIED BUILDING DE	PARTMENTS	THE OF O	d	lic.bbs@com.state.oh.	us
		1. Contact information	on.		
This Report Form for all Certified Building Departments is herewith submitted pursuant to 4101:1-1-03 of the Ohio Administrative Code, sections 103.2.4.2 and 103.2.4.2.1, adopted by the Board of Building Standards. All political subdivisions that prescribe fees for the acceptance and approval of plans and specifications and for the making of all inspections pursuant to division (E) of section 3781.102 of the Ohio Revised Code shall collect and remit monthly, on behalf of the Board of Building Standards, an assessment equal to three percent of such fees.		Dept. Number (from OBC Appendix Z): Dept. Name:			
		Street: Zip Code: Telephone No: Report month:		City: County: Fax No:	
		Contact E-mail Address:			
specifications, and for the making of all instead of Building Standards an assessment equal to applies. Remit by check payable to: TREA the above address within sixty days following Fee Category	o three percent of such fees. F. SURER, STATE OF OHIO/ gg the end of each month in wh (A) Total Fees	Refer to reverse side of the BBS. Submit this report ich the assessments are conference of the second of the secon	this form, Item #5 for and fees to the obsolected. (B) Total	or examples of items ffice of the Board of I	for which assessment Building Standards at for Report
Primary Building Department	hispections charged	in the report month)			
Sub-Department(s) (Total for worksheet boxes #3 and #5 of this report.)					
TOTAL					
3. Sub-Department Worksheet: If app approval of plans and specifications and for all					

Sub-Department(s)	(A) Total Fees (fees for approval of plans and specifications and for all inspections charged in report month.)	(B) Total Assessment for Report Month (multiply Column A value by 0.03)

Signature: Date: Primary Building Official

4. The information reported above and submitted herein is true and correct to the best of the knowledge of the undersigned:

Form: 1507 BBS80021080

Sub-Department(s)	(A) Total Fees (For approval of plans and & for all inspections charged in the report month)	(B) Total Assessment for Report Month (multiply Column A amount by 0.03)	
1			
2			
3			
4			
5			
6			
7			
8			
9			
20			
21			
22			
23			
4			
2.5			
2.6			
27			
.8			
29			
30			
31			
32			
33			
4			
:5			
36			
7			
8			
9			
0			
1			
2			
3			
4			
5			

Types of Dept. fees for which the assessment applies:

- New buildings
- Additions
- Alterations
- Fire protection equipment
- Plumbing (when department is certified for plumbing)
- Electrical
- Signs
- Demolition
- Relocated structures
- Tents & air supported structures
- Swimming pool structures
- Awnings and canopies
- Fences over six feet high
- Retaining walls
- Industrialized units

Types of Dept. fees for which the assessment does not apply:

- Excavation
- Site work
- Street barricades/blocking
- Parking lots
- 1-, 2-, 3- family dwellings (other than industrialized units)
- Agricultural buildings
- Fences under six feet high
- Zoning
- Maintenance and repair

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