NEW Home Construction

Residential Building Codes - R.C.O.

- ***Application (Building & Zoning)*** - Must have permanent parcel number
- ***(1) - TOPO/Site Plan*** - Must be on 11 in. x 17 in. ANSI B Sheet have seal & suitable scale (preferably 1 in. = 20 ft. or 1 in. = 30 ft.)
  See attached guidelines.

*Construction standards are available on the City of Avon Website under Engineering

- ***(2) - Working Drawings*** - Construction document requirements from current Section 106 R.C.O. Documents will be reviewed in the order of which they are received from current Section 107.3 R.C.O.
- ***Model Energy Calculations*** - (Mec Check) /RES Check (International Energy Code), or Ohio Residential Prescriptive Energy Method
- ***List of Subcontractors*** See attached guidelines.
- ***Must pay Filing, Zoning & Engineering fees prior to submitting.*** **Proof of receipt required.**
  - **Includes: Engineering deposit $300.00 + Engineering fee $420.00 + Erosion Control $375.00 + Filing fee $200.00 + Zoning fee $25.00** ***(Fees are non-refundable)***

Total Amount Due: $1,320.00 - Payable to "City of Avon"

THE FOLLOWING FEES ARE TO BE PAID ALONG WITH PERMIT FEES AFTER PERMIT IS REVIEWED:

(1) Avon Water Fee - **$ 3,936.99 (1")**
(2) Avon Sanitary - **$ 2,756.67 (3/4" + 1" tap)**
$ 4,410.67 (1 1/2" + 2" tap)

NOTE: N. RIDGEVILLE'S CONNECTION PERMIT TO FRENCH CREEK WASTEWATER MUST BE PAID AT NORTH RIDGEVILLE CITY HALL. PLEASE CHECK WITH THE CITY OF N RIDGEVILLE FOR CURRENT FEE @ 440-353-0197.

RECEIPT MUST BE SHOWN PRIOR TO CITY OF AVON BUILDING PERMIT BEING RELEASED

CITY OF AVON

Building Department

36600 Detroit Road, Avon, OH 44011 - Phone (440) 937-7811 - Fax (440) 937-7824 www.cityofavon.com

ENERGY COMPLIANCE DECLARATION FORM

2019 Residential Code of Ohio 1101.2 Compliance

Compliance shall be demonstrated by meeting requirements *of one of the following options:*

1. The "International Energy Conservation Code"; or
2. Sections 1101 through 1104 of this chapter; or
3. Section 1105 - "The Ohio Home Builder's Association (OHBA) Alternative Energy Code Option

Applicant shall indicate the energy compliance option below:

2018 International Energy Conservation Code (IECC)

Please check one of the following:

☐ RES Check based on 2018 IECC

☐ Prescriptive method based 2018 IECC Table 402.1.1

☐ Prescriptive method based on U-Factor alternative 2018 IECC 402.1.3

☐ Prescriptive method based Total UA alternative 2018 IECC 402.1.4

☐ Simulated performance alternative 2018 IECC 405

2019 RCO Sections 1101-1104, Prescriptive Method

* *Visual Inspection Required*
* *Blower Door Test Required*

2019 RCO Sections 1105 "The Home Builder's Association Alternative"

Please check one of the following:

O Compliance Path #1

O Compliance Path #2

* *Leakage Test Required*
* *Blower Door Test Required*

2019 RESIDENTIAL CODE OHIO ENERGY COMPLIANCE PATH OPTIONS FOR CLIMATE ZONE 5

Compliance shall be demonstrated by meeting the requirements of one of the following (6) options:

Submit UA Alternative (RES √) OR Performance (REM Rate) OR Energy Rating Index (ERI) OR use one of the three options below

Description	*To use as a submittal form, check box of choice and infill right column* ☐ **Prescriptive Per 2018 IECC/RCO 1102 new homes and additions**	☐ **RCO 1112 OHBA #1** **NEW HOMES ONLY**	☐ **RCO 1112 OHBA #2** **NEW HOMES ONLY**	**Proposed Values (must meet or exceed chosen path)** *fill in*
Minimum Fenestration U-Factor (all windows) Lower U-factor values are better values	0.3	0.32	0.32	
Skylight Fenestration	0.55	0.60	0.60	
Ceiling R Value R-49, or R-38 if Raised Heals at eaves	R-49 or 38 W/ RH	R-49 or 38 W/ RH	R-49 or 38 W/ RH	
Wood Framed cavity walls R Value, continuous is foam sheathing	20 or 13 + 5 continuous	15 or 13 + 3 continuous	13	
Mass Wall R Value (ie. above grade walls of concrete, block, ICF, logs, etc.) R-13 when on exterior.	13 or 17	13 or 17	13 or 17	
Framed Floor R value (ie. above garage, below cantilever)	30	30	30	
Basement Wall R Value, R-10 continuous or R-13 cavity	10 or 13 (full hgt of wall)	10 or 13 (top 4 ft)	10 or 13 (top 4 ft)	
Slab R Value, vertical or horizontal	10 @ 2 ft	10 @ 2 ft	10 @ 2 ft	
Crawl Space wall R Value, top 4' Minimum, R-10 continuous or R-13 cavity	10 or 13	10 or 13	10 or 13	
Blower Door Test is mandatory for all at 5ACH max @50p.	Yes (additions and alterations are exempt)	Yes	Yes	
Ducts must be tested for tightness (IECC 403.22), if not within conditioned space	Yes or NA	Yes or NA	Yes or NA	
Supply ducts in attic shall be sealed and insulated to a minimum of R8 & leak tested	R-8 or NA	R-8 or NA	R-8 or NA	
Mechanical ventilation required-I.E., fresh air to furnace ☐ energy recovery exhaust fan(s) ☐ , or some combination of bath, kitchen exhaust with timer control -state at right	Yes	Yes	Yes	state method(s)
Access doors from conditioned spaces to unconditioned space shall be weather-stripped	Yes	Yes	Yes	Yes
Circulating hot water systems piping shall be insulated to at least R- per Section 1103.4	R-3 (all)	R-2 first 5 ft	R-2 first 5 ft	
Mechanical system piping (fluids above 105 F or below 55 F) must be insulated to a minimum of	R-3 or NA	R-3 or NA	R-3 or NA	
Minimum percentage of high efficacy lighting fixtures	90%	90%	90%	90%
Programmable thermostat required	Yes	Yes	Yes	Yes
Permanent certificate shall be posted on the electrical panel	Yes	Yes	Yes	Yes
Furnace Efficiency Rating	Equipment Sizing shall meet Section M1401.0 of the IRC			%
Air Conditioner SEER Ratio				SEER

Project address:_____ **Owner or representative:**_____

Please upload this document to your online Building Department account

HOUSE SITE PLAN REVIEW CHECKLIST

DATE: _____ CONTACT:_____
PHONE: _____
PROJECT ADDRESS:_____
SUBDIVISION:_____
SUBLOT:_____
REVIEW NUMBER:_____

COASCD – CITY OF AVON STANDARD CONSTRUCTION DRAWINGS, ADOPTED APRIL 13, 2020, ORDINANCE 28-20
REFERENCE: TYPICAL PLOT PLAN LAYOUT DETAIL – COASCD G-9

	Y	N	
IS THIS HOME PART OF A SUBDIVISION?	☐	☐	
IS THE DISTURBED AREA >1 ACRE?	☐	☐	

	Y	N	N/A
1. BUILDER'S: NAME, ADDRESS, & PHONE NUMBER	☐	☐	☐
2. AUTHORS'S: COMPANY, NAME. ADDRESS, PHONE NUMBER, SIGNATURE, & STAMP	☐	☐	☐
3. SUBDIVISION NAME, SUBLOT NUMBER, & PHASE (IF APPLICABLE)	☐	☐	☐
4. DATE PREPARED WITH APPLICABLE REVSION DATES AND COMMENTS	☐	☐	☐
5. INDICATE LEGEND INCLUDING NORTH ARROW, SCALE, & BENCH	☐	☐	☐
6. LABEL STREET NAMES & WIDTHS	☐	☐	☐
7. INDICATE HOUSE DIMENSIONS	☐	☐	☐
8. INDICATE ADJACENT "VACANT SUBLOT" (IF APPLICABLE)	☐	☐	☐
9. SHOW ALL EASEMENTS (IF APPLICABLE)	☐	☐	☐
10. ELEVATIONS LISTED FOR THE FOLLOWING:			
• FINISHED GRADE	☐	☐	☐
• FINISHED FLOOR	☐	☐	☐
• BASEMENT FLOOR (IF APPLICABLE)	☐	☐	☐
• TOP OF FOOTER	☐	☐	☐
• GARAGE FLOOR	☐	☐	☐
11. NOTES STATING THE FOLLOWING:			
• HOUSE SHALL REQUIRE A SUMP PUMP	☐	☐	☐
• DOWNSPOUTS AND SUMP PUMP LINE SHALL TEE INTO LATERAL WITHIN 5' OF FOUNDATION	☐	☐	☐
• PROVIDE INDEPENDENT 6" PVC LINE FOR YARD DRAIN	☐	☐	☐
• DOWNSPOUTS AND SUMP PUMP LINE SHALL NOT SHARE YARD DRAIN LINE	☐	☐	☐
• ANY & ALL UTILITY CONNECTIONS MUST BE LOCATED OUTSIDE OF DRIVE IN ACCORDANCE WITH CITY STANDARDS	☐	☐	☐
• UTILITY DEPARTMENT REPRESENTATIVE MUST BE PRESENT WHEN PHYSICAL CONNECTION TO HOME LATERALS ARE MADE. A MINIMUM OF 24-HOUR NOTICE MUST BE PROVIDED TO THE UTILITY DEPARTMENT PRIOR TO SUCH CONNECTION.	☐	☐	☐
12. INDICATE AND LABEL MINIMUM SETBACK DISTANCES	☐	☐	☐
13. INDICATE NEAREST PERPENDICULAR OR RADIAL SETBACK DISTANCE	☐	☐	☐
14. INDICATE DRIVEWAY SLOPES (PREFERRED AT <5% – MAX 8%)	☐	☐	☐
15. INDICATE PROPOSED WALK AND APRON. INCLUDE WIDTH AND THICKNESS. *(INDICATE DRIVEWAY, WALK, AND APRON TO BE CONSTRUCTED PER COASCD P-12 & P-13)*	☐	☐	☐
16. DRIVEWAYS NOT WITHIN A PLATTED SUBDIVISION WITH A SETBACK OF MORE THAN 75' FROM CITY RIGHT OF WAY SHALL CONFORM TO CITY OF AVON CODE 1026.04	☐	☐	☐

	Y	N	N/A
17. INDICATE CURB RAMPS CONSISTENT WITH CITY OF AVON'S ADA REQUIREMENT PER CITY OF AVON CODE 1024 (WHERE APPLICABLE)	☐	☐	☐
• INDICATE CURB RAMPS TO BE CONSTRUCTED PER COASCD P-11	☐	☐	☐
18. INDICATE TOP OF CURB ELEVATIONS AT 25' INTERVALS ALONG FRONTAGE (IF APPLICABLE)	☐	☐	☐
19. INDICATE EXISTING & PROPOSED GRADES AT PERIMETER OF SUBLOT AT 25' INTERVALS	☐	☐	☐
20. INDICATE EXISTING & PROPOSED GRADES AT THE CORNERS OF THE PROPOSED HOUSE	☐	☐	☐
21. VERIFY THAT GRADES CONFORM TO MASTER GRADING PLAN (IF APPLICABLE)	☐	☐	☐
22. VERIFY THAT STORMWATER RUNOFF DOES NOT ADVERSELY IMPACT ADJACENT PROPERTIES	☐	☐	☐
23. YARD GRADE AT BUILDING SHALL BE A MINIMUM OF 18" ABOVE TOP OF PAVEMENT OR CURB, IF CURBING EXISTS (IF APPLICABLE)	☐	☐	☐
24. CLEARLY IDENTIFY PROPOSED SWALE & INDICATE DIRECTION OF SURFACE WATER FLOW	☐	☐	☐
25. INDICATE SPOT ELEVATIONS FOR SWALE INVERT AT 25' INTERVALS OR TYPICAL ACROSS SECTION OF SWALE	☐	☐	☐
26. IDENTIFY ALL EXISTING UTILITIES BY DEPTH, GRADE, SIZE, AND TYPE OF PIPE.	☐	☐	☐
• INCLUDE NEAREST DOWNSTREAM & UPSTREAM MANHOLE INVERT ELEVATIONS. (IF APPLICABLE)	☐	☐	☐
27. INDICATE PROPOSED UTILITY TIE-INS.	☐	☐	☐
• INCLUDE SIZE, TYPE, SLOPE, AND CLEAN-OUT LOCATIONS	☐	☐	☐
28. INDICATE YARD INLET RIM & INVERT ELEVATION (IF APPLICABLE)	☐	☐	☐
29. INDICATE SURFACE WATER COLLECTION POINT & ELEVATION IF OTHER THAN A STANDARD YARD INLET (I.E. SURFACE RUNOFF TO DETENTION BASIN OR INLET LOCATED OUTSIDE OF SUBLOT.)	☐	☐	☐
30. PIPE TRENCH CLAY DAM TO BE INSTALLED OUTSIDE OF UTILITY EASEMENT AND PRIOR TO ANY BRANCHES ON THE STORM, SANITARY, AND WATER CONNECTIONS AND SHALL BE CONSTRUCTED PER COASCD G-10	☐	☐	☐
31. ALL UTILITY LATERALS TO BE INSTALLED OUTSIDE THE BASEMENT DIG	☐	☐	☐
32. MAINTAIN APPROPRIATE HORIZONTAL CLEARANCES FOR ALL WATER, SANITARY, AND STORM LATERALS PER COASCD G-9	☐	☐	☐
33. STORM SYSTEM FOR THE REAR YARD DRAIN AND HOUSE ARE TO BE INSTALLED AS SHOWN ON COASCD G-9 WITH A CLEAN OUT EVERY 100' AND AT EACH BEND	☐	☐	☐
34. INDICATE BENCHMARK WITHIN 150' OF SUBLOT *(DO NOT ASSUME 100.00). BENCHMARK TO REFERENCE THE CITY OF AVON BENCHMARK DATUM*	☐	☐	☐
35. INDICATE NEAREST INTERSECTION OR ORIGINAL LOT LINE TIE-IN (IF APPLICABLE)	☐	☐	☐
• INCLUDE DISTANCE & BEARING	☐	☐	☐
36. LABEL LOT BOUNDARY DIMENSIONS, BEARINGS, AND AREA	☐	☐	☐
37. INDICATE MONUMENTATION FOUND AND/OR SET *(DRILL HOLES IN CURB OK FOR STREET SIDE)*	☐	☐	☐
38. INDICATE BASE FLOOD ELEVATION (IF APPLICABLE)	☐	☐	☐
39. INDICATE LETTER OF MAP REVISION NUMBER AND DATE (IF APPLICABLE)	☐	☐	☐

PLAN SUBMITTAL IS: ☐ APPROVED ☐ APPROVED AS NOTED ☐REJECTED

COMMENTS:_____

PLAN REVIEWED BY:_____ DATE: _____

If you should have any questions, please contact me at 440-439-1999 or cummins@cvelimited.com.

Thank you,

Ryan E. Cummins, P.E., CPESC
City Engineer
City of Avon, OH

Fee: $25.00 (Ord. No. 125-24)
Receipt # _____
By: _____

CITY OF AVON

Building Department
36600 Detroit Road · Avon, OH 44011 · Phone (440) 937-7811 · Fax (440) 937-7824 · www.cityofavon.com

Application for Zoning Permit ~ ZONING PERMIT PLAN REVIEW NUMBER_____

( ) Residential ( ) Commercial ( ) Industrial ( ) Special Use ( ) Variance

PROJECT DESCRIPTION / *The undersigned hereby applies for a permit to perform the following work:*	
Total Square Footage (house /garage /other)	***Construction Type:*** ***Use Group:***
Total Estimate Cost *$*	*(Note: This estimate will not affect cost of permit)*

PROPERTY INFORMATION / JOB SITE	
Address:	
Permanent Parcel Number:	***Zoning Classification:***
Development Name, if applicable:	

OWNER INFORMATION	**CONTRACTOR INFORMATION**
Name:	***Name:***
Address:	***Address:***
City , State/ Zip Code:	***City , State/ Zip Code:***
Email:	***Email:***
Phone:	***Phone:***

Signature of Applicant/Agent:_____ **Date:** _____

The above application for Zoning Permit has been reviewed for compliance with ACO Chapter 12, Planning & Zoning Codes

By _____ **Date** _____
Jill Clements, Zoning Enforcement Officer

By _____ **Date** _____
Emily Hanson, C.B.O / Floodplain Administrator

and was: ( ) Approved ( ) Denied ( ) Referred to Zoning Board of Appeals ( ) Other

ACO 1226.04 This Zoning Permit expires on_____unless construction begun or an extension has been granted by the Zoning Enforcement Officer.

Description/Comments_____

_____

_____

_____

CITY OF AVON

Building Department

36600 Detroit Road · Avon, OH 44011 · Phone (440) 937-7811 · Fax (440) 937-7824 · www.cityofavon.com

Date Received: _____

Plan Approval # _____

City Of Avon Application for Residential Plan Approval

PROJECT LOCATION: (RCO 107.2.2) RCO 105.1 & 107.2

Street Address _____ Permanent Parcel #_____ S/L # _____

City _____ Zip Code _____ County _____

Is this project/building located in the flood plain? __ Yes __ No

Has the flood plain administrator been contacted for requirements? __ Yes __ No

SCOPE OF THE PROJECT: (RCO 107.2.1)

__ Building General __ Raze __ Electrical

__Fence over 6' tall __ Sprinkler System __ Plumbing

__Accessory Structure __ Other : _____ __ Mechanical

PROJECT DETAILS

Proposed Project Sq. Ft._____

Garage Sq. Ft. _____

Basement Sq. Ft. _____

Estimated Cost for Project $_____

TYPE OF PROJECT:

__ New Building Construction __ Alteration/Addition __Accessory Building __Repair/Maintain Replacement

__Request Existing Bldg C of O **DESCRIPTION of WORK:**

BUILDING OWNER INFORMATION: (RCO 107.2.4) (Homeowner/Property Owner)

Name _____Phone _____ E-Mail_____

Street Address_____ City _____State_____ Zip _____

APPLICANT INFORMATION: (Owner or Owner's authorized agent) (RCO 107.2.4) (Contractor)

Applicant _____ Phone _____ E-Mail _____

Street Address _____City _____ State _____ Zip _____

Signature Applicant/Agent: _____ Date _____

I hereby agree to the conditions of this Application for Building Permit and to comply with all Ordinances of the City of Avon, all Ordinance, and the Law of the State of Ohio, relating to work to be done there under.

APPROVED:_____ **DATE**_____

City of Avon Building Official

Permit Fee: $ _____ OBBS 1% $ _____

Occupancy Fee: $ _____ **Total Permit Fee $** _____

NOTES:

CITY OF AVON DESCRIPTION FORM

Job Site

Address:_____ **Contractor:** _____

Work Type: [ ] NEW [ ] REPLACEMENT

HEATING, VENTILATION & AIR CONDITIONING SYSTEM DESCRIPTION (select items as listed)

1. Furnace Location:	Basement	Garage	Attic Other _____	
2. Water Heater Location:	Basement	Garage	Attic Other _____	
3. Condensing Unit Location:	Rear Yard	Side Yard	(Left)	(Right)
4. Furnace / Water-Heater Capacity:	BTU's _____			
5. Fuel Type:	Natural Gas	L.P.	Electric	
6. Furnace AFUE Rating:	80%	90% +	Other_____	
7. Ductwork Type:	Sheet Metal	Duct Board		
8. Air Conditioner Capacity:	_____Ton			
9. Air Conditioning SEER Rating:	11 12 13 14	15 16		
10. Location of Gas Meter	Front Yard	Side Yard	(Left)	(Right)
11. Location of Vent Termination for				
(Dryer:	Front Yard	Rear Yard	Side Yard	Other)
(Furnace:	Front Yard	Rear Yard	Side Yard	Other)
(Water Heater:	F. Yard	Rear Yard	Side Yard	Other)

PLUMBING SYSTEM DESCRIPTION (write in number of fixtures below)

Description	Count	Description	Count	Description	Count
Water Closets		Dishwasher		Sewage	
Lavatory Sinks		Garbage Disposals		Bidets	
Whirpool Tubs		Drinking Fountains		Lavoratory	
Hot Tubs		Urinals		Hot Waters	
Showers		Shampoo Bowls		Water Heaters	
Floor Drains		Greas/Oil Interceptor		Backflow Devices	
Laundry Tubs		Floor Sinks		Washers Automatic	
Select size below for building main drain:				Sump Pumps	
3 inch 4 inch 6 inch					
Building Water Service Size: 3/4 inch 1 inch 1 1/4 inch 1 1/2 inch 2 inch					
Buildig Water Service Type: Copper PVC/Plastic					

ELECTRICAL SYSTEM DESCRIPTION (write in sizes required and select items listed below)

Undeground Service [ ]	Single Phase [ ] Three Phase [ ]
Overhead Service [ ]	Number of 120 Volt Circuits:
Service Conductor Size:	Number of 240 Volt Circuits:
Service Conductor Type:(Aluminum) (Copper	Service Size:
Grounding Electrode Conductor Size:	Service Location:
Grounding Electrodes Contructor Type: (Aluminum) (Copper)	**Attach Load Calculations per NEC 220**

APPROVED BY: _____ DATE:_____

GENERAL LIGHTING & RECEPTAL LOADS

ITEM	VA	TOTAL #
Sq. ft. x 3w		_____
Includes basement for future growth NEC 220.82(b)(1)		
SMALL APPLIANCE & LAUNDRY		
MIN. 2 REQUIRED	1500	_____
ADDL. SMALL APPL	1500	_____
LAUNDRY CIRCUIT	1500	_____
Range	8000 or nameplate	_____
Dryer	5000 or greater	_____
Water heater	4000	_____
microwave	1300	_____
dishwasher	1200	_____
compactor	900	_____
disposal	800	_____
attic fan	696	_____
furnace motor	696	_____
other		_____
other		_____
SubTOTAL		_____
Subtract first 10,000 VA		_____
Multiply remainder by 40%		_____
Add first 10,000 VA		_____
Heating or Air @100% (larger amount)		_____
Total Load		_____
Divide Total Load by 240		0 AMPS

Sanitary Sewer Tap In Request Form
City of Avon and Sheffield Village
ENGINEERING DIVISION

CITY OF NORTH Ridgeville EST 1810

GENERAL INFORMATION

North Ridgeville's French Creek Wastewater Treatment Plant provides sanitary sewage treatment for customers in North Ridgeville, Avon and Sheffield Village.

New sewer customers in Avon and Sheffield Village must submit this completed form to the North Ridgeville Engineering Division and pay the required system connection charge prior to issuance of a sewer tap in permit. Commercial customers may need to provide more information, such as construction drawings, if needed for review.

This form may be submitted via mail, email or in person at City Hall.

Additional fees from City of Avon or Sheffield Village may apply.

TAP IN INFORMATION

☐ City of Avon ☐ Sheffield Village

Community

Water meter diameter

Sublot #

House address

Owner name

Owner address

Owner contact name

Contact phone

Builder name (if different)

Builder address (if different)

Builder contact name

Builder contact phone

PLAN REVIEW (107.1)

2019 RESIDENTIAL CODE of OHIO

Project Address _____

Project type _____S/L #_____

PR _____
Date Submitted_____
Date Received _____
Date Reviewed _____
Reviewed by _____

DOCUMENTS SUBMITTED *(RCO 106)*

a)	*Topo with address or S/L*	*YES / NO*		*(319.1)*
b)	*Topo Approved*	*YES / NO*	_____	
c)	*City of Avon Description Form*	*YES / NO*		*(107.2)*
d)	*Contractor List*	*YES / NO*		*(AV1444)*
e)	*Truss drawings*	*YES / NO*		
f)	*Energy packet*	*YES / NO*		*(1101.1)*
g)	*Manual J*	*YES / NO*		*(1401.1)*
h)	*Electric Load Calculations*	*YES / NO*	_____*amp Service*	*(NEC220)*
i)	*Zoning approval*	*YES / NO*	*N/A* _____	*(AV1262)*
j)	*Flood Zone notations*	*YES/ NO*		*(106.1.3(2.1))*
k)	*Structure orientation correct*	*YES / NO*	*N/A*	
l)	*Designs sealed by a registered professional*	*YES / NO*	*N/A*	

SITE PLAN *(106.1.3(2))* *N/A*

a)	*Yard Drain*	*YES / NO*		
b)	*Storm Sewers*	*YES / NO*		*(AV1248.10)*
c)	*Sanitary sewer*	*YES / NO*		*(AV1248.09)*
	SEPTIC SYSTEM	*YES / NO*	*County Notified* _____	*(AV1042)*
d)	*Sidewalks*	*YES / NO*		*(AV1246.05)*
e)	*Paved driveway*	*YES / NO*		*(AV1026.4)*
f)	*Paved apron*	*YES / NO*		*(AV1026.4)*
g)	*Patio shown*	*YES / NO*		
h)	*Deck shown*	*YES / NO*		
i)	*Porch shown*	*YES / NO*	_____*Covered* *Front* _____ *sq. ft.*	
			_____*Covered* *Rear* _____*sq. ft.*	

FOUNDATION (401.1) *N/A*

PLAN REVIEW (107.1)

2019 RESIDENTIAL CODE of OHIO

a) *Soil Bearing noted _____PSI* *(401.4)*

b) *Footer Size _____ Rebar Required _____ No. and Size _____* *(403.1.1)*

c) *_____PSI (concrete in footer)* *(402)*

d) *Wall width _____ Rebar Required _____ No. and Size _____HORZ* *(404.1.2)*

e) *_____PSI (concrete in wall)* *_____ VERT* *(402)*

f) *Wall height_____ ft. Unbalanced fill _____ ft.* *(404)*

g) *Garage slab _____ Vapor barrier _____ Reinforcement _____*

h) *Porch slab _____ PSI Reinforcement_____*

i) *Driveway _____ PSI Reinforcement_____*

j) *Basement slab _____ Vapor Barrier _____ Reinforcement _____ ___* *(506.1)*

k) *Column pads _____ House_____ Garage_____ Rebar required_____*

l) *Walk out Basement Yes_____ No_____ Exterior/Garage*

m) *Floor drains indicated*

Basement_____

Garage_____ Sloped to Opening _____ *(309.1)*

n) *Sump pump _____ Back-up pump req'd _____* *(AV1420.06q)*

o) *Backwater valve required YES / NO* *(OPC)*

FLOOR FRAMING *(501)*

1st FLOOR

a) *Standard / Engineered lumber SIZE _____* *(T502.3.1)*

b) *Type of framing TJI / OPEN WEB / STICK* *(502.11.1)*

c) *Draft Stopping shown / noted Y / N N/A* *(302.11, 302.12)*

d) *Bottom protected with drywall Y / N N/A REQ'd* *(502.14)*

e) *Floor sheathing ____"* *(503)*

2nd FLOOR

f) *Standard / Engineered lumber SIZE _____* *(T502.3.1)*

g) *Type of framing TJI / OPEN WEB / STICK* *(502.11.1)*

h) *Draft Stopping shown or noted Y/N N/A* *(302.11, 302.12)*

i) *Bottom protected with drywall Y/N N/A REQ'd* *(502.14)*

j) *Floor sheathing _____"* *(503)*

BASEMENT

PLAN REVIEW (107.1)

2019 RESIDENTIAL CODE of OHIO

a) *Finished area* YES / NO

b) *Details code compliant* YES / NO N/A

c) *Overall Headroom* _____ *Headroom @Bulk heads* _____

WALL SECTION (601)

a)	*Footer shown* Keyway / Rebar	YES / NO	
b)	*Foundation Wall shown*	YES / NO	
c)	*Damp proofing/Insulation*	YES / NO	(406, 409)
d)	*Sub-soil drains/ storm drains*	YES/ NO	(405)
e)	*Finish grade shown*	YES / NO	
f)	*Minimum 8" between grade and framing*	YES / NO	(317.1.2)
g)	*Wall anchorage specified*	YES / NO	(403.1.6)
h)	*PTW sill plates/ Sill seal*		(602)
i)	*Exterior wall 2 X* _____ _____ *"o/c*		(602.8)
j)	*Wall insulation R-* _____		(1101)
k)	*Exterior sheathing* _____		(703)
l)	*House wrap*	YES / NO	(7031.1)
m)	*Exterior Finish* _____		(703.1)
n)	*Interior covering* _____ *Gypsum Board*		(702.3.5)

WALL BRACING (602.10)

a)	*Garage APA (portal)*	YES / NO	Dwg. _____
b)	*Detail shown*	YES / NO	Dwg. _____
c)	*Exterior sheathed wall*	YES / NO	Dwg. _____
d)	*Nail pattern (Exterior)*	YES / NO	Dwg. _____
e)	*Nail Pattern (Interior)*	YES / NO	Dwg. _____
f)	*Interior wall bracing shown*	YES / NO	Dwg. _____

ROOF FRAMING (801)

a)	*Standard / engineered lumber*			(802.5)
b)	*Truss plans received*	YES / NO	N/A	(802.10.1)
c)	*ceiling covering*	____" *gypsum board*		(805)
d)	*Roof sheathing*	____" *OSB / PLYWOOD*		(503.2.1.1(1), 803)
e)	*Insulation*	R-_____		(906)

PLAN REVIEW (107.1)

2019 RESIDENTIAL CODE of OHIO

f) *Ice guard-Noted/shown per code* YES / NO (905.2.7.1)

g) *Proper covering noted* YES / NO (905.2)

h) *Ventilation shown* YES / NO (806.2)

GENERAL

a) *Attic Access shown* ____ *Light fixture Req'd* _____ (502.3.1, 807)

b) *Rated personnel door in garage* _____ (302.5.1)

c) *Front Door 3-0* _____ (311.2)

d) *All other interior doors 2-6* _____ *2-4* ____ *2-0* ____ (311.2)

e) *Sleeping Room-Egress window size* _____ (310.1.1)

f) *Fireplace Listed / Masonry* ____ (1001)

g) *Safety glazing shown* _____ (308.4)

h) *Smoke Detectors* _____ (314.1)

i) *Carbon Monoxide Detectors* _____ (315)

j) *Stair Detail* _____ (311.7)

k) *Landings* _____ (311.7)

l) *Guard rails* ____ (312.1)

m) *Handrails* _____ (312.1)

OFFICE USE

GROUND FLOOR LIVING AREA (1000 sq. ft. min.) _____(1)

2nd FLOOR LIVING AREA (1000 sq. ft. min.) _____(2)

TOTAL LIVING AREA (1400 sq. min.) _____(1+2)

GARAGE
(detached / attached) (two, three, more) _____

BASEMENT TOTAL Sq. Ft. _____ (3+4)

Finished _____(3)

Unfinished _____(4)

Total; including finished basement _____(1+2+3)

Patio _____

Deck _____

Porch- covered – front _____ *Porch- covered – rear* _____

- *Review valid for 6 months Failure to respond in this time will void submittal. (RCO 107.2.1)*
- *Recommend issuance of Certificate of Plan Approval (RCO 105.1)*

PLAN REVIEW (107.1)

2019 RESIDENTIAL CODE of OHIO

By: _____, Residential Plans Examiner *Dated: _____*

ADDENDUM NOTES

- *Soil compaction shall be verified by an independent testing lab. Prior to the start of the building, these results shall be certified by a Registered Professional Engineer and submitted to the City of Avon Building Department.(404.1)*
- *The listing of mandatory inspections shall be attached to the approved plans. (108.1)*
- *All Approved construction documents and supplemental documents are required by law to be on the job site at time of inspection. (107.7)*
- *This review document is to be attached to the approved construction documents as an addendum to the approved plans.*
- *Any code violation that was either not shown, incorrectly shown or not adequately addressed or detailed on the approved documents submitted, will require correction/adjudication, when observed during the inspection process. (108.6.2)*
- *Failure to note a deficient item, on this review, does not alleviate the contractor's responsibility to comply with all building codes.*
- *You have the right to appeal any interpretation by the Plans Examiner. You may request an adjudication order from the Residential Building Official. (107.6.2)*

- *ADDITIONAL REVIEW NOTES:*

1) Includes amendments to rules 4101:8-1-01, 4101:8-5-01, 4101:8-6-01 and 4101:8-44-01, to the Residential Code of Ohio. Effective January 1, 2018. (See State of Ohio web site.)
2) For indoor air quality, in addition to the exhaust air provided, as required through the Energy Compliance Forms, outside air to be brought into the residence. ('09 IECC; Ch. 4)
3) Electrical:
   a) NEC 210.52(B)(1). "Morning Rooms" are considered "similar locations" as stated in the code section and as such, shall be wired accordingly, as an appliance circuit.
   b) NEC 210.52(E)(1). If the receptacle(s) that serve a porch, deck or balcony (210.52E3) cannot be reached from grade, then additional receptacles must be installed to comply with code.
   c) NEC 210.70(A)(3). Access points to an attic should have a light fixture.

CITY OF AVON

Building Department

36600 Detroit Road· Avon, OH 44011 · Phone (440) 937-7811 · Fax (440) 937-7824 · www.cityofavon.com

Non-Residential & New Residential Permit

Special Note Regarding Contractors and Sub-Contractors

A complete list of contractors and subcontractors that will work on the proposed project will need to be submitted on separate form as part of the permit application package.

Failure to complete *each* line of the new form with the subcontractors' names will be considered to be an incomplete application, resulting in a delay or denial of the permit. For instance, if the 'homeowner' is to perform the work, note the word 'homeowner' on that line. If the trade does not apply to the proposed project, write 'N/A'.

It is imperative to check with your subcontractors or the City to verify registration is valid for the current calendar year. The City will not issue a permit to unlicensed contractors. Work may not commence until a permit has been issued. For your convenience, contractor registration packets are available on the City of Avon's website (www.cityofavon.com) or by contacting the building department.

Should you have any question(s) please contact the City of Avon Building for more information at (440) 937-7811.

CITY OF AVON

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Address of proposed project _____ _____ _____

Street Number **Street Name** **Sub Lot Number**

Description of proposed project: _____

Example: Single family dwelling, deck, shed, patio, driveway

I do hereby understand that contractors & subcontractors whose work requires a permit are required to be bonded and insured and have a valid certificate of registration issued by the City of Avon for any project. I further understand that all general contractors, contractors and/or sub contractors that work on this project are required to be registered with the Regional Income Tax Agency prior to the issuance of any construction permits regardless of the project value.

Use of unregistered or unlicensed contractors or subcontractors may result in work stoppage, court citation or both.

Below are all of the subcontractors' that will work on this project:

TRADE	CONTACT	CONTRACTOR COMPANY NAME	EMAIL	PHONE NUMBER
GENERAL				
EXCAVATOR				
FOUNDATION				
WATERPROOFING				
ELECTRICAL				
PLUMBING				
FRAMING				
FINISHED FRAMING				
INSULATION				
DRYWALL				
ROOFING				
SIDING				
HVAC				
CONCRETE				
MASONRY				
LANDSCAPING				
FLOORING				
GARAGE DOORS				
PAINTING				
SECURITY				
OTHER				

Whomever secures the permit for the above captioned project is also responsible in notifying the Building Department of any changes in contractor information as submitted above.

Applicant's name printed: _____ **Date:** _____

Signature: _____