



OHIO APPLICATION FOR INSPECTION NOT REQUIRING PLANS

Please complete all sections of the application. Do not enter "same" for any field.
The computer will not accept "same".

1 Scope of Project * <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	2 County:	3 Is this project located in an Incorporated City or Village? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4 Type: <input type="checkbox"/> Electrical upgrade <input type="checkbox"/> Temporary electrical <input type="checkbox"/> Minor Construction <input type="checkbox"/> Temporary structure <input type="checkbox"/> Type-A day care <input type="checkbox"/> Certificate of Occupancy for existing structure* *
Describe nature of work / explain what you are doing:

5	Name of Project:
	Exact address of project:
	City: Zip:
	Directions to project:

6	Owner of project:	Attention:
	Address: City: State: Zip:	
	Phone ()	Send by fax ()

7	Name of submitter:
	Address: City: State: Zip:
	Phone () Send by fax ()

8	Type of construction
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9	Current use group
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10	Cost of work covered by this application
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11	If plans submitted as the result of an Adjudication Order, enter order number here:
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12	* Fees to be paid from Scope of Project	
	Structural	\$175.00 \$
	Mechanical	\$175.00 \$
	Electrical	\$175.00 \$
	Plumbing	\$175.00 \$
	Board of Building Standards \$3.25 (this fee not required for plumbing only)	\$
	Total fees to be paid	\$

13	Fees paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> ISTV
	Make check payable to: Treasurer, State of Ohio

14	I hereby certify that I am the (select one) Owner Agent for the owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above. _____ Signature Date _____ Print or type name of signer
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15	THE AREA BELOW IS FOR OFFICIAL USE ONLY	
	Date recd:	CPA#:
	Check #:	Verification #:
	Processed by:	<input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In

**If you mark "Certificate of Occupancy for existing structures", please see instruction sheet #DIC 3021.
DIC3018 (Revised 03/10/05)