



## City of Willoughby Hills Department of Building & Zoning

35405 Chardon Road Willoughby Hills, Ohio 44094  
440-975-3550

### Instruction for Submitting an Application for Residential Plan Approval

Fill out the “*Application for Residential Plan Approval*” on page 2 and all applicable sections on pages 3-5.

- You are required to select one of the three (3) methods to show energy compliance. Exception: Portions not altered by additions and alterations.

Fill out the “*2013 Residential Code of Ohio Systems Description Form*” on pages 4 & 5

Fill out any appropriate Willoughby Hills permit application forms and attach to application

Submit four (4) complete sets of construction documents along with the associated forms. The following information shall include information necessary to determine compliance with the code. (Full description of the requirements per Section 106 of the Residential Code of Ohio) The following may be required to satisfy the code.

- Index of drawings enclosed
- Site plan (prepared by registered civil engineer or surveyor per Willoughby Hills 1365.01)
- Floor plans
- Exterior wall envelope
- Sections showing insulation and structural elements
- Ratings for fire resistance & fire stopping if required
- Systems descriptions
- Additional information to satisfy the code
- For additions and accessory structures, provide photographs of existing dwelling
- Applicant to sign certification found on page 5 of system description form

Required inspections (For full descriptions of the inspections see the requirements for the inspection per Section 108 of the Residential Code of Ohio).

- Lot line markers
- Footing or foundation inspection
- Concrete slab and under floor inspection
- Lowest floor elevation (Flood compliance)
- Frame inspection
- Lath or gypsum board inspection (fire-resistive or shear assembly)
- Fire-resistant penetrations
- Energy efficiency inspections
- Testing of residential building service equipment
- Other inspections as required per 108.2.10

Note: Manufacturer's installation instructions must be on site at the time of inspection for all equipment and appliances.



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## Application for Residential Plan Approval

**Project Location:**

Address \_\_\_\_\_

**Type of Project:**

\*Check all boxes that apply

- |  |   |
|--|---|
| <input type="checkbox"/> New Building Construction: (Listed and labeled products must be described)            | <b>Zoning Permits Required for the Following:</b> |
| <input type="checkbox"/> Single Family Dwelling (Complete Energy Compliance and Systems Description Pg 3& 4-5) | <b>Sheds &amp; Structures less than 200 Sq Ft</b> |
| <input type="checkbox"/> Accessory Structures (Greater than 200 sq ft Complete Systems Descriptions Pg 4-5)    | <b>Driveways &amp; Aprons</b>                     |
| <input type="checkbox"/> Building Addition (Complete Energy Compliance and Systems Description-Pg 3& 4-5)      | <b>Decks less than 200 Sq Ft</b>                  |
| <input type="checkbox"/> Building Alterations (Complete Systems Descriptions which apply-Pg 4-5)               | <b>Fences 6' or less</b>                          |
| <input type="checkbox"/> Building Repairs (Describe Below, Systems Descriptions may apply-Pg 4-5)              |   |

Project includes an industrialized unit  YES  NO If yes provide OBBS approval & details for assembly or modification.

**Brief description of the scope of work covered under this application:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Floodplain Yes  No**

**Property Owner Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Applicant Information (Owner or designated representative):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Square Footage:**

Check appropriate floor(s) <input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Additional Floors Total Building Gross Square Footage _____	Gross square footage per floor: _____ _____ _____ _____
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**Cost of Construction:**

Cost of the work covered by this application: \_\_\_\_\_



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### **2013 Residential Code of Ohio (RCO) Energy Compliance Declaration Form**

#### **2013 Residential Code of Ohio 1101.2 Compliance.**

Compliance shall be demonstrated by meeting the 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:**

- 2009 International Energy Conservation Code (IECC)

*Please check one of the following:*

- REScheck based on the 2009 IECC
- Prescriptive method based on 2009 IECC Table 402.1.1
- Prescriptive method based on U- Factor alternative 2009 IECC 402.1.3
- Prescriptive method based on Total UA alternative 2009 IECC 402.1.4
- Simulated performance alternative 2009 IECC 405

*Then, check one of the following:*

- Testing option per 402.4.2.1 (Blower door)
- Visual Inspection option per 402.4.2.2 (third party inspection)

**OR**

- 2013 RCO Sections 1101-1104, Prescriptive Method

*Please check one of the following:*

- Testing option per 1102.4.2.1 (Blower door)
- Visual Inspection option per 1102.4.2.2 (third party inspection)

**OR**

- 2013 RCO Section 1105 “The Home Builder’s Association  
Alternative Energy Code Option”\*

*Please check one of the following:*

- Compliance Path #1
- Compliance Path #2

\*Testing air leakage (blower door) and Duct tightness testing will take effect January 1, 2014

Please Note: Once a path is chosen you **must** comply with all provisions of that single path.



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### 2013 Residential Code of Ohio (RCO) Systems Description Form

*This form may be submitted in lieu of fully detailed plans for the following systems:*

Applicant: \_\_\_\_\_ Homeowner: \_\_\_\_\_  
 Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Homeowner Phone # \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Address of Project: \_\_\_\_\_ City/Township: \_\_\_\_\_

#### Electrical System Description a, b

Service Size (Amps)	Size of Service Entrance Conductors	Panel Location(s)	Number of Sub-Panels	Location
<input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> Over 200 Amp				<input type="checkbox"/> Overhead <input type="checkbox"/> Underground

- a. A detailed electrical diagram for services over 200 amps may be required for review and approval.
- b. Detailed electrical and gas piping diagrams for generator installations shall be required for review and approval.

#### HVAC System Description

Heating Equipment Type, Size & Efficiency	Design Heat Loss (Btu/h)	Type of Fuel	Location of Equipment
<input type="checkbox"/> Forced Air    Btu/h _____ Eff. _____ <input type="checkbox"/> Boiler        Btu/h _____ Eff. _____ <input type="checkbox"/> Heat Pump    Btu/h _____ Eff. _____ <input type="checkbox"/> Electric       kW _____ Eff. _____ <input type="checkbox"/> Geothermal   kW (Btu/h) _____ Eff. _____		<input type="checkbox"/> Natural Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	<input type="checkbox"/> Basement <input type="checkbox"/> Attic <input type="checkbox"/> Closet <input type="checkbox"/> Crawl Space <input type="checkbox"/> Outdoor

Cooling Equipment Type, Size & Efficiency	Design Heat Gain (Btu/h)	Location of Equipment
<input type="checkbox"/> AC            Btu/h _____ Eff. _____ <input type="checkbox"/> Heat Pump   Btu/h _____ Eff. _____ <input type="checkbox"/> Geothermal   kW(Btu/h) _____ Eff. _____		<input type="checkbox"/> Outdoor <input type="checkbox"/> Other _____
<u>Area of Conditioned Space (sq. ft.)</u>	<u>Duct Size (Supply and Return)</u>	



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### 2013 Residential Code of Ohio (RCO) Systems Description Form Cont.

#### Fuel Gas System Description

Number of Fuel Gas Outlets	Size of Fuel Gas Main	Piping Materials
		<input type="checkbox"/> Steel Pipe Sch. 40 <input type="checkbox"/> CSST <input type="checkbox"/> Other _____

#### Plumbing System Description

ITEM	No.	ITEM	No.	ITEM	No.
Water Closet		Laundry Tub		Pressure Reducing Valve	
Lavatory Sink		Floor Sink		Garbage Disposal	
Hot Tub		Sump Pump		Clothes Washer	
Kitchen Sink		Floor Drain		Dishwasher	
Bathbubs/Shower		Hot Water Heater		Backflow Device	
<b>Water Heater:</b>	<b>Location:</b>	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage	<input type="checkbox"/> Attic	<input type="checkbox"/> Other
	<b>Fuel Type:</b>	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	
	<b>Capacity</b>	BTU:	Gallons:	<input type="checkbox"/> Tankless	
<b>Water Service:</b>	<b>Type:</b>	<input type="checkbox"/> Copper	<input type="checkbox"/> PVC/Plastic	<input type="checkbox"/> Other	
	<b>Size:</b>	<input type="checkbox"/> 3/4" <input type="checkbox"/> 1"	<input type="checkbox"/> 1-1/4"	<input type="checkbox"/> 1-1/2"	<input type="checkbox"/> 2"

**Isometric Plan:**

-Attach sheet if needed-

**Certification:**

I certify that I am the \_\_\_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 \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_