

Residential Basement Finish Checklist

Hamilton County, Department of Building Inspections

803 County Administration Building, 138 East Court Street
(513) 946-4550 Cincinnati, OH 45202 Fax: (513) 946-4511

Application No.: 05-0000

Project Address:

Checklist No.: 1 2 3 4

- Note: 1. The highlighted items on this checklist were either not found on the drawings or were found to be incorrect. The, "2005 Hamilton County Building Code" requires that the items on this checklist be added and/or corrected on the drawings before a plan approval may be granted. Simplify rereview by highlighting all plan changes.
 2 Applications with unresolved plan review items remaining after 60 days from the date of Checklist No. 1 will expire, resulting in a voided application.
 3 Applicants have the right to appeal items on Checklist No. 1 to the Board of Building Appeals. Appeals shall be filed within 30 days of the date of Checklist No. 1.

****Revised plans are reviewed on Tuesdays & Fridays only.****

Expiration Date: 03/12/05

APPLICANT INSTRUCTIONS / DEPARTMENT APPROVALS

CONSTRUCTION STANDARDS / FRAMING

1	Make all changes/corrections to the original drawings. See box 6. Submit 3 complete sets of revised/corrected drawings for review.
2	Provide a complete drawing index. All drawing sheets & attachments shall have sheet numbers & be accounted for on the index.
3	Indicate on each drawing sheet: (1) the name, address and phone no. of the building owner and building designer (2) the project address.
4	The drawings are insufficient for review. Obtain complete construction drawings by consulting with an Architect, Engineer or draftsman.
5	Architect/Engineer drawings shall have inked seal, signature & date applied to each sheet of the drawings. Architects shall also emboss.
6	Future drawings submitted for review shall be of a duplication process. Handwritten items on the plans are not permitted after duplication.
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27	Provide a floor plan noting wall & door locations with full dimensions. Identify the use of all rooms, spaces & possible sleeping rooms.
28	Show interior & perimeter wall sections: wall & ceiling finish materials, insulation, ceiling hgt., plate anchors, fire-blocking, vapor barriers, etc.
29	Show the size & spacing of all wall studs and furring strips. Studs & furring in contact with the found. wall shall be pressure treated.
30	Sole plates setting on the concrete slab shall be pressure treated. Show moisture resistant wallboard at all tub & shower walls.
31	Show the dimensions of all rooms, hallways & spaces. Show 36" finished width: openings, hallways, peninsulas, islands, etc.
32	Show min. door size: habit. room/basem. door=2668, bathroom=2468 Show minimum R-13 insulation in all perimeter framed walls.
33	Show full height fireplace section w/ dimen.: hearth, hearth extension, firepl. opening, mantel/trim thickness vs. distance to firepl. opening, etc
34	Label tempered glass: glazing within 24" of any door edge, glazing > 9 sf & less than 18" above the floor, glazing within 36" of a tub or shower.
35	Habitable spaces (located in existing basements) shall have ceiling heights of 6'-8" min. and 6'-4" below drops/soffits/lights/obstructions.
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SURVEY / SITE PLAN INFORMATION REQUIRED

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HABITABLE SPACE REQUIREMENTS

FIRE SEPARATION / PROTECTION

13	Note on plans: Entire existing home shall have battery operated smoke detectors inside & outside ea. sleeping rm. & a min. of one per floor.
14	Note on plans: Smoke detectors in new areas shall be hard-wired (110 v) with battery back-up power & be interconnected to ea. other.
15	Note on plans: The manufacturer's protective cover shall be installed at the outside fireplace flue termination when < 6ft. above finished grade.
16	Note on the plans: All prefabricated fireplaces shall be installed per the manufacturer's installation instructions.
17	Note on the plans: Enclosed rooms housing gas fired furnaces &/or water heaters shall not be used for storage.
18	Show 1/2" drywall covering enclosed, accessible spaces below stairs.
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38	Show amount of natural light (total glazed area of windows & doors): minimum 8% of room floor area. In lieu of natural light, see box 39.
39	Note on the plans: Artificial light shall be provided complying with Section R303.1 of the 2005 Ham. Co. Bldg. Code.
40	Show amount of natural ventilation (total openable window/door area): minimum 4% of rm. floor area. In lieu of natural ventilation, see box 41.
41	Note on the plans: Mechanical ventilation of 0.35 air changes/hour shall be provided per Section R303.1 of the 2005 Ham. Co. Bldg. Code.
42	Indicate all rooms and areas that may double as sleeping rooms. The requirements of boxes 14 & 43 shall apply.
43	Label the req'd emergency egress opening from each sleeping room. Show min. dimen.: height= 24", width= 20", area= 5.7 sf, sill= 44" max.
44	Note on the plans: No sleeping in any basement space.
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STAIRS / HANDRAILS / GUARDRAILS

20	Existing handrails & guards shall be made to comply with the code. Show stair data: headroom, handrail & guard heights, size & details.
21	Show 2-1/4" max. wide handrails at 34"-38" abv. the stair nosings with all handrail ends terminating into a wall or post.
22	Show stair tread nosings ranging from 3/4" min. to 1-1/4" max. Show all guards 34"-38" above the stair tread nosings.
23	Note on the plans: Guards located along the sides of stairs shall not permit the passage of a 4-3/8" diameter object.
24	Note on the plans: Stair risers shall not permit the passage of a 4" diameter object.
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MECHANICAL / ENERGY COMPLIANCE

48	Correct/Complete line 13 on the application form involving the Btu input & output ratings of the furnaces & the input rating of the water heaters.
49	Show all mechanical appliance locations: furnaces, water heaters, etc. Show drains near all air-conditioning components & water heaters.
50	Show exhaust fans in bath/shower/toilet rooms w/o operable windows. All exhaust fans must vent directly to the exterior of the home.
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SEE BACK FOR ADDITIONAL COMMENTS ()

PLAN EXAMINER

DATE

01/12/05

Building Code: 2005 Hamilton County Building Code. This document may be purchased at the permit counter.

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Applicant's Fax. Number: (?) ???-????

ADDITIONAL COMMENTS:

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