

Residential Code of Ohio (RCO) Systems Description Form

This form may be submitted in lieu of fully detailed plans for the following systems: Electrical, HVAC, Fuel Gas, Plumbing systems.

Applicant: _____ Homeowner: _____

Office Phone # _____ Cell Phone # _____ Homeowner Phone # _____

Project Description: _____

Address of Project: _____ City/Township: _____

Electrical System Description a,b

<u>Service Size (Amps)</u>	<u>Size of Service Entrance Conductors</u>	<u>Panel Location(s)</u>	<u>Number of Sub-Panels</u>	<u>Location</u>
<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 may be required for review and approval.

HVAC System Description

<u>Heating Equipment Type, Size & Efficiency</u>	<u>Design Heat Loss (Btu/h)</u>	<u>Type of Fuel</u>	<u>Location of Equipment</u>
<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

<u>Cooling Equipment Type, Size & Efficiency</u>	<u>Design Heat Gain (Btu/h)</u>	<u>Location of Equipment</u>
<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>	

Fuel Gas System Description

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

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	
Bathtubs/Shower		Hot Water Heater		Backflow Device	
Water Heater:	Location:	<input type="checkbox"/> Basement	<input type="checkbox"/> Garage	<input type="checkbox"/> Attic	<input type="checkbox"/> Other
	Fuel Type:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	
	Capacity	BTU:	Gallons:	<input type="checkbox"/> Tankless	
Water Service:	Type:	<input type="checkbox"/> Copper	<input type="checkbox"/> PVC/Plastic	<input type="checkbox"/> Other	
	Size:	<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"

Plumbing System Description

Isometric Plan:

