



SHAKER HEIGHTS

**REQUEST FOR PROPOSALS
FOR A
OBBS CERTIFIED MASTER PLAN EXAMINER
From 01/01/2012 thru 12/31/2012**

Proposals Due By 12/15/2011

The Building Department of the City of Shaker Heights is seeking up to four qualified master plans examiners, who possess a current Class II Master Plans Examiner Certificate from the State of Ohio Board of Building Standards, and are interested in providing plans examination services to the Building Department of the City of Shaker Heights for a period of one year.

The City handles approximately 70 plan reviews annually. A majority of plan reviews consist of fire suppression systems, office renovations and retail store renovations and build outs. Occasionally plans will be submitted for a major new building, renovation or addition.

General Statement of Duties:

Each selected Plans Examiner will enter into a requirements contract for a term of one year with the City. No minimum or maximum amount of work during the term of the contract will be guaranteed to any Plans Examiner.

Each Plans Examiner will be required to examine plans and specifications and applications to determine compliance with the Ohio Building Code, to include structural, non-structural, mechanical, plumbing, electrical, and fire suppression systems.

Upon completion of a plan review, the Plans Examiner shall submit to the Shaker Heights Building Department a complete plan review letter. Plan review letters shall indicate that the plans are or are not in conformance with the Ohio Building Code. Plans that are not in complete conformance with the Code shall clearly indicate that a partial or limited approval can be issued but must indicate the Code sections for each item that is not in compliance with the Code and the corrective action required to receive complete approval. For plan reviews that cannot be approved the plan review letter shall indicate the code section cited and the required corrective action necessary to comply with the Code.

The Plans Examiner shall be available to meet with applicants by appointment for code consultations including pre-submission meetings early in the design process at City Hall or other location agreed upon by the Building Department.

Preference will be given to individuals/firms located in the Northeast Ohio area because site visits and meetings with applicants may be required.

The use of any sub-consultant is prohibited unless the sub-consultant is approved in advance, in writing, by the City, and is certified by the Ohio Board of Building Standards as a Master Plans Examiner or holds a certification to review plans in the required discipline. The use of sub-consultants in the review of plans must clearly be referenced in the plan review letter.

Plan review letters must be submitted to the City of Shaker Heights Building Official electronically in an E-mail format with a follow up hard copy.

Evaluation Criteria:

Proposals will be evaluated on the following criteria:

- Years of experience as a Master Plans Examiner
- References as a Master Plans Examiner
- Typical Plan review turn around time
- Fee structure
- Years of experience as a design professional
- Minority and female participation
- Preference will be given to individuals/firms located in the Northeast Ohio area because site visits and meetings with applicants may be required.
- The City reserves the right to reject any and all proposals, and to accept more or fewer than four firms.

Proposal Requirements/Format:

Please include the following documentation:

- Cover letter and contact information.
- Proof of professional liability insurance as a Plans Examiner and coverage limits.
- Photocopy of your Plans Examiner certification from the State Board of Building Standards.
- Fully completed proposal sheet included in the packet.
- References (contact information)

Equal Opportunity

The City of Shaker Heights is an Equal Opportunity Employer and prohibits, in accordance with the law, discrimination on the basis of race, color, religion, sex, national origin, age, ancestry, disability, sexual orientation or gender identity. In addition no contractor, subcontractor, nor any person on his/her behalf shall discriminate against or intimidate any employee hired for the performance of work under a contract for the City of Shaker Heights on account of race, color, religion, sex, national origin, age, ancestry, disability, sexual orientation or gender identity.

Interviews

The City may elect to conduct interviews during the selection process. Proposers will be notified and given an interview opportunity, if the City deems this step necessary.

Submission Deadline

Candidates must submit four (4) copies of their proposal to:

Heinz Akers
Building Commissioner
City of Shaker Heights
3400 Lee Road
Shaker Heights, Ohio 44120
(216) 491-1468

All proposals must be received by **5:00p.m on December 15, 2011** in order to be considered. Email and faxed proposals will not be accepted.

PROPOSAL

CHECK LIST OF ITEMS PROVIDED BY PROPOSING PLANS EXEMINER:

- * Cover letter and contact information: _____
- * Proof of professional liability insurance as a Plans Examiner and coverage limits: _____
- * Photocopy of Plans Examiner certification (State Board of Building Standards): _____
- * Fully completed proposal sheet: _____
- * References (with contact information): _____

Name of Plans Examiner (Legal Name of individual or firm):

Name(s) of individual Plans Examiner(s) (if different from above):

Address of Plans Examiner: _____

Telephone Numbers:

Landline: _____ **Cell:** _____

Facsimile: _____ **Email address:** _____

Website (if any): _____

Federal ID No. (or other): _____

INFORMATION ABOUT PLANS EXAMINER:

1. Years of experience as a Design Professional: _____

2. Years of experience as a Master Plans Examiner: _____

3. List the firms where you practiced as a design professional:

4. List places where you have been employed as a Master Plans Examiner for the last 5 years, starting with the most recent.

A. Location: _____

Dates: _____

Brief description of plan reviews: _____

B. Location: _____

Dates: _____

Brief description of plan reviews: _____

C. Location: _____
Dates: _____
Brief description of plan reviews: _____

5. What is your average turnaround time for plan reviews?
 1 week 2 weeks 3 weeks 4 weeks
Explain: _____

6. Can you guarantee turnaround time for plan reviews? Yes No
Explain: _____

7. Indicate any minority or female participation in this proposal:

8. List three references and contact information.
A. _____

B. _____

C. _____

FEE STRUCTURE

	\$ Per Hour
Plans Examiner	
Plan transmittal mailing, copying, etc.	
Consultation	

Signature of Person Submitting Proposal:

Printed Name of Person Submitting Proposal:

Date: _____