

## THE CITY OF Fire Prevention Bureau COLUMBUS CFD Permit-Requested Inspection Application

3639 Parsons Avenue, Columbus, Ohio 43207 Phone: 614-645-7641 **Please type or print all information** 

<b>Office Use Only:</b> Facility ID	ce Use Only: Facility ID: Transaction		on No.: Pay		yment Amount:	
SITE INFORMATION:						
Certified Address Zip		Zip	Unit/Space/Floor (if applicable)		Tax District/Parcel Number	
Building Use:			_ Tenant Name:			
Inspection Type:						
Foster Care - \$100.00 Group Home 5 or Less - \$100		00.00	Institution - \$100.00			
Adoption - \$100.00	Group Home 6 or More - \$10		100.00	Business - \$100.00		
Other - \$100.00	Home Dayo	Home Daycare - \$125.00		Day Care/Pre-school/Afterschool-\$150.00		
<b>Building Information:</b>	Property		wnership:	Property	Use	
Number of Stories:		Private	State	Busines	s Single Family Resident	
Basement: Y N		City	Federal	School	Apartment / Condo	
Building Diminsions: W	L	County	Foreign	Church	Other	
Pa	PAYMENT yment Instr on and furtl bus.gov/pu Re	DUE UNTIL ructions will her instruction blic-safety/f quested-Insp	YOU RECEN be included ons are avail ire/inspection pections-Offi	VE AN INVOICE on the invoice able by clicking ons/Institution,- ce/	below -Education-and-	

## **PROPERTY OWNER OF RECORD:**

	Street Address	City, State, Zip			
		City, State, Zip			
Fax Number	E-Mail Address				
	Contact Name				
	City, State, Zip				
Fax Number		E-Mail Address			
Received: •	Date Paid	Date Scheduled			
Step 2) Click <b>Submit</b> button or send to CFDRequest@columbus.gov					
	Fax Number Received: •	Contact Name City, State, Zip Fax Number Received: • Date Paid			