

## Roofing, Siding, Window, Door Permit Application

111 N Front Street, Columbus, Ohio 43215  
Phone: 614-645-6090 • Email: bzs-intake@columbus.gov • Fax: 614-645-0082 • www.bzs.columbus.gov

**ALL FEES ARE NON-REFUNDABLE • Make checks payable to the Columbus City Treasurer**

**Residential:**   1 Family Dwelling      2 Family Dwelling      3 Family Dwelling      **Date:** \_\_\_\_\_  
**Commercial:**   4 or More Family Dwelling;      Commercial Structure  
                         # of Units: \_\_\_\_\_

### Job Site Information:

\_\_\_\_\_ Working in Unit/Ste./Flr. \_\_\_\_\_ Tax District/Parcel Number \_\_\_\_\_ Cost of Construction \_\_\_\_\_  
Certified Address

ROOFING	SIDING
Gross Sq. Ft. of Working Area: _____ Tear-off      Lay-over; Number of <b>existing</b> layers: _____ Does the scope of work involve any structural work (truss work, etc.)? <b>Yes* No</b> Is the replacement roofing material asphalt shingle? <b>Yes No</b> ; Provide description of roof system in Description of Work; For tear-Offs, include R-Value Is the replacement roof the same type and materials as existing? <b>Yes No*</b> Reroof:      Main Structure      Garage      Both (1, 2, 3 family only) Other: _____ Is the entire roof being replaced? <b>Yes No</b> ; Provide location on structure (i.e., porch roof) in Description of Work <b>Description of Work:</b> _____ _____ _____	Gross Sq. Ft. of Working Area: _____ Is the replacement siding aluminum or vinyl? <b>Yes No*</b> Is the replacement siding the same type and materials as existing? <b>Yes No*</b> Siding:      Main Structure      Garage      Both (1, 2, 3 family only) Other: _____ Is the entire structure being sided? <b>Yes No</b> ; Provide location on structure (i.e., front elevation) in Description of Work <b>Description of Work:</b> _____ _____ _____
WINDOWS	DOORS
Number of windows being replaced: _____ Other than an upgrade to the U-Factor, are the replacement windows the same size, type and materials as existing? <b>Yes No*</b> Windows are being replaced on: Main Structure      Garage      Both (1, 2, 3 family only) Other: _____ Are all existing windows being replaced? <b>Yes No</b> ; Provide location on structure (i.e., front elevation) in Description of Work <b>Description of Work:</b> _____ _____ _____	Number of doors being replaced: _____ Other than an upgrade to the U-Factor, are the replacement doors the same size, type and materials as existing? <b>Yes No*</b> Doors are being replaced on: Main Structure      Garage      Both (1, 2, 3 family only) Other: _____ <b>A description of the door(s) being replaced (i.e., rear patio) must be provided in Description of Work</b> <b>Description of Work:</b> _____ _____ _____

*\*Provide detail in Description of Work*

tmt 01/19

**PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**

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### PLANS EXAMINER USE ONLY

Does a BCS order exist for this address?  Yes  No

If YES, provide order number: \_\_\_\_\_

Scope of work approved by BCS Case Manager: \_\_\_\_\_  
First Initial, Last name of Case Manager

Is a CoA required?  Yes  No

If YES, provide CoA number and date of expiration: \_\_\_\_\_

**Fee Exceptions:**  Minor Limited Scope  Sq. Ft. Fee Waived  
 Single Inspection  Other: \_\_\_\_\_

Approval to issue  Approval to bring in **Approved by:** \_\_\_\_\_  
First Initial, Last name of P.E.

Provide work description below:

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### Property Owner of Record:

\_\_\_\_\_  
Individual Name                      Company Name                      Street Address                      City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.                      Fax Number                      E-Mail Address

**Permit Holder:**      Contractor      Property Owner (A separate Property Owner's Building Permit affidavit must also be completed.)

\_\_\_\_\_  
City of Columbus Registration No.                      Company/Contractor Name

\_\_\_\_\_  
Telephone Number/Ext.                      E-Mail Address of Project Manager (for inspection notification emails)

**Applicant:**      Contractor      Property Owner      Other: \_\_\_\_\_

\_\_\_\_\_  
Name (Contact Person)                      Company Name                      Street Address                      City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.                      Fax Number                      E-Mail Address

**Would you like to submit payment online?**      Yes\*      No

### Design Professional:

\_\_\_\_\_  
Name (Contact Person)                      Company Name                      Street Address                      City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.                      Fax Number                      E-Mail Address