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## INFORMATION FOR DEMOLITION CONTRACTOR APPLICATION:

**Section 4114 of the Columbus Code requires the following be presented in order to apply for Board approval of a contractor license.**

- Demolition Contractor Application; Completed and notarized application must be submitted no later than seven (7) days prior to the board meeting. The tentative meeting schedule for the Board of Home Improvement and Demolition Contractors is the 1st Wednesday of every month.

**NOTE:**

Please review all information and have your application notarized before filing for a license. If the application is not notarized, all documents will be returned without being processed. Applicant must possess the required experience as stated within this application.

Upon Board approval, the applicant will receive notification by certified mail with instructions on how to complete the remaining steps in the licensing process. Please do not come in for License processing until you have received approval notification by mail.

### BOARD APPLICATION FEE

Non-Refundable \$185.00 filing fee

Payment may be made in person or by mail to:

Contractor Registration  
City of Columbus  
Department of Building and Zoning Services  
111 N Front Street  
Columbus, Ohio 43215

Checks are to be made payable to Columbus City Treasurer

For additional information, visit us online at <https://www.columbus.gov/bzs/contractor-licensing-and-registration/Contractor-Licensing-Registration/> or call our Customer Service Center at (614) 645-6090.

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### Columbus Building Code, Chapter 4114.903:

#### Application for registration as a demolition contractor

- (A) Any person desiring to be a demolition contractor shall apply to the department for such registration on a form prescribed thereof, together with the nonrefundable fee as required by the fee schedule.
- (B) The applicant for demolition contractor registration shall meet the following requirements:
- (1) Be not less than eighteen (18) years of age; and
  - (2) Be a United States citizen or national, a lawful permanent resident, or an alien authorized to work in the United States; and
  - (3) Have a minimum of three (3) full years of experience in the demolition field immediately preceding the date of application.

A "full year" of experience shall be based on twelve (12) consecutive calendar months during which the applicant shall have been gainfully and verifiably employed for not less than sixteen hundred (1600) working hours performing the work of construction demolition.

- (C) An application for registration as a demolition contractor shall be confirmed and signed under oath by the applicant. The application shall contain the following information:
- (1) Name of the applicant;
  - (2) Name of the business entity to be registered by the applicant;
  - (3) Date of birth;
  - (4) Current residence and business address(es) of the applicant;
  - (5) Current residence and business telephone number(s) of the applicant;
  - (6) Dates of previous registrations with the department, if any;
  - (7) Names of contractors, including their addresses and telephone numbers, with whom affiliated or by whom employed during the three (3) full years immediately preceding the date of application; and
  - (8) Other information deemed necessary by the department.
- (D) The department's board of review of home improvement contractors shall review the application for a demolition contractor registration.
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## Demolition Contractor Application

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

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

**NOTE:** For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

I, the undersigned, hereby apply for a Demolition Contractor Registration, in the City of Columbus, Ohio and for that purpose give the following information and answers to ALL of the questions contained in this application:

\_\_\_\_\_  
Full Name \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip Home Phone Number

Are you a United States citizen or national, a lawful permanent resident, or an alien authorized to work in the United States?  Yes  No

Have you previously held this type of registration with the City of Columbus?  Yes  No

If Yes, provide the following if known: Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing?  Yes  No

If Yes, which board? \_\_\_\_\_ Date \_\_\_\_\_ Board Decision \_\_\_\_\_

### WORK HISTORY

**To be considered for the Demolition Contractor Registration, the applicant must have three (3) full years of experience in the demolition field immediately preceding the date of application. A “full year” of experience shall be based on twelve (12) consecutive calendar months during which the applicant shall have been gainfully and verifiably employed for not less than sixteen hundred (1600) working hours performing the work of construction demolition. This experience must be listed in the “DESCRIPTION OF WORK EXPERIENCE” box or on an attached additional sheet or resume.**

List your present employment, then follow with any previous employment that applies. Only the employment listed will be considered in determining eligibility of the applicant (attach additional sheets and/or resume if necessary):

Check here if additional sheets are attached

FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK EXPERIENCE			
FROM (MO/DAY/YR)	TITLE OF YOUR POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK EXPERIENCE			

FROM (MO/DAY/YR)	TITLE OF YOUR POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK EXPERIENCE			
FROM (MO/DAY/YR)	TITLE OF YOUR POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK EXPERIENCE			

**STATEMENT BY APPLICANT**

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of licensure, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

\_\_\_\_\_  
Signature of Applicant (sign in presence of notary or Building & Zoning Svcs. Official)      \_\_\_\_\_  
Print/Type Name      \_\_\_\_\_  
Date

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Seal Here

\_\_\_\_\_  
Signature of Notary Public or Building & Zoning Svcs. Official      \_\_\_\_\_  
My Commission Expires

**OFFICIAL USE ONLY**

Board Action for Certification:  Approved  Disapproved  Tabled  Rejected for Eligibility  Void Due to Time Limit

Board Member Initials: YES    \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
NO                                    \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Signature of Board Chairman: \_\_\_\_\_ Review Date: \_\_\_\_\_

By (Secretary): \_\_\_\_\_ Date: \_\_\_\_\_