

received.

Certified Address Request Form

Please email completed request form to BZS-GIS@columbus.gov 111 N Front Street, Columbus, Ohio 43215 • Phone: 614-645-5661 • bzs.columbus.gov

			Date:	
			dential (single family dwellings). Please follow hen attaching the site plan to your request.	
Site Plan Attached?	Yes	No		
Project Name:				
Applicant Name:				
Company:				
E-mail:		Phone Number:		
REQUEST INFORMA	<u>TION</u>			
Address Type:	Single	e Unit (Residential) e Unit (Commercial) Unit (Residential or Commercial)	Subdivision Demolition Other (non-occupiable structure)	
Existing Address:				
			hese parcels will need to be combined at the d county lot combination form when submitting	
Parcel Number(s): *list all*				
Purpose for request:				
_				
-				
Please e-mail the comple	eted requ	est form to <u>BZS-GIS@columbus.gov</u> . `	Your request will be processed in the order it was	