

Permit Transfer Request

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

APPLICANT INFORMATION

Permit Number: _____ Address: _____

Requested by: _____ Date: _____

Phone Number: _____ E-Mail: _____

TYPE OF TRANSFER REQUESTED

ADDRESS TRANSFER

Two copies of the site plan must be provided in order to transfer the address on residential new builds.

New Address: _____
Certified Address Unit/Space/Floor Tax District/Parcel Number

PERMIT HOLDER TRANSFER

If permit is being transferred from contractor to property owner, associated affidavit must also be submitted.

New Permit Holder: _____
License/Registration Number Company Name

Phone Number/Ext. Project Manager E-Mail Address (for permit notification)

TRANSFER/CORRECTION TO PROPERTY OWNER OF RECORD

Provide correct owner information below. Affidavit required for permits issued to property owners.

Property Owner Name Mailing Address City, State, Zip

Telephone Number/Ext. Fax Number E-Mail Address

If payment will be made through a SOFT Account, please provide the following:

SOFT Account# / PIN SOFT Account Authorized Signature

OFFICIAL USE ONLY

Date Received: _____ Completed by: _____