

DEPARTMENT OF BUILDING AND ZONING SERVICES

Permit Transfer Request 111 N Front Street, Columbus, Ohio 43215 Phone: 614-645-7433 • Email: bzs-intake@columbus.gov • www.bzs.columbus.gov

APPLICANT INFORMATION	
Individual Name	Date
Email Address	Phone Number/Ext.
PERMITINFORMATION	
Permit Number	
Certified Address (as listed on permit)	Unit/Space/Floor Tax District/Parcel Number
TYPE OF TRANSFER REQUESTED	
ADDRESS Two copies of the site plan must be provided in or	der to transfer the address on residential new builds.
New Address: Certified Address	Unit/Space/Floor Tax District/Parcel Number
PERMIT HOLDER If permit is being transferred from con	ntractor to property owner, associated affidavit must also be submitted.
New Permit Holder:	Company Name
Phone Number/Ext.	Project Manager E-Mail Address (for permit notificatio
PROPERTY OWNER OF RECORD Affidavit require	ed for permits issued to property owners.
Property Owner Name	E-Mail Address
Mailing Address	City/State Zip