THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Application No.:_____
Official Use Only

Building 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: _____

After Hours Review Requested? ☐ Y ☐ N
Available for Commercial and Multi-Family Only

Is this submittal a revision to approved plans? ☐ Y ☐ N **If Yes, Provide Permit Number:** _____

Type of Work:

☐ Accessory Structure
☐ Addition
☐ Antenna
☐ Change of Use
☐ Deck/Ramp
☐ Exterior Work
☐ Fence (over 6 ft.)
☐ Fire/Other Damage
☐ Fireplace (Masonry)
☐ Industrialized Unit
☐ Interior Renovation
☐ New or Expanded Use
☐ New Structure
☐ Parking Lot: Number of Spaces: _____ Number of ADA Accessible Spaces: _____
☐ Radon Mitigation
☐ Relocated Structure
☐ Removal Start: Associated Permit Application #: _____
☐ Retaining Wall
☐ Secure Permit: Associated Order Number: _____
☐ Swimming Pool
☐ Tent
☐ Unheated Porch

For New Commercial Only:

Will the construction be phased? ☐ Y ☐ N **If Yes, Provide Number of Phases:** _____

Is a Foundation Permit being requested? ☐ Y ☐ N **If Yes, indicate type below:**

☐ Footing Only ☐ Foundation to Grade Only ☐ Foundation w/underground utilities to include: ☐ Electric ☐ HVAC-R ☐ Plumbing

Has separate Site Compliance been requested? ☐ Y ☐ N **If Yes, Provide Tracking Number:** _____

Other:

☐ Certificate of Occupancy for Existing Structure
☐ Maximum Capacity Card
☐ Plan Review Only **(does not result in building permit)**
☐ Preliminary Building Plan Review Meeting
☐ Time Limited Occupancy **(Building Official pre-approval required)**

Job Site Information:

Certified Address _____ Zip _____ Working in Unit/Ste./Flr. _____ Tax District/Parcel Number _____

Subdivision _____ Bldg/Lot # _____ # of Stories _____ Existing Use of Building/Space _____

Project/Work Description: _____

Project Name _____ Gross Sq. Ft. Working Area _____ Cost of Construction _____

Additional Inspections Requested _____

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

tmt 03/18

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FOR COMMERCIAL APPLICATIONS, THE FOLLOWING FIELDS MUST ALSO BE COMPLETED

Subtype of Construction:_____

Use Group:_____

Does this building contain Fire Protection Systems? ☐ Y ☐ N

If Yes, please indicate type of system and whether there are modifications.

☐ Fully Sprinklered - Modification: ☐ Y ☐ N
☐ Partially Sprinklered - Modification: ☐ Y ☐ N
☐ Fire Alarm System - Modification: ☐ Y ☐ N

PLANS EXAMINER USE ONLY

Does a BCS order exist for this address? ☐ Yes ☐ No

If YES, provide order number:_____

Scope of work reviewed w/BCS Specialist:_____
Provide BCS Specialist Name

Fee Exceptions: ☐ Minor Limited Scope ☐ Multiple Permit ☐ Sq. Ft. Fee Waived
☐ Single Inspection ☐ Other: _____

☐ **Approval to issue O.C.**; Provide work description below: ☐ **Approval to bring in** **PE Initials:** _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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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

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

SOFT Account# / PIN | SOFT Account Authorized Signature

Design Professional:

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

Telephone Number/Ext. | Fax Number | E-Mail Address

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***Payment instructions will be sent to the Applicant's email address.**