

Application No.:	

For Staff Use Only

## Zoning Review Application 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-8637 • Email: zoninginfo@columbus.gov • www.columbus.gov/bzs/

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

Type of Review: (Please check only one)		Date	Date:	
1, 2, or 3 Family Zoning Clearance	Commercial Zoning Clearance	Preliminary Zoning Review		
Other:				
ob Site Information:				
Address of Site	Zip	Tax District/Parc	Tax District/Parcel Number	
Subdivision Complex Name		Unit/Suite	Building #/Lot #	
Existing Use of Building/Property		Area of Constructi	Area of Construction	
Proposed Work (Use of Property)				
Submit: 2 copies of a site plan ill	ustrating the project. Dimensio	n the project area and distan	ce from property lines.	
Property Owner of Record:				
Individual Name	Company Name	Street Address	City, State, Zip	
Telephone Number/Ext.	E-Mail Address			
Applicant: Property Owner	Contractor Agent Arc	chitect/Eng. Attorney		
Name (Contact Person)	Company Name	Street Address	City, State, Zip	
Telephone Number/Ext.	E-Mail Address			
Would you like to submit pay	ment online? Yes* No			
OFFICE USE ONLY Zoning C	earance - Commercial [350] Zon	ing Clearance - Residential [255]	Dualinia and Davisa [of	
	2011	ing clearance Residential [355]	Preliminary Review [36	