

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: _____

1, 2, or 3 Family Zoning Clearance

Preliminary Zoning Review

TND Regulating Plan

Commercial Zoning Clearance

Administrative Surface Waiver

Other: _____

Job Site Information:

Address of Site

Zip

Tax District/Parcel Number

Subdivision Complex Name

Unit/Suite

Building #/Lot #

Existing Use of Building/Property

Area of Construction

Proposed Work (Use of Property)

Property Owner of Record:

Individual Name

Company Name

Street Address

City, State, Zip

Telephone Number/Ext.

Fax Number

E-Mail Address

Applicant:

Property Owner

Contractor

Agent

Architect/Eng.

Attorney

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

OFFICE USE ONLY

Zoning Clearance - Commercial [350] Zoning Clearance - Residential [355] Preliminary Review [360]

Zoning Clearance Review Performed By: _____ Date: _____

PLEASE NOTE: A building permit may be required. Incomplete information will result in the rejection of this submittal. tmt 06/18

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

For all questions regarding this form please call: 614-645-8637 or email zoninginfo@columbus.gov