

# ADDRESS REQUEST FORM

Email to: [OneStopPlans@columbus.gov](mailto:OneStopPlans@columbus.gov)

**Map Room**  
Division of Planning & Operations  
Department of Public Service  
Tel: (614) 645-5661  
Fax: (614) 645-1876

**Schedule** - All requests are on a first-come first-serve basis if accompanied with necessary information. It typically takes 3 to 5 days to process request of a single-address job. Multi-unit residential and commercial developments may take up to 15 working days to complete. Due to occasionally high volume of work, your request may not be completed within the above-mentioned schedule so please check with us if necessary.

**Street Name** - If applicable, all proposed street names, public and private, need to be submitted to Map Room for approval in advance of addressing request. Upon approval, we will email you the confirmation sheet and reserve the name(s) for 365 days.

**Parcel Combination** - If the proposed building extends over multiple parcels, these parcels need to be combined at the County Recorder's Office. Please attach the stamped County's combination form when submitting your address request.

**Zoning Number** - Zoning number will be issued for zoning related applications, plan review, or when parcels cannot be combined. Unlike a certified address, zoning number is not to be used for building or utility permits.

**Site Plan** - Applications for multi-unit residential or commercial properties are required to provide a site plan in AutoCAD 2012 or earlier format. This drawing and its external reference files need to be in State Plane Coordinate System, Ohio South Zone, to match with City's GIS where addresses can be assigned.

If applicable, site plan must include:

- Parcel boundary lines
- Existing and proposed building/structure
- Building layout with entrance, building number, and unit number
- Driveway and parking lot
- Proposed street(s) and street break(s), with approved name(s) labeled
- Other features that need an address, such as water meter, sign, trash compactor, and mail kiosk, etc.
- Floor plan of each floor (no State Plane Coordinate System required)
- Additional building details may be required
- Site plan in PDF format may be required

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Project Name: \_\_\_\_\_

Consultant/Design Firm/Developer: \_\_\_\_\_

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Existing Address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_