

Certified Address Request Form

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Please email completed request form to OneStopPlans@columbus.gov
111 N Front Street, Columbus, Ohio 43215 • Phone: 614-645-5661 • Fax: 614-645-0082 • bzs.columbus.gov

Date: _____

Site plans are required for all requests except for single unit - residential (single family dwellings). Please follow the Digital Requirements for Addressing Site Plan Submissions when attaching the site plan to your request.

Site Plan Attached? Yes No

Project Name: _____

Applicant Name: _____

Company: _____

E-mail: _____ Phone Number: _____

REQUEST INFORMATION

Address Type:	Single Unit (Residential)	Subdivision
	Single Unit (Commercial)	Demolition
	Multi-Unit (Residential or Commercial)	Other (non-occupiable structure)

Existing Address: _____

If the proposed building or development extends over multiple parcels, these parcels will need to be combined at the appropriate County Office prior to addressing. Please attach the stamped county lot combination form when submitting your address request.

Parcel Number (s): _____
list all

Purpose for request: _____

Please e-mail the completed request form to OneStopPlans@columbus.gov. Your request will be processed in the order it was received.