
INFORMATION FOR SIGN ERECTOR CONTRACTOR APPLICATION:

Section 3381 of the Columbus Code requires the following be presented in order to apply for Board approval of a General or Limited Sign Erector contractor license.

- Sign Erector Contractor Application; Completed and notarized application must be submitted no later than seven (7) days prior to the board meeting. The tentative meeting schedule for the Board of Sign Erectors is the 1st Tuesday of every month.

Applicants are required to attend the Sign Erectors board meeting which takes place at 3:00 pm in Room 203 at the Department of Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215.

- Exhibits/photos detailing the actual signs fabricated, erected or otherwise installed by the applicant

NOTE:

Please review all information and have your application notarized before filing for a license. If the application is not notarized, all documents will be returned without being processed. Applicant must possess the required experience as stated within this application.

Upon Board approval, the applicant will receive notification by certified mail with instructions on how to complete the remaining steps in the licensing process. Please do not come in for License processing until you have received approval notification by mail.

BOARD APPLICATION FEE

Non-Refundable \$185.00 filing fee

Payment may be made in person or by mail to:

Contractor Registration
City of Columbus
Department of Building and Zoning Services
111 N Front Street
Columbus, Ohio 43215

Checks are to be made payable to Columbus City Treasurer

For additional information, visit us online at <https://www.columbus.gov/bzs/contractor-licensing-and-registration/Contractor-Licensing-Registration/> or call our Customer Service Center at (614) 645-6090.

Columbus Zoning Code, Section 3381.12: Qualification of Applicant

- (A) An application for a license as a limited sign erector shall have a minimum of three (3) years experience in erection and fabrication of signs.
- (B) An applicant for a license as a general sign erector shall have a minimum of five (5) years experience in erection and fabrication of signs.
- (C) The applicant for either license who does not meet the requirements of A or B above may present a complete statement of qualifications to the board for its consideration. If the board determines that such person is qualified by reason of experience, training, or education or any combination thereof, it shall certify the name of the eligible applicant to the department.
- (D) A **limited sign erector** shall only engage in the erection, maintenance and removal of painted and non-illuminated graphics no more than sixty-four (64) square feet in area, limited to sixteen (16) feet in height, and not installed over the public right-of-way.
- (E) A **general sign erector** may erect and service all graphics allowed by this Graphics Code.

Sign Erector License Application

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-6090 • www.bzs.columbus.gov

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

NOTE: For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

General Sign Erector Limited Sign Erector

I, the undersigned, hereby apply for a Sign Erector Contractor License, in the City of Columbus, Ohio and for that purpose give the following information and answers to ALL of the questions contained in this application:

Full Name Date of Birth

Home Address City/State/Zip Home Phone Number

Email Address for communication related to approval of applicant's license: _____

Are you a United States citizen or national, a lawful permanent resident, or an alien authorized to work in the United States? Yes No

Have you previously held this type of license with the City of Columbus? Yes No

If Yes, provide the following if known: License Number: _____ Expiration Date: _____

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? Yes No

If Yes, which board? _____ Date _____ Board Decision _____

WORK HISTORY

List your present employment, then follow with any previous employment that applies. Only the employment listed will be considered in determining eligibility of the applicant (attach additional sheets and/or resume if necessary):

NOTE: Please attach a complete list of work experiences directly pertaining to the fabrication and erection of signs, along with any completed training and/or education to be considered by the Board of Review for the purpose of determining that the applicant meets the experience requirements of the Graphics Code (See C.C. 3381, Qualifications of Applicant). The applicant should describe types, size, and locations of signs, and the specific tasks that he/she has performed on those signs. Documenting the listed projects with photographs or illustrations is encouraged.

Check here if additional sheets are attached

FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES/INSTALLATION EXPERIENCE			

FROM (MO/DAY/YR)	TITLE OF YOUR POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES/INSTALLATION EXPERIENCE			

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NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES/INSTALLATION EXPERIENCE			

STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of licensure, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature of Applicant (sign in presence of notary or Building & Zoning Services Official) _____
Print/Type Name _____
Date

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

Signature of Notary Public or Building & Zoning Services Official _____
My Commission Expires

OFFICIAL USE ONLY

Board Action for Certification: Approved Disapproved Tabled Rejected for Eligibility Void Due to Time Limit

Board Member Initials: YES _____ | _____ | _____ | _____ | _____ | _____ | _____
NO _____ | _____ | _____ | _____ | _____ | _____ | _____

Signature of Board Chairman: _____ Review Date: _____

By (Secretary): _____ Date: _____