THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Application No.:_____
Official Use Only

Electric Permit Application

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-6090 ▪ Email: bzs-intake@columbus.gov ▪ Fax: 614-645-0082 ▪ www.bzs.columbus.gov

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

TYPE OF STRUCTURE: **Date:** _____

☐ 1 Family Dwelling ☐ 2 - 3 Family Dwelling ☐ 4 or more Family Dwg; Total # of Units in Bldg:_____ ☐ Commercial Structure

BUILDING PERMIT/PLAN REVIEW #: _____
Plan approval required for all work not listed on Minor Limited Scope Publication

NUMBER OF INSPECTIONS REQUESTED: *If no selections are made, a full permit will be issued.*

☐ Minor Limited Scope (1 fifteen minute inspection) ☐ 1 Inspection Permit *Not available for 1, 2, 3 family* ☐ Full permit (includes two inspections)

If more than two inspections are needed, please provide the number of **additional** inspections requested at this time:_____

JOB SITE INFORMATION:

Certified Address | Zip | Unit/Space/Floor *if applicable* | Tax District/Parcel Number

SCOPE OF WORK: *Check all applicable boxes*

☐ Permit Description Revision; Permit #:_____ ☐ Removal Start; Related App #:_____
☐ Plug-in Electric Vehicle Charging Station
☐ Renewable Energy Source; kW:_____ ☐Solar Panel(s) ☐Wind Turbine(s) ☐Hydro Power ☐Fuel Cell(s) ☐Other: _____

Description of Work: _____

Number of Devices Being Installed:_____

PROPERTY OWNER OF RECORD:

Name | Street Address | City, State, Zip

Telephone Number/Ext. | Fax Number | E-Mail Address

PERMIT HOLDER: ☐ Contractor ☐ Homeowner *Option available for work on existing owner occupied single family dwelling. A separate Homeowner's MEP affidavit must also be completed.*

City of Columbus Registration No. | Company/Contractor Name

Telephone Number/Ext. | E-Mail Address of Project Manager (for inspection notification emails)

If payment will be made through a SOFT Account, please provide the following:

SOFT Account# / PIN | SOFT Account Authorized Signature

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.