THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Application No.:_____

Official Use Only

Mechanical 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 or trade supervisor approval required for all work not listed on Minor Work Permit List

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

☐ Minor Work Permit (per Minor Scope Permit List) ☐ 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 - Registration/License must correspond to type of work to be performed*

☐ Description Revision;Permit #:_____ ☐ Advance Constr. Start; Related App#:_____

HVAC Contractor
- ☐ Heating & Cooling
- ☐ Building Svcs. Piping
- ☐ Ventilation/Exhaust
- ☐ Fireplace/Stove

Refrigeration Contractor
- ☐ Product Refrigeration
- ☐ Building Svcs. Piping

Hydronics Contractor
- ☐ Heating (Boiler System)
- ☐ Building Svcs. Piping

HIC Contractor
- ☐ Fireplace/Stove

Plumbing Contractor
- ☐ Building Svcs. Piping *(fuel-gas or fuel-oil only)*

Description of Work: _____

PROPERTY OWNER OF RECORD:

Name _____ Street Address _____ City, State, Zip _____

Telephone Number _____ Extension _____ 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 _____ Extension _____ E-Mail Address of Project Manager *(for inspection notification emails)* _____

Inspections for the next business day between 8:30 am - 3:30 pm, can be scheduled online until midnight.
For more information, visit columbus.gov/ca.