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 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 - Registration/License must correspond to type of work to be performed*

☐ Permit Description Revision; Permit #: _____ ☐ Removal 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/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.