

Miscellaneous Services 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

1. Additional Services on Existing Permit#: _____ **Date:** _____

Job Site Address: _____

Additional Inspections: # Requested: _____

After Hours Inspections: # Requested: _____

Consulting Inspection: Type: _____

Occupancy Permit: Type: _____

Other: Please Explain: _____

Permit Holder _____

Company Address _____

City, State, Zip _____

Contact Name _____

Fax Number _____

Phone Number/Ext. _____

Please provide Company Address and fax# in order to receive the receipt in a timely manner

Additional Inspections can also be purchased online @ <https://ca.columbus.gov/CA/>

2. Non-Permit Inspection *(Applies when no work has been performed. Permits may be required based on the inspection results.)*

Type of Structure: 1, 2, 3 Family Residential Commercial 4 or More Family Dwelling; # of units: _____

Type of Inspection: Electric (614) 645-8265 Plumbing (614) 645-8355 Mechanical (614) 645-8138

Structural (614) 645-8235

Team Inspection: _____
Signature of Approval by BZS Official

Job Site Information:

Job Site Address _____ Zip _____ Unit(s) being inspected _____ Tax District/Parcel Number _____

Tenant Name(s) _____ Telephone Number _____ Email Address _____

Area to be Inspected: _____

Property Owner of Record:

Name _____ Address _____ City, State, Zip _____

Telephone Number/Ext. _____ Fax Number _____ Email Address _____

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.