

Plumbing Permit Application

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-7433 • Email: bzs-intake@columbus.gov • 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:

Description Revision; Permit #: _____

Advance Constr. Start; Related App#: _____

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*)