

# Plumbing Permit Application

DEPARTMENT OF BUILDING  
AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215  
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**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      Full permit (includes two inspections)  
*Not available for 1, 2, 3 family*

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 <i>if applicable</i>	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/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)