

Plumbing 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

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
if applicable

Tax District/Parcel Number

SCOPE OF WORK:

Permit Description Revision; Permit #: _____

Removal 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)

If payment will be made through a SOFT Account, please provide the following:

SOFT Account# / PIN

SOFT Account Authorized Signature