

Change of Assignment Application 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-7433 • Email: bzslicensing@columbus.gov • www.bzs.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Make checks payable to the Columbus City Treasurer

| Full Name | Home Phone Number |
|--|---|
| Home Address | City /State / Zip |
| Email for notification of permits issued under your license or registration: | |
| Email for communication related to issuance of your license or registration: | |
| License or Registration Number: Current Company Name | e: |
| I, | ted herein be transferred as indicated below. I am he change. In this section, I confirm my association with the |
| Company Name | Company Phone |
| Company Address | Company City/State/Zip |
| Signature of Applicant (sign in presence of notary or Building & Zoning Services Official) | Date |
| Sworn to before me and signed in my presence thisday of | , in the year |
| Notary Seal Here | |
| Signature of No | otary Public or Building & Zoning Services Official |
| My Commission | n Expires |
| OFFICIAL USE ONLY | |
| Approved Disapproved Board Member Initials: | |
| Signature of Board Chairman: | Review Date: |
| By (Secretary): | Date: |