

## Elective Suspension (escrow) Application

111 N Front Street, Columbus, Ohio 43215  
Phone: 614-645-6090 • www.bzs.columbus.gov

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

Type of License (check one):    Demolition    Home Improvement    Sewer &/or Water    Sign Erector

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City /State / Zip

Email Address for communication related to your license: \_\_\_\_\_

License Number: \_\_\_\_\_ Currently Assigned To: \_\_\_\_\_

I, \_\_\_\_\_, holder of the above license, do hereby request this license and the authority to apply for a permit and perform the work associated with it be removed from the assigned company above. I further request to place my license in elective suspension (escrow). I am attaching the necessary fee (bond and liability insurance are not required). **I understand that no work can be performed while my license is in elective suspension.** I further understand that a license transferred to elective suspension carries an annual fee that must be paid by the due date of the license renewal.

\_\_\_\_\_  
Signature of Licensee  
(sign in presence of notary or Building & Zoning Services Official)

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Date

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_  
Notary Seal Here

\_\_\_\_\_  
Signature of Notary Public or Building & Zoning Services Official

\_\_\_\_\_  
My Commission Expires