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## **INFORMATION FOR SPECIAL INSPECTOR APPLICATION:**

**Section 4114 of the Columbus Code requires the following be presented in order to apply for Board approval of a special inspector registration.**

- Special Inspector Application; Completed and notarized application must be submitted no later than seven (7) days prior to the board meeting. The tentative meeting schedule for the Columbus Building Commission is the 3rd Tuesday of every month.
- Copy of a resume listing the minimum qualifications for each special inspection category requested and a current copy of all certification(s) must be attached to the complete registration application.

### **NOTE:**

Please review all information and have your application notarized before filing for a registration. If the application is not notarized, all documents will be returned without being processed. Applicant must possess the required certification(s) as stated within this application.

Upon Board approval, the applicant will receive notification with instructions on how to complete the remaining steps in the registration process. Please do not come in for registration processing until you have received approval notification.

### **BOARD APPLICATION FEE**

Non-Refundable \$185.00 filing fee

Payment may be made in person or by mail to:

Contractor Registration City of Columbus  
Department of Building and Zoning Services  
111 N Front Street  
Columbus, Ohio 43215

Checks are to be made payable to Columbus City Treasurer

After application setup, payment can be made online through our Citizen Access Portal ([columbus.gov/ca](http://columbus.gov/ca))

For additional information, visit us online at <https://www.columbus.gov/bzs/contractor-licensing-and-registration/Contractor-Licensing-Registration/> or call our Customer Service Center at (614) 645-7433.

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### **Columbus Building Code, Section 4114.902: Minimum qualifications for a Department issued registration:**

(B) The applicant for special inspector registration shall meet the following requirements:

- (1) Be not less than 18 years of age; and
- (2) Be a United States citizen or national, a lawful permanent resident, or an individual authorized to work in the United States; and
- (3) Meet the minimum qualifications required by the Chief Building Official.

## Special Inspector Application

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

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

**NOTE:** For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

Specify the special inspector categories you would like to be considered for below:

- |  |   |
|--|---|
| Steel Construction (High-Strength Bolts)       | Steel Construction (Welding)            |
| Concrete Construction                          | Masonry Construction                    |
| Wood Construction                              | Soils                                   |
| Driven Deep Foundation                         | Cast-in-Place Deep Foundations          |
| Helical Pile Foundations                       | Fabricated Items                        |
| Wind Resistance                                | Seismic Resistance                      |
| Testing of Seismic Resistance                  | Sprayed Fire-Resistance Material        |
| Mastic and Intumescent Fire-Resistant Coatings | Exterior Insulations and Finish Systems |
| Water-Resistive Barrier Coatings               | Fire-Resistant Penetrations and Joints  |
| Smoke Control Systems                          | Photovoltaic Systems                    |

I, the undersigned, hereby apply for a Special Inspector Registration, in the City of Columbus, Ohio and for that purpose give the following information and answers to ALL of the questions contained in this application:

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

\_\_\_\_\_  
Date of Birth

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

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

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

Email for communication related to issuance of applicant's registration: \_\_\_\_\_

Have you previously held this type of registration with the City of Columbus?    Yes    No

If YES, provide the following if known: Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been summoned before the City of Columbus Building Commission for any type of violation hearing?    Yes    No

If YES, when? Date \_\_\_\_\_ Board Decision \_\_\_\_\_

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**ASSIGNMENT OF REGISTRATION TO BUSINESS CONCERN:**

By completing this section, the applicant confirms his/her association with the business concern as a legal full-time officer, proprietor, partner, or employee. The applicant will be actively engaged in and perform work only for the business concern listed below.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Address

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

**EMPLOYMENT & CERTIFICATIONS**

Attach a resume listing the minimum qualifications for each special inspection category requested and provide a current copy of all certification(s).

**STATEMENT BY APPLICANT**

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of licensure, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

\_\_\_\_\_  
Signature of Applicant  
(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

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**OFFICIAL USE ONLY**

Board Action for Certification:  Approved  Disapproved  Tabled  Rejected for Eligibility  Void Due to Time Limit

Board Member Initials: YES    \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
NO                                    \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Signature of Board Chairman: \_\_\_\_\_ Review Date: \_\_\_\_\_

By (Secretary): \_\_\_\_\_ Date: \_\_\_\_\_