

Subcontractor Disclosure

111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-6090 • Email: bzs-intake@columbus.gov • Fax: 614-645-0082 • www.bzs.columbus.gov

JOB SITE INFORMATION:

Permit Number: _____ Certified Address: _____

Permit Holder: _____ Registration Number: _____

SUBCONTRACTOR:

Company/Contractor Name

City of Columbus License/Registration Number

Description/Scope of Subcontracted Work: _____

SUBCONTRACTOR:

Company/Contractor Name

City of Columbus License/Registration Number

Description/Scope of Subcontracted Work: _____

SUBCONTRACTOR:

Company/Contractor Name

City of Columbus License/Registration Number

Description/Scope of Subcontracted Work: _____

SUBCONTRACTOR:

Company/Contractor Name

City of Columbus License/Registration Number

Description/Scope of Subcontracted Work: _____

SUBCONTRACTOR:

Company/Contractor Name

City of Columbus License/Registration Number

Description/Scope of Subcontracted Work: _____

STATEMENT BY APPLICANT

I hereby certify that the contractor(s) listed will be performing work for the referenced permit as identified on this form. I further acknowledge that, as the permit holder, I am responsible for the work performed as regulated by the Columbus Building Code. 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 Permit Holder

Print/Type Name