

Home Improvement Contractor Application

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

INFORMATION FOR HOME IMPROVEMENT CONTRACTOR APPLICATION

- ☐ Completed application that is signed and notarized or signed in front of a Building and Zoning Services (BZS) official must be submitted at least seven (7) days prior to the next General and HIC Board meeting. The tentative meeting schedule for the Board is the first Wednesday of every month. The Board calendar is available: <https://www.columbus.gov/Business-Development/Building-Zoning-Services/Boards-and-Commissions/Board-of-General-and-Home-Improvement-Contractors>
- ☐ A copy of passing test results (score of 70% or higher) for 767 Ohio Home Improvement Contractor. For testing information contact the International Code Council at (877) 783-3926 or www.iccsafe.org/certification-exam-catalog.
Home Improvement Limited Contractor License applicants are not required to take the test.

APPLICATION SPECIFICS AND PROCESS

Hands-on experience is gained by the applicant having active, personal involvement and physically working with their hands on a home improvement project. The Board of General and Home Improvement Contractors will only consider direct experience gained working in the field for twelve months. This does not include business ownership or hands-off supervision.

If the application is not notarized or signed in front of a BZS Official, the application will not be placed on the Board's agenda for review.

Applications that do not provide all the requested information will be tabled until complete.

Upon Board approval, the applicant will receive notification by certified mail with instructions for completing the additional steps in the licensing process. The applicant should not come in for License processing until they receive their approval notification in the mail.

APPLICATION SUBMISSION

Applications that are completed with notary seal and signature can be submitted by the following:

In person or by mail: Department of Building and Zoning Services Email: BZSLicensing@columbus.gov
111 North Front Street
Columbus, OH 43215

If not notarized, the applicant needs to hand deliver the application to our office between 9:00 and 4:00 on days of business.

BOARD APPLICATION FEE

Information can be found in the Contractor License & Registration Fees area of the Combined Development Related Fee Schedule. If mailing the application, a check may be included for payment. If no payment is received with the application, a link to pay the fee through our Citizen Access Portal will be sent to the email address shared on the application. When the fee is paid, the application will advance for board review.

For additional information, contact the Customer Service Center at bzslicensing@columbus.gov or (614) 645-7433 or visit us online at www.columbus.gov/bzs.

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COLUMBUS BUILDING CODE, CHAPTER 4114.505: **MINIMUM EXPERIENCE QUALIFICATIONS FOR A DEPARTMENT-ISSUED LICENSE.**

(A) **Home Improvement General Contractor License.** The applicant for a home improvement general contractor license shall have a minimum of three (3) full years of “hands-on” experience in the one (1), two (2), and three (3) family home improvement field.

(B) **Home Improvement Limited Contractor License.** The applicant for a home improvement limited contractor license in the following fields of specialization shall have a minimum of one (1) full year of “hands-on” experience in that field for which a license is applied:

- (1) Residential roofing
- (2) Residential siding, windows, and doors
- (3) Residential deck installation
- (4) Residential basement waterproofing
- (5) Residential prefabricated fireplaces and wood or coal stoves
- (6) Residential masonry fireplaces
- (7) Residential fencing
- (8) Residential sidewalks and driveway approaches
- (9) Residential exterior lathing and stucco
- (10) Residential swimming pools and spas
- (11) Residential asphalt paving
- (12) Residential irrigation sprinkler
- (13) Residential gypsum board



Each limitation requires one full year of hands-on experience. For example, if you apply for two limitations, you must have one year of experience in each field.

(C) “Hands-on” experience shall be characterized by active personal involvement by of the applicant in the activity directly related to the type of license for which application is being made. Such active personal involvement shall have provided for the acquisition of practical experience, knowledge, and mechanical aptitude in the physical installation, operation, control, adjustment, repair, and maintenance of the specific trade or craft.

(G) Alternatively, in lieu of the above requirements of Section (A), (B), or (C) above, the applicant for any Home Improvement license may be:

- (1) A registered design professional who holds a current and valid certificate as an architect or engineer as allowed under the Ohio Revised Code and who is experienced in residential design and construction; or
- (2) A graduate architect or engineer, with at least one (1) full year’s experience as a designer or installer in the specific field of work for the type of home improvement contractor license for which application is made.

(H) **Determination of a Full Year.** A “full year” of experience, where required in sections (A), (B), (C), (G) above, shall be based on twelve (12) consecutive calendar months during which the applicant shall have been gainfully and verifiably employed for not less than sixteen hundred (1600) working hours at the specific craft, trade, or profession for which an application for a department-issued license is being made.

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NOTE: Home Improvement contractors are permitted to work on existing 1, 2, and 3 family dwellings. For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

To be sure that your application is approved by the Board without being delayed, you **MUST** include hands-on experience on this application. This does **NOT** include business ownership or hands-off supervision. The HIC Board is **ONLY** interested in learning hands-on experience gained while working in the field. *Applications that do not provide all requested information will be tabled to the following meeting after completion.*

Home Improvement General Contractor (a copy of the applicant's passing test results must be attached)

Home Improvement Limited Contractor; Specify limitations below;

Siding, Windows, Doors	Deck Installation	Basement Waterproofing	Sidewalks & Driveway Approaches	Roofing
Swimming Pools & Spas	Asphalt Paving	Exterior Lathing & Stucco	Irrigation Sprinkler	Fencing
Masonry Fireplaces	Prefabricated fireplaces & wood or coal stoves	Gypsum Board		

I, the undersigned, hereby apply for a Home Improvement Contractor License, 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 Address for communication related to approval of applicant's license: _____

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

If Yes, provide the following if known: License Number: _____ Expiration Date: _____

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? Yes No

If Yes, which board? _____ Date _____ Board Decision _____

WORK HISTORY

To be considered for the **Home Improvement General Contractor** license, the applicant must have a minimum of **three (3) full years** of "hands-on" installation experience in the one-, two-, or three-family home improvement field.

To be considered for the **Home Improvement Limited Contractor** license, the applicant must have a minimum of **one (1) year** of "hands-on" experience in the field(s) for which application is being made.

Experience must be listed in the "DESCRIPTION OF WORK EXPERIENCE" box or on an attached additional sheet or resume.

List your present employment first, then follow with any previous employment that applies. Only the employment listed will be considered in determining eligibility of the applicant (attach additional sheets and/or resume if necessary):

Check here if additional sheets are attached

FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW?	YES NO
DESCRIPTION OF WORK EXPERIENCE:		IF YES, MAY WE CONTACT THIS EMPLOYER?	YES NO
		ARE YOU OR WERE YOU THE OWNER OF THIS COMPANY?	YES NO
		HAVE YOU HAD ACTIVE PERSONAL HANDS-ON EXPERIENCE IN EACH FIELD FOR AT LEAST ONE YEAR?	YES NO
		(EXPERIENCE MUST BE LISTED IN DESCRIPTION OF WORK)	

FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW?	YES NO
DESCRIPTION OF WORK EXPERIENCE:		IF YES, MAY WE CONTACT THIS EMPLOYER?	YES NO
		ARE YOU OR WERE YOU THE OWNER OF THIS COMPANY?	YES NO
		HAVE YOU HAD ACTIVE PERSONAL HANDS-ON EXPERIENCE IN EACH FIELD FOR AT LEAST ONE YEAR? (EXPERIENCE MUST BE LISTED IN DESCRIPTION OF WORK)	YES NO

FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW?	YES NO
DESCRIPTION OF WORK EXPERIENCE:		IF YES, MAY WE CONTACT THIS EMPLOYER?	YES NO
		ARE YOU OR WERE YOU THE OWNER OF THIS COMPANY?	YES NO
		HAVE YOU HAD ACTIVE PERSONAL HANDS-ON EXPERIENCE IN EACH FIELD FOR AT LEAST ONE YEAR? (EXPERIENCE MUST BE LISTED IN DESCRIPTION OF WORK)	YES NO

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 Svcs. 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 Svcs. Official

My Commission Expires

OFFICIAL USE ONLY

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

Board Member Initials: YES _____ | _____ | _____ | _____ | _____ | _____ | _____

NO _____ | _____ | _____ | _____ | _____ | _____ | _____ DATE: _____

NO _____ | _____ | _____ | _____ | _____ | _____ | _____ DATE: _____

Signature of Board Chairman: _____ Review Date: _____

By (Secretary): _____ Date: _____