

Certified Address Request Form

Address: 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-5661

Email: BZS-GIS@columbus.gov

Website: www.columbus.gov/bzs



DEPARTMENT OF BUILDING
AND ZONING SERVICES

Date: _____

Site plans are required for all requests and should follow the [Digital Submission Requirements](#).

Site Plan Attached? Yes No

Project Name: _____

Applicant Name: _____

Company: _____

Email: _____ Phone Number: _____

Request Information

Address Type: Single Unit (Residential) Subdivision
 Single Unit (Commercial) Demolition
 Multi-Unit (Residential or Commercial) Other (non-occupied structure)

Existing Address: _____

If the proposed building or development extends over multiple parcels, these parcels will need to be combined at the appropriate County Office prior to addressing. Please attach the stamped county lot combination form when submitting your address request.

All Parcel Number(s): _____

Purpose of Request: _____

Please e-mail the completed request form to BZS-GIS@columbus.gov. Your request will be processed in the order it was received.