



DEPARTMENT OF BUILDING AND ZONING SERVICES

Application No.:

Official Use Only

Mechanical Permit Application

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

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

TYPE OF STRUCTURE:

Date: _____

1 Family Dwelling 2 - 3 Family Dwelling 4 or more Family Dwg; Total # of Units in Bldg: _____ Commercial Structure

BUILDING PERMIT/PLAN REVIEW #: _____

Plan approval or trade supervisor approval required for all work not listed on Minor Work Permit List

NUMBER OF INSPECTIONS REQUESTED: *If no selections are made, a full permit will be issued.*

Minor Work Permit (per Minor Scope Permit List)

1 Inspection Permit

Not available for 1, 2, 3 family

Full permit (includes two inspections)

If more than two inspections are needed, please provide the number of **additional** inspections requested at this time: _____

JOB SITE INFORMATION:

_____ Certified Address

_____ Zip

_____ Unit/Space/Floor
if applicable

_____ Tax District/Parcel Number

SCOPE OF WORK: *Check all applicable boxes - Registration/License must correspond to type of work to be performed*

Description Revision; Permit #: _____

Advance Constr. Start; Related App#: _____

HVAC Contractor

Refrigeration Contractor

Hydronics Contractor

HIC Contractor

Plumbing Contractor

Heating & Cooling

Product Refrigeration

Heating (Boiler System)

Fireplace/Stove

Building Svcs. Piping
(fuel-gas or fuel-oil only)

Building Svcs. Piping

Building Svcs. Piping

Building Svcs. Piping

Ventilation/Exhaust

Fireplace/Stove

Description of Work: _____

PROPERTY OWNER OF RECORD:

_____ Name

_____ Street Address

_____ City, State, Zip

_____ Telephone Number

_____ Extension

_____ E-Mail Address

PERMIT HOLDER:

Contractor

Homeowner *Option available for work on existing owner occupied single family dwelling. A separate Homeowner's MEP affidavit must also be completed.*

_____ City of Columbus Registration No.

_____ Company/Contractor Name

_____ Telephone Number

_____ Extension

_____ E-Mail Address of Project Manager *(for inspection notification emails)*

Inspections for the next business day between 8:30 am - 3:30 pm, can be scheduled online until midnight.

For more information, visit columbus.gov/ca.

tmt 01/20