

# Special Inspector Application

Address: 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-7433

Email: [bzslicensing@columbus.gov](mailto:bzslicensing@columbus.gov)

Website: [www.columbus.gov/bzs](http://www.columbus.gov/bzs)

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## INFORMATION FOR SPECIAL INSPECTOR APPLICATION

Section 4114 of the Columbus Building Code requires the following to be presented to secure a contractor registration. For application requirements for any license or registration, refer to Columbus Building Code, Chapter 4114.

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 certifications must be attached to the complete registration application.

Note: Review all information and have your application notarized before filing for a license. If the application is not notarized, all documents will be returned without being processed.

## BOARD APPLICATION FEE

Information can be found in the Contractor License & Registration Fees area of the Combined Development Related Fee Schedule. Make checks payable to the Columbus City Treasurer. All fees are non-refundable.

Application may be submitted by email, mail or in person:

- Email: [BZSLicensing@Columbus.gov](mailto:BZSLicensing@Columbus.gov) (you will receive an email containing a link to pay the fee online)
- Address: City of Columbus - Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215

For additional information, contact the Customer Service Center at [BZSLicensing@columbus.gov](mailto:BZSLicensing@columbus.gov) or (614) 645-7433 or visit us online at [www.columbus.gov/bzs](http://www.columbus.gov/bzs).

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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.

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DEPARTMENT OF BUILDING AND ZONING SERVICES

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:

- |   |  |
|---|--|
| <input type="checkbox"/> Steel Construction (High-Strength Bolts)                                 | <input type="checkbox"/> Steel Construction (Welding)            |
| <input type="checkbox"/> Concrete Construction  | <input type="checkbox"/> Masonry Construction                    |
| <input type="checkbox"/> Wood Construction  | <input type="checkbox"/> Soils                                   |
| <input type="checkbox"/> Driven Deep Foundation   | <input type="checkbox"/> Cast-in-Place Deep Foundations          |
| <input type="checkbox"/> Helical Pile Foundations   | <input type="checkbox"/> Fabricated Items                        |
| <input type="checkbox"/> Wind Resistance  | <input type="checkbox"/> Seismic Resistance                      |
| <input type="checkbox"/> Testing of Seismic Resistance  | <input type="checkbox"/> Sprayed Fire-Resistance Material        |
| <input type="checkbox"/> Mastic and Intumescent Fire-Resistant Coatings                           | <input type="checkbox"/> Exterior Insulations and Finish Systems |
| <input type="checkbox"/> Water-Resistive Barrier Coatings   | <input type="checkbox"/> Fire-Resistant Penetrations and Joints  |
| <input type="checkbox"/> Smoke Control Systems  | <input type="checkbox"/> Photovoltaic Systems                    |
| <input type="checkbox"/> MASS Timber  | <input type="checkbox"/> Medium or High Voltage Systems          |
| <input type="checkbox"/> Private Water Service or Water Mains - Underground, Restraints, Backfill |  |
| <input type="checkbox"/> Other (specify): _____   |  |

I, the undersigned, hereby apply for a Contractor Registration, in the City of Columbus, Ohio, and for that purpose give the following information and answers to all the questions contained in this application.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address for notification of permits issued under applicant's registration:

\_\_\_\_\_

Email Address 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: \_\_\_\_\_

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: \_\_\_\_\_

## ASSIGNMENT OF REGISTRATION TO BUSINESS CONCERN

By completing this section, the applicant confirms their 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address, 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 certifications.

## 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 registration and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

## OFFICIAL USE ONLY

Board Action for Certification:     Approved         Disapproved

Board Member Initials:

YES \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_

NO \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Date: \_\_\_\_\_

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

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