

Roof, Siding, Windows, Doors Application

Address: 111 N Front Street, Columbus, Ohio 43215

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DEPARTMENT OF BUILDING
AND ZONING SERVICES

Type of Structure:

- 1 Family 2-3 Family
 4 or More Family Dwellings; Number of Units: _____ Commercial Structure

Job Site Information:

Certified Address: _____ Unit, Space, Floor: _____

Tax District or Parcel: _____

Gross Square Footage of the Working Area: _____

Cost of Construction: _____

Roofing

- Tear Off Lay-over; Number of existing layers: _____

Does the scope of the project involve any structural work (truss work, joists, decking)?

Yes No

Is the roofing material asphalt shingle?

Yes No

Are the replacement roof materials the same as existing?

Yes No

Roof is being torn off of or being laid over on:

- Main Structure Garage Both (1,2,3 family structures only) Other: _____

Is the entire roof being replaced?

Yes No

Description of Work:

For tear-offs, include R-Value. If roofing material is not asphalt shingle, provide description of roof system. Provide location on structure (i.e. porch roof) if the entire roof is not being replaced.

Siding

Is the replacement siding aluminum or vinyl? Yes No

Is the replacement siding the same type and materials as existing? Yes No

Siding is being replaced on:

Main Structure Garage Both (1,2,3 family structures only) Other: _____

Is the entire structure being sided? Yes No

Description of Work: Provide location on structure (i.e. front elevation) if all the siding is not being replaced.

Windows

Number of windows being replaced: _____

Other than an upgrade to the U-Factor, are the replacement windows the same size, type and materials as existing? Yes No

Windows are being replaced on:

Main Structure Garage Both (1,2,3 family structures only) Other: _____

Are all existing windows being replaced? Yes No

Description of Work: Provide location on structure (i.e. front elevation) if all the windows are not being replaced.

Doors

Number of doors being replaced: _____

Other than an upgrade to the U-Factor, are the replacement doors the same size, type and materials as existing? Yes No

Doors are being replaced on:

Main Structure Garage Both (1,2,3 family structures only) Other: _____

Are all existing doors being replaced? Yes No

Description of Work: Provide location on structure (i.e. rear patio) if all doors are not being replaced.

Permit Holder:

Property Owner (a separate Building Permit Affidavit must also be completed)

Contractor

City of Columbus Registration Number: _____

Company/Contractor Name: _____

Phone Number: _____ Project Manager Email Address: _____

Applicant:

Property Owner

Contractor

Other; explain: _____

Individual Name: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number _____ Email Address: _____

Would you like to submit payment online? Yes No

Design Professional:

Individual Name: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

Plan Examiner Use Only:

Does a BCS order exist for this address? Yes No

If yes, provide order number: _____

Scope of work approved by BCS: Yes No

Case Manager: _____

Is a Certificate of Approval or Appropriateness (CoA) Required?

Yes No

If yes, provide CoA number and date of expiration: _____

Approval to Issue Approval to bring in

Approved By (PE): _____

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