

# Affidavit Working Without A Permit

Address: 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-6416

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



DEPARTMENT OF BUILDING AND ZONING SERVICES

I acknowledge work was performed without the required permit, at the property address identified below, which is a violation of Columbus Building Code Chapter 4113. As a result of signing this document, I waive my right to appear before the appropriate governing Board of Review and plead guilty to the described violation. The Board of Review will evaluate this violation and determine if any further action is necessary per sections 4114.537 and 4114.727 of the Columbus Building Code. If, in the opinion of the Board, suspension or revocation of my registration/license may be justified I reserve my right to present this case before the Board of Review prior to any final decision.

### Property Address of Work:

Street Address: \_\_\_\_\_ Unit/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contractor Performing Work:

License/Registration #: \_\_\_\_\_ Company: \_\_\_\_\_

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

Full Address: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

Mail form to:

Building and Zoning Services Attn: Building Plans Review  
111 N Front Street Columbus, Ohio 43215  
For questions regarding this form please call 614-645-6416