

Building Permit Application

111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-7433 • Email: bzs-intake@columbus.gov • columbus.gov/bzs

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

Date: _____

Commercial: Commercial Structure 4 or More Family Dwelling; # of Units: _____

Has separate Site Compliance been requested? Y N **If Y, Provide Tracking #:** _____

Residential: 1 Family Dwelling 2 Family Dwelling 3 Family Dwelling

Type of Work:

Plans Revision? Y N **If Y, Provide Permit Number:** _____

Does the revision involve a modification or change to the approved exterior or building elevation? Y N
(changes to square footage cannot be processed as a revision)

Phased construction (3 or more phases)? Y N **If Y, Attach Chief Building Official Approval**

Advance Construction Start? Y N **If Y, Associated Application #:** _____

Was a preliminary plan review performed? Y N **If Y, Preliminary Review #:** _____

Select One of the Following:

Addition (e.g., 3 season room)
Alteration/Accessory Structure (e.g., renovation, garage, porch)

Does the alteration involve establishment or
change of use? ☐ Y ☐ N

Damage (e.g., fire, vehicle impact)

Deck/Ramp

Fence/Retaining Wall

Will the fence (including attachments like lattice, trellis,
or barbed wire) exceed 6 feet (1–3 family) or 7 feet (multi-
family/commercial)? ☐ Y ☐ N

Will the retaining wall exceed 4 feet in height (from bottom
of footing to top) or support a surcharge (e.g., nearby
driveway or structure)? ☐ Y ☐ N

Foundation

New Structure

Parking Lot

Secure; Associated Order No.: _____

Swimming Pool

Above Ground In-Ground

Other:

Certificate of Occupancy for Existing Structure

Maximum Capacity Card

Plan Exams Only (does not result in building permit)

Preliminary Building Plan Review

Time Limited Occupancy (Building Official pre-approval required)

Job Site Information:

Certified Address _____ Zip _____

Unit/Space/Floor (if applicable) _____ Tax District/Parcel Number _____

Subdivision _____ Bldg/Lot # _____ # of Stories _____

Existing Use of Building/Space _____

Project/Work Description: _____

Project Name _____ Gross Sq. Ft. Working Area _____ Cost of Construction _____

**Inspections for the next business day between 8:30 am - 3:30 pm, can be scheduled online until midnight.
For convenience and to ensure the most timely review of an application, BZS now offers online permit applications.
Visit portal.columbus.gov for all online services.**

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Property Owner of Record:

Individual Name

Company Name

Street Address

City, State, Zip

Telephone Number/Ext.

E-Mail Address

Permit Holder:

Property Owner **(A separate Property Owner's Building Permit affidavit must also be completed.)**

Contractor:

City of Columbus Registration No.

Company/Contractor Name

Telephone Number/Ext.

E-Mail Address of Project Manager

Applicant:

Property Owner Contractor

Other; explain: _____

Individual Name

Company Name

Street Address

City, State, Zip

Telephone Number/Ext.

E-Mail Address

Design Professional:

Individual Name

Company Name

Street Address

City, State, Zip

Telephone Number/Ext.

E-Mail Address

Would you like to submit payment online? Yes* No

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FOR COMMERCIAL APPLICATIONS, THE FOLLOWING FIELDS MUST ALSO BE COMPLETED

Type of Construction: _____

Use Group: _____

Does this building contain Fire Protection Systems? Y N

If Yes, please indicate type of system and whether there are modifications.

Fully Sprinklered - Modification: Y N

Partially Sprinklered - Modification: Y N

Fire Alarm System - Modification: Y N

PLANS EXAMINER USE ONLY

Does a BCS order exist for this address? ☐ Yes ☐ No

If YES, provide order number: _____

Scope of work approved by BCS Case Manager: _____
First Initial, Last name of Case Manager

Fee Exceptions: ☐ Minor Limited Scope ☐ Multiple Permit ☐ Sq. Ft. Fee Waived

☐ Single Inspection ☐ Other: _____

☐ Approval to issue ☐ Approval to bring in **Approved by:** _____
First Initial, Last name of P.E.

Provide work description below:

ZONING OFFICE USE ONLY

☐ Review Required

Zoning Staff: _____
First Initial, Last name

Comments: _____

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