THE CITY OF COLUMBUS
DIVISION OF FIRE
FIRE PREVENTION BUREAU

Fire Prevention Bureau
CFD Permit-Requested Inspection Application

3639 Parsons Avenue, Columbus, Ohio 43207
Phone: 614-645-7641
Please type or print all information

Office Use Only: Facility ID: _____ Transaction No.: _____ Payment Amount: _____

SITE INFORMATION:

Certified Address _____ Zip _____ Unit/Space/Floor (*if applicable*) _____ Tax District/Parcel Number _____

Building Use: _____ Tenant Name: _____

Inspection Type:

- ◯ Foster Care - $100.00
- ◯ Adoption - $100.00
- ◯ Other - $100.00
- ◯ Group Home 5 or Less - $100.00
- ◯ Group Home 6 or More - $100.00
- ◯ Home Daycare - $125.00
- ◯ Institution - $100.00
- ◯ Business - $100.00
- ◯ Day Care/Pre-school/Afterschool-$150.00

Building Information:

Number of Stories: ____

Basement: ◯ Y ◯ N

Building Diminsions: ____ W ____ L

Property Ownership:

- ◯ Private
- ◯ State
- ◯ City
- ◯ Federal
- ◯ County
- ◯ Foreign

Property Use

- ◯ Business
- ◯ Single Family Resident
- ◯ School
- ◯ Apartment / Condo
- ◯ Church
- ◯ Other

As per the City of Columbus Fire Code Section 2501.06.4.3 fees for inspections are indicated above.

NO PAYMENT DUE UNTIL YOU RECEIVE AN INVOICE

Payment Instructions will be included on the invoice

Information and further instructions are available by clicking below

https://www.columbus.gov/public-safety/fire/inspections/Institution,-Education-and-Requested-Inspections-Office/

Applications will expire 180 days after receipt. Please have your inspection completed within 180 days of application.

PROPERTY OWNER OF RECORD:

Name _____ Street Address _____ City, State, Zip _____

Telephone Number/Ext. _____ Fax Number _____ E-Mail Address _____

Applicant:

Company/Name _____ Contact Name _____

Street Address _____ City, State, Zip _____

Telephone Number/Ext. _____ Fax Number _____ E-Mail Address _____

OFFICE USE ONLY:

- Project Number: _____
- Date Received: _____
- Date Paid _____
- Date Scheduled _____

Instructions:

Step 1) Fill out application Step 2) Save form and send completed copy to CFDRequest@columbus.gov

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.