

# Subcontractor Disclosure Form

Address: 111 N Front Street, Columbus, Ohio 43215

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DEPARTMENT OF BUILDING  
AND ZONING SERVICES

## Jobsite Information

Permit Number: \_\_\_\_\_ Certified Address: \_\_\_\_\_

Permit Holder: \_\_\_\_\_ Registration Number: \_\_\_\_\_

### Subcontractor:

Contractor Name: \_\_\_\_\_

City of Columbus License or Registration Number: \_\_\_\_\_

Scope of Subcontracted Work: \_\_\_\_\_

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Contractor Name: \_\_\_\_\_

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Contractor Name: \_\_\_\_\_

City of Columbus License or Registration Number: \_\_\_\_\_

Scope of Subcontracted Work: \_\_\_\_\_

## STATEMENT BY APPLICANT

I hereby certify that the contractor(s) listed will be performing work for the referenced permit as identified on this form. I further acknowledge that, as the permit holder, I am responsible for the work performed as regulated by the Columbus Building Code. I understand that any false statements later disclosed may cause loss of my license or registration and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature of Permit Holder: \_\_\_\_\_

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