Application Number: _____

Official Use Only

Plumbing Permit Application

Address: 111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-7433
Email: bzs-intake@columbus.gov
Website: www.columbus.gov/bzs

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF BUILDING AND ZONING SERVICES

Type of Structure:

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

Building Permit or Plan Review Number: _____
Trade supervisor approval required for all work without plan approval or not on Approved Minor Work Permit List

Number of Inspections Requested: (if no selections are made, a full permit will be issued)

☐ Minor Work Permit (per Approved Minor Work Permit List)
☐ 1 Inspection Permit (not available for 1,2,3 family structures)
☐ Full Permit (includes two inspections)

Job Site Information:

Certified Address: _____ Zip Code: _____

Unit, Space, or Floor (if applicable): _____ Tax District or Parcel: _____

Scope of Work: (check all applicable boxes)

☐ Description Revision; permit number: _____

☐ Advance Construction Start; related application number: _____

Work Description:

_____

_____

_____

Property Owner of Record:

Individual Name: _____ Company Name: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____ Email Address: _____

Permit Holder:

☐ Property Owner (a separate Homeowner's Building Permit Affidavit must also be completed)
☐ Contractor

City of Columbus Registration Number: _____

Company or Contractor Name: _____

Phone Number: _____

Project Manager Email Address: _____