Application Number: _____

Official Use Only

Miscellaneous Services 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

Option One: Additional Services on Existing Permit

Permit Number: _____ Jobsite Address: _____

☐ Additional Inspection Trip(s), Number Requested: _____

☐ After Hours Inspection Trip(s), Number Requested: _____

Option Two: Non-Permit Inspection

Applies when no work has been performed. Permits may be required based on the inspection results.

Type of Structure:

☐ 1, 2, 3 Family Dwelling ☐ 4 or More Family Dwelling; number of units: _____ ☐ Commercial

Type of Inspection:

☐ Structural ☐ Mechanical ☐ Electrical ☐ Plumbing

☐ Team Inspection, Signature of Approval by Building and Zoning Services Official:

_____

Inspection Information:

Address: _____ Zip Code: _____

Number of units to be inspected: _____ Parcel Number: _____

Area to be Inspected: _____

Applicant: ☐ Property Owner ☐ Tenant ☐ Other: _____

Name: _____

Street Address, City, State, Zip: _____

Email Address: _____ Phone Number: _____

Online payments are available for non-permit inspections. Payment instructions will be sent to the applicant's email address. For more information, visit www.columbus.gov/bzs

Would you like to submit payment online? ☐ Yes ☐ No