Application Number: _____

Official Use Only

Elective Suspension (Escrow) Application

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

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

Type: ☐ Demolition Contractor ☐ Home Improvement (General or Limited)
☐ Sign Erector (General or Limited) ☐ Sewer, Water, or Sewer and Water

Full Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Email Address for communication related to your license:

_____

License Number: _____ Currently Assigned To: _____

I, (licensee or registrant's name) _____, holder of the above license or registration, do hereby request this license or registration and the authority to apply for a permit and perform the work associated with it be removed from the assigned company above. I further request to place my license or registration in elective suspension (escrow). I understand that no work can be performed while my license or registration is in elective suspension. I further understand that a license or registration transferred to elective suspension carries an annual fee that must be paid by the due date of the license or registration renewal.

Signature of Licensee or Registrant: _____ Date: _____

Print Name: _____

Sworn to before me and signed in my presence this _____ day of _____ in the year _____.

Notary Seal here

_____

Signature of Notary Public or Building and Zoning Services Official

_____

My Commission Expires