



# Fire Prevention Bureau CFD Permit-Requested Inspection Application

3639 Parsons Avenue, Columbus, Ohio 43207

Phone: 614-645-7641

Please type or print all information

**Instructions:**

Step 1) Fill out application

Step 2) Save form and send completed copy to [CFDRequest@columbus.gov](mailto:CFDRequest@columbus.gov)

Step 3) Pay Invoice received from The City of Columbus

Step 4) CFD will queue inspection upon payment of invoice

DI - \_\_\_\_\_ Month \_\_\_\_\_

Lat. \_\_\_\_\_

Long. \_\_\_\_\_

**OFFICE USE ONLY:**

Date Recv: \_\_\_\_\_ Date Inv. Req: \_\_\_\_\_ Date Inv. Paid: \_\_\_\_\_ Date Sched: \_\_\_\_\_

Occupant ID: \_\_\_\_\_ Invoice ID: \_\_\_\_\_ Certificate of Occupancy:  Y  N  N/A

**APPLICANT INFORMATION:**

\_\_\_\_\_  
Certified Address Zip Suite /Unit/Flr (if applicable) Email Address

Building Use: \_\_\_\_\_ Tenant Name: \_\_\_\_\_

**PROPERTY OWNER OF RECORD:**

\_\_\_\_\_  
Name Street Address City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext. E-Mail Address Fax Number

**BUILDING INFO:** # of levels \_\_\_\_\_

Basement: Y  N  Residential:  Commercial:

**INSPECTION TYPE:**

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

**INVOICE BILLING:**

\_\_\_\_\_  
Company/Name Contact Name

\_\_\_\_\_  
Street Address City, State, Zip

\_\_\_\_\_  
Email Address Telephone Number/Ext. Fax Number

**PLEASE NOTE: Incomplete information is a rejection of this submittal. Applications will expire 180 days after receipt.**