Application Number: _____
Official Use Only

Roof, Siding, Windows, Doors 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

Job Site Information:

Certified Address: _____ Unit, Space, Floor: _____

Tax District or Parcel: _____

Gross Square Footage of the Working Area: _____

Cost of Construction: _____

Roofing

☐ Tear Off ☐ Lay-over; Number of existing layers: _____

Does the scope of the project involve any structural work (truss work, joists, decking)?
☐ Yes ☐ No

Is the roofing material asphalt shingle? ☐ Yes ☐ No
Are the replacement roof materials the same as existing? ☐ Yes ☐ No

Roof is being torn off or being laid over on:

☐ Main Structure ☐ Garage ☐ Both (1,2,3 family structures only) ☐ Other: _____

Is the entire roof being replaced? ☐ Yes ☐ No

Description of Work:

For tear-offs, include R-Value. If roofing material is not asphalt shingle, provide description of roof system. Provide location on structure (i.e. porch roof) if the entire roof is not being replaced.

_____

_____

Siding

Is the replacement siding aluminum or vinyl? ☐ Yes ☐ No

Is the replacement siding the same type and materials as existing? ☐ Yes ☐ No

Siding is being replaced on:

☐ Main Structure ☐ Garage ☐ Both (1,2,3 family structures only) ☐ Other: _____

Is the entire structure being sided? ☐ Yes ☐ No

Description of Work: Provide location on structure (i.e. front elevation) if all the siding is not being replaced.

_____

_____

Windows

Number of windows being replaced: _____

Other than an upgrade to the U-Factor, are the replacement windows the same size, type and materials as existing? ☐ Yes ☐ No

Windows are being replaced on:

☐ Main Structure ☐ Garage ☐ Both (1,2,3 family structures only) ☐ Other: _____

Are all existing windows being replaced? ☐ Yes ☐ No

Description of Work: Provide location on structure (i.e. front elevation) if all the windows are not being replaced.

_____

_____

Doors

Number of doors being replaced: _____

Other than an upgrade to the U-Factor, are the replacement doors the same size, type and materials as existing? ☐ Yes ☐ No

Doors are being replaced on:

☐ Main Structure ☐ Garage ☐ Both (1,2,3 family structures only) ☐ Other: _____

Are all existing doors being replaced? ☐ Yes ☐ No

Description of Work: Provide location on structure (i.e. rear patio) if all doors are not being replaced.

_____

_____

Property Owner of Record:

Individual Name: _____ Company Name: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____ Email Address: _____

Permit Holder:

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

City of Columbus Registration Number: _____

Company or Contractor Name: _____

Phone Number: _____ Project Manager Email Address: _____

Applicant:

☐ Property Owner ☐ Contractor ☐ Other; explain: _____

Individual Name: _____ Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

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

Design Professional:

Individual Name: _____ Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

Plan Examiner Use Only:

Does a BCS order exist for this address? ☐ Yes ☐ No
If yes, provide order number: _____
Scope of work approved by BCS: ☐ Yes ☐ No
Case Manager: _____

Is a Certificate of Approval or Appropriateness (CoA) Required? ☐ Yes ☐ No
If yes, provide CoA number and date of expiration: _____

☐ Approval to Issue ☐Approval to bring in Approved By (PE): _____

Adhere work description sticker here: