Subcontractor Disclosure Form

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

Jobsite Information

Permit Number: _____ Certified Address: _____

Permit Holder: _____ Registration Number: _____

Subcontractor:

Contractor Name: _____

City of Columbus License or Registration Number: _____

Scope of Subcontracted Work: _____

Subcontractor:

Contractor Name: _____

City of Columbus License or Registration Number: _____

Scope of Subcontracted Work: _____

Subcontractor:

Contractor Name: _____

City of Columbus License or Registration Number: _____

Scope of Subcontracted Work: _____

STATEMENT BY APPLICANT

I hereby certify that the contractor(s) listed will be performing work for the referenced permit as identified on this form. I further acknowledge that, as the permit holder, I am responsible for the work performed as regulated by the Columbus Building Code. I understand that any false statements later disclosed may cause loss of my license or registration and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Signature of Permit Holder: _____

Print Name: _____