Application Number: _____

Official Use Only

Building Permit 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

Commercial:

☐ Commercial Structure ☐ 4 or More Family Dwelling; Number of Units: _____
Has separate Site Compliance been requested? ☐ Yes ☐ No
If yes, Provide Tracking Number: _____

FOR COMMERCIAL APPLICATIONS, THE FOLLOWING FIELDS MUST ALSO BE COMPLETED

Type of Construction: _____ Use Group: _____

Does this building contain Fire Protection Systems? ☐ Yes ☐ No

If yes, please indicate type of system and whether there are modifications:

☐ Fully Sprinklered	Modification:	☐ Yes	☐ No
☐ Partially Sprinklered	Modification:	☐ Yes	☐ No
☐ Fire Alarm System	Modification:	☐ Yes	☐ No

Residential:

☐ 1 Family Dwelling ☐ 2 Family Dwelling ☐ 3 Family Dwelling

Type of Work

Plans Revision?
☐ Yes ☐ No If yes, Provide Permit Number: _____
Does the revision involve a modification or change to the approved exterior or building elevation?
☐ Yes ☐ No (changes to square footage cannot be processed as a revision)
Phased construction (3 or more phases)?
☐ Yes ☐ No If yes, attach Chief Building Official Approval
Advance Construction Start?
☐ Yes ☐ No If yes, associated Application Number: _____
Was a preliminary plan review performed?
☐ Yes ☐ No If yes, Preliminary Review Number : _____

Type of Work (continued)

Select one of the following:

- ☐ Addition
- ☐ Alteration (e.g. renovation, porch, 3 season room) or Accessory Structure (e.g. garage)
  - Does the alteration involve establishment or change of use? ☐ Yes ☐ No
- ☐ Damage (e.g. fire, vehicle impact)
- ☐ Deck or Ramp
- ☐ Fence or Retaining Wall
  - Will the fence (including attachments like lattice, trellis, barbed wire) exceed 6 feet (for 1-3 family structure) or 7 feet (for a multi-family or commercial structure)? ☐ Yes ☐ No
  - Will the retaining wall exceed 4 feet in height (from bottom of footing to top) or support a surcharge (e.g. nearby driveway or structure)? ☐ Yes ☐ No
- ☐ Foundation
- ☐ New Structure
- ☐ Parking Lot
- ☐ Secure; Associated Order Number: _____
- ☐ Swimming Pool
  - ☐ Above Ground ☐ In-Ground

Other:

- ☐ Certificate of Occupancy for Existing Structure
- ☐ Maximum Capacity Card
- ☐ Plan Exam Only (does not result in building permit)
- ☐ Preliminary Building Plan Review (does not result in building permit)
- ☐ Time Limited Occupancy (Building Official pre-approval required)

Job Site Information:

Certified Address: _____ Zip Code: _____

Unit/Space/Floor (if applicable): _____ Tax District/Parcel: _____

Subdivision: _____ Building or Lot Number: _____

Existing Use of Building/Space: _____

Project/Work Description:

_____

_____

_____

Project Name: _____

Gross Square Footage of the Working Area: _____

Cost of Construction: _____

Property Owner of Record:

Individual Name: _____ Company Name: _____

Street Address: _____

City, State and Zip: _____

Phone Number: _____ Email Address: _____

Permit Holder:

☐ Property Owner (a separate Property Owner's 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: _____

Individual Name:_____

Company Name:_____

Street Address: _____

City, State and Zip: _____

Phone Number: _____ Email Address: _____

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

Design Professional:

Individual Name:_____

Company Name:_____

Street Address: _____

City, State and Zip: _____

Phone Number: _____ Email Address: _____

BZS OFFICE USE ONLY

PLANS EXAMINER

Does a BCS order exist for this address? ☐ Yes ☐ No

If yes, provide order number: _____

Scope of work approved by BCS Case Manager? ☐ Yes ☐ No

Case Manager First and Last Name: _____

Fee Exceptions:

☐ Minor Limited Scope ☐ Multiple Permits ☐ Square Feet Fee Waived

☐ Single Inspection ☐ Other: _____

☐ Approval to issue ☐ Approval to bring in PE Name: _____

Provide Work Description Below:

_____

_____

_____

_____

ZONING OFFICE

☐ Review Required Zoning Staff: _____

Comments:

_____

_____

_____

_____