Application Number: _____

Official Use Only

Zoning Review Application

Address: 111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-8637
Email: ZoningInfo@columbus.gov
Website: www.columbus.gov/bzs

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

Date: _____

Type of Review: (Please check only one)

- ☐ 1, 2, or 3 Unit Residential Zoning Clearance
- ☐ Commercial Zoning Clearance
- ☐ Preliminary Zoning Review

Job Site Information:

Certified Site Address/Zip: _____

Parcel Number: _____ Unit/Suite Number: _____

Existing Use of Building/Property: _____

Proposed Scope of Work: _____

_____

Submit a site plan illustrating the project scope. Dimension the project area and distances from property lines.

Property Owner of Record:

Name: _____

Street Address/Zip: _____

Telephone Number: _____ Email Address: _____

Applicant: (Contact Person)

☐ Property Owner ☐ Contractor ☐ Agent/Attorney ☐ Design Professional

Name: _____

Company Name: _____

Street Address/Zip: _____

Telephone Number: _____ Email Address: _____

Payment instructions will be sent to the applicant's email address.

Zoning Office Use Only:

Okay to Process:

☐ Yes ☐ No

Return Application Form to: _____