JOURNEYPERSON PLUMBER APPLICATION

Address: 111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-7433
Email: bzslicensing@columbus.gov
Website: www.columbus.gov/bzs

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

INFORMATION FOR JOURNEYPERSON PLUMBER APPLICATION

Section 4114 of the Columbus Code requires the following be presented in order to apply for Board approval of a contractor license.

☐ Journeyperson Plumber Application: Completed and notarized application must be submitted no later than seven (7) days prior to the board meeting. The tentative meeting schedule for the Plumbing Board is the 3rd Wednesday of every month.

☐ A copy of passing test results (score of 70% or higher) for the National Standard Journeyman Plumber – F25 must be attached to the complete license application. For testing information, please contact The International Code Council at (877) 783-3926 or www.iccsage.org/certification-exam-catalog

Applicant must possess the required experience as stated within this application.

Upon Board approval, the applicant will receive notification by certified mail with instructions on how to complete the remaining steps in the licensing process. Please do not come in for license processing until you have received approval notification by mail.

APPLICATION SUBMISSION AND FEE

Applications that are completed with notary seal and signature can be submitted to the following:

- In person or by mail: Department of Building and Zoning Services, 111 North Front Street, Columbus, OH 43215
- Email: BZSLicensing@columbus.gov

If not notarized, the applicant needs to hand deliver the application to our office between 9:00 and 4:00 on days of business.

Information can be found in the Contractor License & Registration Fees area of the Combined Development Related Fee Schedule. If mailing the application, a check made payable to the Columbus City Treasurer may be included for payment. If no payment is received with the application, a link to pay the fee through our Citizen Access Portal will be sent to the email address shared on the application. When the fee is paid, the application will advance for Board review.

For additional information, contact the Customer Service Center at bzslicensing@columbus.gov or (614) 645-7433 or visit us online at www.columbus.gov/bzs.

Columbus Building Code, Section 4114.505: Minimum experience qualifications for a Department issued license:

(E) Journeyperson Plumbers License. The minimum experience required for an applicant for a journeyperson plumber license shall be as follows:

(1) Have a minimum of five (5) full years' experience in the plumbing trade installing building services plumbing systems and apparatus including potable water systems; or completed a United States Department of Labor, Bureau of Apprenticeship Training (USDOL, BAT) certified plumbing apprenticeship program.

(2) Satisfactorily complete and pass, with a grade of at least 70 percent, the written examination(s) as prescribed herein. The required examinations shall be administered by an approved testing agency as identified by the chief building official and approved by the appropriate board of review. After one year from the date that a passing score was achieved on any required examination for a department-issued license, the passing score for that examination or examinations shall become invalid unless an application for licensure has been made.

Application No.: _____

Official use only

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For application requirements for any license or registration, refer to Columbus Building Code, Chapter 4114.

I, the undersigned, hereby apply for a contractor license, in the City of Columbus, Ohio, and for that purpose give the following information and answers to all the questions contained in this application.

Full Name: _____ Date of Birth: ____/____/_____

Street Address, City, State, Zip Code: _____

Phone Number: _____

Email address for notification of permits issued under applicant's license:

_____

Email Address for communication related to issuance of applicant's license:

_____

Have you previously held this type of license with the City of Columbus? ☐ Yes ☐ No

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? ☐ Yes ☐ No

If yes, which board? _____ Date: _____ Board Decision: _____

Work History

List your present employment first, then follow with any previous employment that applies. Only the employment listed will be considered in determining eligibility of the applicant (attach additional sheets and/or resume if necessary):

☐ Check here if additional sheets are attached

Dates Employed – From:____/____/_____ To: ____/____/_____ ☐ Current

Title of your present position: _____ Employer: _____

Name and Title of Immediate Supervisor: _____

Are you or were you the owner of this company? ☐ Yes ☐ No

Description of hands-on work experience:

_____

_____

_____

Dates Employed – From:____/____/_____ To: ____/____/_____

Title of your present position: _____ Employer: _____

Name and Title of Immediate Supervisor: _____

Are you or were you the owner of this company? ☐ Yes ☐ No

Description of hands-on work experience:

_____

_____

_____

Dates Employed – From:____/____/_____ To: ____/____/_____

Title of your present position: _____ Employer: _____

Name and Title of Immediate Supervisor: _____

Are you or were you the owner of this company? ☐ Yes ☐ No

Description of hands-on work experience:

_____

_____

_____

STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my license and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Print Name: _____ Date: _____

Signature of Applicant: _____

Sworn to before me and signed in my presence this _____ day of _____ in the year _____.

Notary Seal here

_____
Signature of Notary Public or Building and Zoning Services Official

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OFFICIAL USE ONLY

Board Action for Certification: Approved Disapproved

Board Member Initials:

YES _____ | _____ | _____ | _____ | _____ | _____ | _____ Date: _____

NO _____ | _____ | _____ | _____ | _____ | _____ | _____ Date: _____

Signature of Board Chairman: _____ Review Date: _____

By (Secretary): _____ Date: _____