SIGN ERECTOR CONTRACTOR 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 SIGN ERECTOR CONTRACTOR APPLICATION

Section 3381 of the Columbus Code requires the following be presented in order to apply for Board approval of a General or Limited Sign Erector contractor license.

☐ Sign Erector Contractor 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 Board of Sign Erectors is the 1st Tuesday of every month.

Applicants are required to attend the Sign Erectors board meeting which takes place at 3:00 pm in Room 203 at the Department of Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215.

☐ Exhibits/photos detailing the actual signs fabricated, erected or otherwise installed by the applicant

NOTE: Please review all information and have your application notarized before filing for a license. If the application is not notarized, all documents will be returned without being processed. 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 & 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 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 Zoning Code, Section 3381.12: Qualification of Applicant

A. An application for a license as a limited sign erector shall have a minimum of three (3) years experience in erection and fabrication of signs.

B. An applicant for a license as a general sign erector shall have a minimum of five (5) years experience in erection and fabrication of signs.

C. The applicant for either license who does not meet the requirements of A or B above may present a complete statement of qualifications to the board for its consideration. If the board determines that such person is qualified by reason of experience, training, or education or any combination thereof, it shall certify the name of the eligible applicant to the department.

D. A limited sign erector shall only engage in the erection, maintenance, and removal of graphics no more than 64 square feet in area, limited to 16 feet in height, and not installed over the public right-of-way

E. A general sign erector may erect and service all graphics allowed by this Graphics Code.

Application No.: _____
Official use only

SIGN ERECTOR CONTRACTOR 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

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

☐ General Sign Erector ☐ Limited Sign Erector

I, the undersigned, hereby apply for a Contractor Registration, 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: _____

Home Phone Number: _____

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

_____

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

_____

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

If yes, provide the following if known: Registration Number: _____ Exp. Date: _____

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: _____

Continued next page

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):

NOTE: Please attach a complete list of work experiences directly pertaining to the fabrication and erection of signs, along with any completed training and/or education to be considered by the Board of Review for the purpose of determining that the applicant meets the experience requirements of the Graphics Code (See C.C. 3381, Qualifications of Applicant). The applicant should describe types, size, and locations of signs, and the specific tasks that he/she has performed on those signs. Documenting the listed projects with photographs or illustrations is encouraged.

☐ 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 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 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 right of registration and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Print/Type 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 & Zoning Services Official

---

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: _____