THE CITY OF COLUMBUS
DIVISION OF FIRE
FIRE PREVENTION BUREAU

Fire Prevention Bureau
CFD Permit-Requested Inspection Application

3639 Parsons Avenue, Columbus, Ohio 43207
Phone: 614-645-7641

Please type or print all information

Instructions:

Step 1) Save form to computer
Step 2) Open form in ADOBE Acrobat, Fill out the application, send completed copy to CFDRequest@columbus.gov
Step 3) Pay Invoice received from The City of Columbus
Step 4) CFD will queue inspection upon payment of invoice

DI - _____ Month _____

Lat._____

Long._____

OFFICE USE ONLY:

Date Recv: _____ **Date Inv. Req:**_____ **Date Inv. Paid:** _____ **Date Sched:**_____

Occupant ID: _____ **Invoice ID:** _____ **Certificate of Occupancy:** ◯ **Y** ◯ **N** ◯ **N/A**

APPLICANT INFORMATION:

Certified Address | Zip | Suite /Unit/Flr (*if applicable*) | Email Address

Building Use: _____ Tenant Name:_____

PROPERTY OWNER OF RECORD:

Name | Street Address | City, State, Zip

Telephone Number/Ext. | E-Mail Address | Fax Number

BUILDING INFO: # of levels _____

Basement: Y ◯ N ◯ Residential: ◯ Commercial: ◯

INSPECTION TYPE:

- ◯ Foster Care - $100.00
- ◯ Adoption - $100.00 Other
- ◯ $100.00
- ◯ * Group Home 5 or Less - $100.00
- ◯ *Group Home 6 or More - $100.00
- ◯ * Home Daycare - $125.00
- ◯ Institution - $100.00
- ◯ New Business - $100.00
- ◯ *Day Care/Pre-school/Afterschool-$150.00

*For All Group Homes, Home Daycare and Daycare/Pre-School/Afterschool requests a Certificate of Occupancy to be required to be submitted with this application.

INVOICE BILLING:

Company/Name | Contact Name

Street Address | City, State, Zip

Email Address | Telephone Number/Ext. | Fax Number

PLEASE NOTE: Incomplete information is a rejection of this submittal. Applications will expire 180 days after receipt.