

Electric Permit Application

757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-6090 • Fax: 614-645-0082 • www.bzs.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Please type or print all information

Property Owner of Record*:

Name Street Address City, State, Zip

Telephone Number/Ext. Fax Number E-Mail Address

Contractor²:

City of Columbus Registration No.* Company/Contractor Name*

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

Signature of Contractor or Authorized Signer* Print or Type Name

Subcontractor (If Applicable):

City of Columbus Registration No.* Company/Contractor Name* Telephone Number/Ext.*

Description/Scope of Work Subcontracting: _____

If payment will be made through a SOFT Account, please provide the following:

SOFT Account# PIN#

SOFT Account Authorized Signature

*** Required information: PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**

tmt 12/15

¹ One (1) fifteen minute inspection; only applies to scopes of work identified on published Minor Limited Scope list.

² Section must be completed by electrical contractor registered to work in the City of Columbus **OR** property owner performing work on an existing owner occupied, single family dwelling. If work is being performed by property owner, Homeowner's MEP affidavit must also be completed.

Please make checks payable to the Columbus City Treasurer