

Electric Permit Application

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

DEPARTMENT OF BUILDING
AND ZONING SERVICES

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

Residential:

Commercial:

Type of Work:

Date: _____

- 1 Family Dwelling
- 2 Family Dwelling
- 3 Family Dwelling

- 4 or more Family Dwelling;
of Units: _____
- Commercial Structure

- Addition to Building
- New Construction
- Minor Limited Scope¹
- Removal Start: Related application #: _____
- Permit Description Revision: Provide permit #: _____

- Alter Existing
- Replace/Repair Existing
- 1 Inspection Permit

Building Permit/Plan Review# _____

Plan approval is required for all work not listed on Minor Limited Scope publication

Additional Inspections Requested: _____

Job Site Information:

Certified Address*

Zip Code

Working in Unit#, Suite/Flr.

Tax District/Parcel*

Description/Scope of Work*: _____

Does this scope of work include the installation of a Plug-in Electric Vehicle Charging Station?* Y N

Does this scope of work include the installation of a Renewable Energy Source?* Y N

If **YES**, please check applicable box and provide kW on space provided.

Solar Panel(s); kW: _____ Wind Turbine(s); kW: _____ Hydro Power; kW: _____

Fuel Cell(s); kW: _____ Other; describe: _____; kW: _____

# of Services; amps per service/gang:	# of Temporary Services; amps per service:	# of Freestanding Services; amps per service	# of Standby Generators; amps per generator	# of Emergency Generators; amps per generator

Light Fixtures	Switches	Receptacles	Motors/Appliances	Air Cond./Heat Pumps	Swimming Pool Hook-up
Smoke Detectors	Sub Panels	Transformers	Disconnects	Electric Heat Units	Total Devices

Lighting for Tent, Carnival Lighting for a tree lot, pumpkin lot, etc. Site/Landscape Lighting#

State approved Industrialized Unit Is this for Temporary Service?

* **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

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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

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