

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

Contractor¹:

_____ City of Columbus Registration No.**	_____ Company/Contractor Name	_____ Street Address
_____ 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.
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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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****Required Information: PLEASE NOTE: Incomplete information will result in the rejection of this submittal.**

¹ Property owners applying for a permit to work on an existing owner occupied, single family dwelling must complete the Homeowner's MEP affidavit.
Please make checks payable to the Columbus City Treasurer