

# Building Permit Application

111 N Front Street, Columbus, Ohio 43215  
Phone: 614-645-6090 • Email: bzs-intake@columbus.gov • Fax: 614-645-0082 • www.bzs.columbus.gov

**ALL FEES ARE NON-REFUNDABLE • Make checks payable to the Columbus City Treasurer**

**Commercial:** Commercial Structure      4 or More Family Dwelling; # of Units: \_\_\_\_\_      **Date:** \_\_\_\_\_

**After Hours Review Requested?**      Y    N

Has separate Site Compliance been requested?      Y    N    **If Y, Provide Tracking #:** \_\_\_\_\_

**Residential:**    1 Family Dwelling      2 Family Dwelling      3 Family Dwelling

**Type of Work:**

Is this submittal a revision to approved plans?      Y    N      **If Y, Provide Permit Number:** \_\_\_\_\_

Does the revision involve a modification or change to the approved exterior or building elevation?      Y    N  
(changes to square footage cannot be processed as a revision)

Will construction be phased (3 or more phases)?      Y    N      **If Y, attach Chief Building Official approval**

Is an Advance Construction Start being requested?      Y    N      **If Y, Associated Application #:** \_\_\_\_\_

Was a preliminary plan review performed?      Y    N      **If Y, Preliminary Review #:** \_\_\_\_\_

Addition (i.e., 3 season room; porch)  
Alteration/Accessory Structure (i.e., renovation; garage)  
Does the alteration involve establishment or change of use?      Y    N  
Damage (i.e., fire; auto)  
Deck/Ramp  
Fence (over 6 ft.)

Foundation  
New Structure  
Parking Lot; # of Spaces: \_\_\_\_\_ # of ADA Accessible Spaces: \_\_\_\_\_  
Patio (commercial only)  
Secure; Associated Order No.: \_\_\_\_\_  
Swimming Pool

**Other:**

- Certificate of Occupancy for Existing Structure
- Maximum Capacity Card
- Plan Review Only (does not result in building permit)
- Preliminary Building Plan Review
- Preliminary Building Plan Review Meeting (Option available after a Preliminary Plan Review has been performed)
- Time Limited Occupancy (Building Official pre-approval required)

**Job Site Information:**

\_\_\_\_\_  
Certified Address      Zip      Unit/Space/Floor (if applicable)      Tax District/Parcel Number

\_\_\_\_\_  
Subdivision      Bldg/Lot #      # of Stories      Existing Use of Building/Space

**Project/Work Description:** \_\_\_\_\_

\_\_\_\_\_  
Project Name      Gross Sq. Ft. Working Area      Cost of Construction

**Additional Inspections Requested** \_\_\_\_\_

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### FOR COMMERCIAL APPLICATIONS, THE FOLLOWING FIELDS MUST ALSO BE COMPLETED

Subtype of Construction: \_\_\_\_\_

Use Group: \_\_\_\_\_

Does this building contain Fire Protection Systems?    Y    N

If Yes, please indicate type of system and whether there are modifications.

Fully Sprinklered - Modification:        Y    N

Partially Sprinklered - Modification:    Y    N

Fire Alarm System - Modification:        Y    N

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### PLANS EXAMINER USE ONLY

Does a BCS order exist for this address?    Yes    No

If YES, provide order number: \_\_\_\_\_

Scope of work approved by BCS Case Manager: \_\_\_\_\_  
First Initial, Last name of Case Manager

**Fee Exceptions:**    Minor Limited Scope    Multiple Permit    Sq. Ft. Fee Waived  
 Single Inspection    Other: \_\_\_\_\_

Approval to issue    Approval to bring in   **Approved by:** \_\_\_\_\_  
First Initial, Last name of P.E.

Provide work description below:

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### ZONING OFFICE USE ONLY

Review Required    **Zoning Staff:** \_\_\_\_\_  
First Initial, Last name

Comments: \_\_\_\_\_  
\_\_\_\_\_

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### Property Owner of Record:

\_\_\_\_\_  
Individual Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.

\_\_\_\_\_  
E-Mail Address

### Permit Holder:

Property Owner (A separate Property Owner's Building Permit affidavit must also be completed.)

Contractor:

\_\_\_\_\_  
City of Columbus Registration No.

\_\_\_\_\_  
Company/Contractor Name

\_\_\_\_\_  
Telephone Number/Ext.

\_\_\_\_\_  
E-Mail Address of Project Manager

### Applicant:

Property Owner      Contractor

Other; explain: \_\_\_\_\_

\_\_\_\_\_  
Individual Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.

\_\_\_\_\_  
E-Mail Address

### Design Professional:

\_\_\_\_\_  
Individual Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.

\_\_\_\_\_  
E-Mail Address

**Would you like to submit payment online?**    Yes\*    No

**\*Payment instructions will be sent to the Applicant's email address.**

tmt 01/20