

AND ZONING SERVICES

## **Home Improvement Contractor Application**

111 N Front Street, Columbus, Ohio 43215 Phone: 614-645-7433 • www.columbus.gov/bzs

#### INFORMATION FOR HOME IMPROVEMENT CONTRACTOR APPLICATION:

Section 4114 of the Columbus Code requires the following be presented in order to apply for Board approval of a contractor license.

Home Improvement Contractor Application; Completed and notarized application must be submitted no later
than <b>seven (7) days prior</b> to the board meeting. The tentative meeting schedule for the Board is the first
Wednesday of every month.
A copy of passing test results (score of 70% or higher) for 767 Ohio Home Improvement Contractor, must
be attached to the complete license application. For testing information contact The International Code
Council at (877) 783-3926 or <a href="www.iccsage.org/certification-exam-catalog/">www.iccsage.org/certification-exam-catalog/</a> . Home Improvement <a href="Limited">Limited</a>
Contractor License applicants are not required to take the test.

### **READ THE FOLLOWING THOROUGHLY:**

**HOW CAN YOU EXPEDITE YOUR APPLICATION?** To be sure that your application is approved by the Board without delay, you **MUST** include your hands-on experience on this application. Hands-on meaning experience you gained by physically working with your hands on a home improvement job. This does **NOT** include business ownership or hands-off supervision. The HIC Board is **ONLY** interested in seeing the experience you gained while working in the field. Applications not filled out properly or do not provide the requested information will be tabled to the following month's meeting.

- To be considered for a *Home Improvement General Contractors License* you MUST have at least three years of hands-on installation experience in One , Two -, or Three Family Homes.
- To be considered for the *Home Improvement Limited Contractor License* you MUST have at least one full year of hands-on experience in each of the fields for which you are applying.
- See back for Columbus Building Code, Chapter 4114.505: Minimum experience qualifications for a department-issued license.

Please review all information and have your application notarized before filing for a license. If the application is not notarized or signed by a BZS Official, all documents will be returned without being processed.

Upon Board approval, the applicant will receive notification by certified mail with instructions on how to complete the remaining steps in the licensing process. Please do not come in for License processing until you have received approval notification by mail.

### **BOARD APPLICATION FEE**

Non-Refundable \$185.00 filing fee (Checks are to be made payable to Columbus City Treasurer)

Payment may be made in person or by mail to:

City of Columbus Department of Building and Zoning Services 111 N Front Street Columbus, Ohio 43215

For additional information, visit us online at <a href="https://www.columbus.gov/bzs/contractor-licensing-and-registration/">https://www.columbus.gov/bzs/contractor-licensing-and-registration/</a> Contractor-Licensing-Registration/ or call our Customer Service Center at (614) 645-6090.

2023 Meeting Dates **Application Must Be Received by:** January 4, 2023 December 28 February 1, 2023 January 25 March 1, 2023 February 22 April 5, 2023 March 29th May 3, 2023 April 26th June 7, 2023 May 31st July 12, 2023 June 28th July 26th August 2, 2023 September 6, 2023 August 30th September 27th October 4, 2023 October 25th November 1, 2023 November 29th December 6, 2023

CHECK WEBSITE FOR POTENTIAL DATE CHANGES

https://www.columbus.gov/bzs/boards-and-commissions/Board-of-General-and-Home-Improvement-Contractors/

#### Columbus Building Code, Chapter 4114.505: Minimum experience qualifications for a department-issued license.

- (A) **Home Improvement General Contractor License**. The applicant for a home improvement general contractor license shall have a minimum of three (3) full years of "hands-on" installation experience in the one (1), two (2), and three (3) family home improvement field.
- (B) **Home Improvement Limited Contractor License**. The applicant for a home improvement limited contractor license in the following fields of specialization shall have a minimum of one (1) full year of "hands-on" experience in that field for which a license is applied:
  - (1) Residential roofing
  - (2) Residential siding, windows, and doors
  - (3) Residential deck installation
  - (4) Residential basement waterproofing
  - (5) Residential prefabricated fireplaces and wood or coal stoves
  - (6) Residential masonry fireplaces
  - (7) Residential fencing
  - (8) Residential sidewalks and driveway approaches
  - (9) Residential exterior lathing and stucco
  - (10) Residential swimming pools and spas
  - (11) Residential asphalt paving
  - (12) Residential irrigation sprinkler
  - (13) Residential gypsum board

Each limitation requires one full year of hands-on experience. For example, if you apply for two limitations, you must have one year of experience in each field.

- (C) "Hands-on" experience shall be characterized by active personal involvement by of the applicant in the activity directly related to the type of license for which application is being made. Such active personal involvement shall have provided for the acquisition of practical experience, knowledge, and mechanical aptitude in the physical installation, operation, control, adjustment, repair, and maintenance of the specific trade or craft.
- (G) Alternatively, in lieu of the above requirements of Section (A), (B), or (C) above, the applicant for any Home Improvement license may be:
  - (1) A registered design professional who holds a current and valid certificate as an architect or engineer as allowed under the Ohio Revised Code and who is experienced in residential design and construction; or
  - (2) A graduate architect or engineer, with at least one (1) full year's experience as a designer or installer in the specific field of work for the type of home improvement contractor license for which application is made.
- (H) Determination of a Full Year. A "full year" of experience, where required in sections (A), (B), (C), (G) above, shall be based on twelve (12) consecutive calendar months during which the applicant shall have been gainfully and verifiably employed for not less than sixteen hundred (1600) working hours at the specific craft, trade, or profession for which an application for a department-issued license is being made.



Application No.:	
11	official use only

# **Home Improvement Contractor Application**

DEPARTMENT OF BUILDING AND ZONING SERVICES

111 N Front Street, Columbus, Ohio 43215 Phone: 614-645-7433 • www.columbus.gov/bzs

**NOTE:** Home Improvement contractors are permitted to work on existing 1, 2, and 3 family dwellings. For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

To be sure that your application is approved by the Board without being delayed, you **MUST** include hands-on experience on this application. This does **NOT** include business ownership or hands-off supervision. The HIC Board is **ONLY** interested in learning hands-on experience gained while working in the field. *Applications not filled out properly or do not provide the requested information will be tabled to the following month.* 

information will be tabled to the following month.								
Home Improvem	ent General Contractor	(a copy of the applicant's pas	sing test results must be attached)					
<b>Home Improvem</b>	ent Limited Contractor	; Specify limitations below	• •					
Siding, Windows, Do	oors Deck Installation	Basement Waterproofing	Sidewalks & Driveway Approaches	Roofing				
Swimming Pools & S	Spas Asphalt Paving	Exterior Lathing & Stucco	Irrigation Sprinkler	Fencing				
Masonry Fireplaces	Prefabricated fireplac	ces & wood or coal stoves	Gypsum Board					
	apply for a Home Improveme and answers to ALL of the ques		City of Columbus, Ohio and for that pation:	purpose give				
Full Name		Date of Birth						
Home Address	City/St	Home Phone Number	Home Phone Number					
Email Address for commun	ication related to approval of	applicant's license:						
Are vou a United States citi	zen or national, a lawful perm	anent resident, or an alien au	thorized to work in the United States	s? Yes No				
•	_			100 110				
-	nis type of license with the City							
If Yes, provide the following	g if known: License Number	:	Expiration Date:					
Have you ever been summo	oned before any City of Colum	bus Contractor Board of Revie	ew for any type of violation hearing?	Yes No				
If Yes, which board?	Dat	eBoard	Decision					
WORK HISTORY								
	ome Improvement Generation experience in the one-, to		plicant must have a minimum of throrovement field.	ee (3) full				
	ome Improvement Limite he field(s) for which application		plicant must have a mininum of one	(1) year of				
Experience must be list resume.	ed in the "DESCRIPTION (	OF WORK EXPERIENCE" b	ox or on an attached additional	sheet or				
	ent, then follow with any prev f the applicant (attach addition		. Only the employment listed will be ecessary):	considered				
Check here if additional	sheets are attached							
FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POS	ETTION EMPLOYER/ORGA	ANIZATION BUSINESS PHO	NE				
TO (MO/DAY/YR)	MAILING ADDRESS	,	,					
NAME AND TITLE OF IMME	EDIATE SUPERVISOR	ARE YOU WORKI	NG FOR THIS EMPLOYER NOW?	YES NO				
		IF YES, MAY WE C	CONTACT THIS EMPLOYER? Y	TES NO				
DESCRIPTION OF WORK:		ARE YOU THE OW	VNER OF THIS COMPANY? Y	TS NO				

NO

YES

IF YES, HAVE YOU WORK HANDS-ON IN THE FIELD? (MUST PROVIDE IN DESCRIPTION OF WORK)

FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS P	PHONE				
TO (MO/DAY/YR)	MAILING ADDRESS							
NAME AND TITLE OF IMM	EDIATE SUPERVISOR	ARE YOU WORKING FOR THIS EMPLO	OYER NOW?	YES	NO			
		IF YES, MAY WE CONTACT THIS EMP.	LOYER?	YES	NO			
DESCRIPTION OF WORK:		ARE YOU OR WERE YOU THE OWNER COMPANY?	R OF THIS	YES	NO			
		IF YES, HAVE YOU WORK HANDS-ON IN TI (MUST PROVIDE IN DESCRIPTION OF WOI		YES	NO			
FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS P	HONE				
TO (MO/DAY/YR)	MAILING ADDRESS	1	<u> </u>					
NAME AND TITLE OF IMM	EDIATE SUPERVISOR	ARE YOU WORKING FOR THIS EMPLO	OYER NOW?	YES	NO			
		IF YES, MAY WE CONTACT THIS EMP	LOYER?	YES	NO			
DESCRIPTION OF WORK:		ARE YOU OR WERE YOU THE OWNER COMPANY?	R OF THIS	YES	NO			
		IF YES, HAVE YOU WORK HANDS-ON IN TH (MUST PROVIDE IN DESCRIPTION OF WOR		YES	NO			
	Building & Zoning Svcs. Official) gned in my presence thisday	Print/Type Name of, in the year	Date					
Notary Seal Here								
Si	Signature of Notary Public or Building & Zoning Svcs. Official  My Commission Expires							
<b>OFFICIAL USE ONLY</b> Board Action for Certificat		☐Tabled ☐ Rejected for Eligibilit		ue to Tim	ie Limit			
Board Member Initials: Y	ES	-    - -						
Signature of Board Chairn	nan:	Review Da	te:					
By (Secretary):		Date:						