

Building 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

Residential: 1 Family Dwelling 2 Family Dwelling 3 Family Dwelling

Date: _____

Commercial: 4 or More Family Dwelling; Commercial Structure
 # of Units: _____

New Construction:

Accessory Structure
 Addition
 New Structure
 Change of Use
 Industrialized Unit
 Relocated Structure

Alteration:

Antenna
 Fire/Other Damage
 Radon Mitigation
 Siding
 Exterior
 New/Expanded Use

Deck/Ramp
 Fireplace (Masonry)
 Reroof
 Swimming Pool
 Tent
 Unheated Porch

Fence (over 6 ft.)
 Interior Renovation
 Retaining Wall
 Window/Door Replacement
 Minor Limited Scope*

For New Commercial Only:

Separate Site Compliance: Y N If Yes, Please provide Tracking Number: _____

Phased Construction: Number of Phases: _____ Foundation Permit Requested: Y N • If Yes, indicate type:
 Footing Only Foundation to Grade Only Foundation w/underground utilities to include: Electric HVAC-R Plumbing

Other Types of Work:

Revision to Approved Plans: Building Permit No. _____ Preliminary Building Plan Review
 Plan Review Only (**does not result in building permit**) Maximum Capacity Card

Certificate of Occupancy for Existing Structure ***Building Official pre-approval required***

Time Limited Occupancy ***Building Official pre-approval required***

Parking Lot: Number of Spaces: _____ Number of ADA Spaces: _____

Removal Start: Reason: Fire Water Natural Disaster Vehicle Investigative Purposes Other: _____

Interior Renovation Permit Application # associated with this Removal Start: _____

Secure Permit: Associated Order Number: _____

Job Site Information:

_____ Certified Address** _____ Zip _____ Working in Unit/Ste./Flr.** _____ Tax District/Parcel Number**

_____ Subdivision _____ Bldg/Lot # _____ # of Stories _____ Gross Sq. Ft. Working Area** _____ Cost of Construction**

Existing use of building space:** _____

For all Commercial; provide the following: Subtype of Construction:** _____ **Use Group**:** _____

Describe Project/Work:**

Additional Inspections Requested _____

OFFICIAL USE ONLY: Plan Examiner Approval: Approval to bring in Plan Review Fee: _____
 Approval to issue O.C. Permit Fee: _____
 Staff Initials: _____ Multiple submittal Additional Fees Due: _____

*** One 15 minute inspection; see published Minor Limited Scope List**

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

Contractor:

City of Columbus License No.** Company/Contractor Name Street Address

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

Signature of Contractor or Authorized Signer** **Print or Type Name**

Applicant:** **Contractor** **Owner** **Other** (*please provide contact information below*)
Note: Applicants other than City of Columbus contractors must complete the attached Affidavit

Name (Contact Person) Company Name Street Address

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

Architect/Engineer:

Name (Contact Person) Firm Street Address

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

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.
Please make checks payable to the Columbus City Treasurer**

Building Permit Affidavit

757 Carolyn Avenue, Columbus, Ohio 43224

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Phone: 614-645-6090 • Fax: 614-645-0082 • www.bzs.columbus.gov

Property Owner of Record**:

Name Street Address City, State, Zip

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

Residential (1, 2, 3 Family Dwellings)

I am the owner of the 1, 2, 3 family property located at _____
Street Address City, State, Zip

- I understand that additional permits may be required for electrical, plumbing, mechanical, & occupancy.
- I will not contract with someone who is not licensed by the City of Columbus to do work on a 1, 2, or 3 family dwelling.
- I will require licensed contractors to obtain their own permits when applicable.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.*

Print Full Name Signature

OR

Commercial/Multi-Family

Agent for Owner:

Contractor Tenant Architect/Engineer Attorney Plan Service Firm Other _____

Print Name Mailing Address City, State, Zip

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

I am the Owner Agent for the Owner **of this** 4(or more) family dwelling Commercial
property located at _____
Street Address City, State, Zip

- I understand that additional permits may be required for electrical, plumbing, mechanical, fire protection, & occupancy.
- I will not contract with someone who is not licensed by the City of Columbus to do work on a commercial/multi-family structure.
- I will require licensed contractors to obtain their own permits when applicable.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.*
- The Name and signature below must match the applicant information on the attached Building Permit Application.

Print Full Name Signature

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

Signature of Notary Public or Building & Zoning Services Official

Building Permit Application Requirements

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The following must be submitted with this Application:

Commercial:

Three copies of professionally-sealed building plans, including all structural, architectural, mechanical and electrical aspects of the building.

Copy of rezoning "limitation text" printed on site plan, if applicable.

Copy of lot split/combination documentation, if applicable

Copy of "recorded easements" and affidavits, if applicable

Copy of "Certificate of Appropriateness" and any variance results, if applicable

Copy of "Certified Address"; Required for all new construction or when creating a new tenant space. Certified addresses may also be required for other circumstances.

For all **Tenant Finishing and/or Remodeling Work & Projects to be completed in 60 days or less:** All necessary documentation for fire alarm and/or fire suppression systems must be submitted with the initial submittal for the basic building permit.

For applications being submitted without City of Columbus licensed/registered contractor (contractor section must be completed by individual listed as an authorized signer for contractor license/registration), the attached affidavit must be submitted. Copies and/or incomplete affidavits will not be accepted. The **applicant** may sign the affidavit in the presence of a Building & Zoning Services staff member in lieu of having the affidavit notarized.

Maximum Capacity Card:

Two copies of the Floor Plan for **each floor**; DRAWN TO SCALE (1/8" = 1' 0" or 1/4" = 1' 0"); Should show in detail & to scale the following:

- Exterior walls of building or demising walls of tenant space
- All interior walls or partitions
- Doors and direction of swing
- Toilet room fixtures (water closet, urinals, & lavatories)
- Tables & chairs, if applicable
- Booths [one (1) person 24" length], if applicable
- Equipemtn & fixtures (kitchen equipment not necessary)
- Location of exit signs
- Location of emergency lighting
- Panic hardware, if applicable
- Name & address to be placed on plans
- Aisle widths
- Show Maximum Occupant load for each room or space

Residential

Two copies of building plans w/siteplans attached.

NOTE: Truss drawings must bear the seal of a registered design professional.

Copy of lot split/combination documentation, if applicable

Copy of "recorded easements" and affidavits, if applicable

Copy of "Certificate of Appropriateness" and any variance results, if applicable

Copy of "Certified Address"; Required for all new construction. Certified addresses may also be required for other circumstances.

If application is being submitted by the **home owner**, the attached affidavit must be submitted. Copies and/or incomplete affidavits will not be accepted. The **home owner** may sign the affidavit in the presence of a Building & Zoning Services staff member in lieu of having the affidavit notarized.

To view the current Department of Building & Zoning Services fee schedule, please click here