

Application No.:

Official Use Only

Miscellaneous Services Application 111 N Front Street, Columbus, Ohio 43215 Phone: 614-645-7433 • Email: bzs-intake@columbus.gov • www.bzs.columbus.gov

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

	es on Existing Permit*		Date:
Permit Number		Jobsite Address	
Additional Inspecti	ion: # Requested:		
After Hours Inspec	tion: # Requested:		
Partial Certificate o	of Occupancy (PCO)		
Non-Permit Insp	ection (Applies when no work ha	s been performed. Permits may b	e required based on the inspection result
Type of Structure:	1, 2, 3 Family Dwelling	Commercial 4 or More	Family Dwelling; # of units:
Type of Inspection:	: Electrical Plumbing	Mechanical Structural	
	Team Inspection:	re of Approval by BZS Offic	
Address	Zip	Unit(s) being inspected	Tax District/Parcel Number
	Zip	inspected	,
Area to be Inspected:		inspected	,
Area to be Inspected: Applicant: Pro By submitting this appany work has been don	perty Owner Tenant Dlication, I certify that no work	inspected Other: has been performed. I under not meet code, a permit will	stand that if it is determined that be required at an additional cost as
Area to be Inspected: Applicant: Pro By submitting this appany work has been don	perty Owner Tenant blication, I certify that no work ne or if existing condition does	inspected Other: has been performed. I under not meet code, a permit will	stand that if it is determined that be required at an additional cost as

Inspections for the next business day between 8:30 am - 3:30 pm, can be scheduled online until midnight.

^{*}Additional Services are available for purchase online.