

Permit Transfer Request

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

APPLICANT INFORMATION

Individual Name

Date

Email Address

Phone Number/Ext.

PERMIT INFORMATION

MLS

Standalone

Permit Number

Certified Address (as listed on permit)

Unit/Space/Floor

Tax District/Parcel Number

TYPE OF TRANSFER REQUESTED

ADDRESS *Two copies of the site plan must be provided in order to transfer the address on residential new builds.*

New Address:

Certified Address

Unit/Space/Floor

Tax District/Parcel Number

Related /Parent Permit for new address:

PERMIT HOLDER *If permit is being transferred from contractor to property owner, associated affidavit must also be submitted.*

New Permit Holder:

License/Registration Number

Company Name

Phone Number/Ext.

Project Manager E-Mail Address (for permit notification)

PROPERTY OWNER OF RECORD *Affidavit required for permits issued to property owners.*

Property Owner Name

E-Mail Address

Mailing Address

City/State

Zip