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## INFORMATION FOR SEWER & WATER APPLICATION:

**Section 4114 of the Columbus Code requires the following be presented in order to secure a contractor license.**

- Sewer & Water Contractor Application; completed and signed by the person chosen to be the responsible party for the company license. This application must be notarized.
- A Bond in the amount of \$25,000. The enclosed bond form must be used. Specific information for bond completion may be found on the enclosed bond information sheet.
- A Certificate of Liability Insurance listing City of Columbus, Department of Building & Zoning Services, 111 N Front Street, Columbus, Ohio 43215, as a certificate holder, written by an insurance company licensed to do business in the State of Ohio, with the limits of liability no less than three hundred thousand dollars (\$300,000) for damages to a single person, and five hundred thousand dollars (\$500,000) for one (1) occurrence.
- Approved application **and** board approval letter from Department of Public Utilities (per code section 4114.505)

The tentative meeting schedule for the Department of Public Utilities Contractor Review Committee is the 3rd Thursday of every month. Please do not submit the water and sewer application packet to the Department of Building and Zoning Services for license processing until you have received approval notification from Public Utilities. If additional information is needed, please call the Department of Public Utilities Contractor Review Committee staff person at (614) 645-7490.

### NOTE:

Individual name, and company name if applicable, must be listed identically on all documents. Please review all information and have your application notarized before filing for a license. If the application is not notarized, all documents will be returned without being processed. **Submittal must include approved documents from the Department of Public Utilities.**

### LICENSE FEE

Non-refundable \$300.00 license fee.

**If paying by check, make check payable to Columbus City Treasurer.**

Application may be submitted to:

BZSLicensing@Columbus.gov (you will receive an email containing a link to pay the fee online)

-OR-

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

For additional information, contact the Customer Service Center at [bzslicensing@columbus.gov](mailto:bzslicensing@columbus.gov) or (614) 645-7433 or visit us online at [www.columbus.gov/bzs](http://www.columbus.gov/bzs).

# Sewer and Water Contractor Application

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

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

## Type of License:

Sewer      Water      Sewer and Water

**NOTE:** Approval documents from Department of Public Utilities must be submitted with this application. For application requirements for ANY license, refer to Columbus Building Code, Chapter 4114.

### PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION

I, the undersigned, hereby apply for a Contractor License, in the City of Columbus, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application.

\_\_\_\_\_  
Full Name      Date of Birth

\_\_\_\_\_  
Home Address      City/State/Zip      Home Phone Number

Email Address for notification of permits issued under applicant's license: \_\_\_\_\_

Email Address for communication related to issuance of applicant's license: \_\_\_\_\_

Have you previously held this type of license with the City of Columbus?    Yes    No

If YES, provide the following if known:    License Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing?    Yes    No

If YES, which board? \_\_\_\_\_ Date \_\_\_\_\_ Board Decision \_\_\_\_\_

### PART II: ASSIGNMENT OF LICENSE TO BUSINESS CONCERN

By completing this section, the applicant confirms his/her association with the business concern as a legal full-time officer, proprietor, partner, or employee. The applicant will be actively engaged in and perform work only for the business concern listed below.

\_\_\_\_\_  
Business Name      Phone Number/Ext

\_\_\_\_\_  
Address      City/State/Zip

### PART III: STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of licensure, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

\_\_\_\_\_  
Signature of Applicant      Print/Type Name      Date  
(sign in presence of notary or Building & Zoning Services Official)

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      My Commission Expires

**Incomplete information will result in the rejection of this submittal.**