

## Certified Address Request Form

Please email completed request form to [BZS-GIS@columbus.gov](mailto:BZS-GIS@columbus.gov)  
111 N Front Street, Columbus, Ohio 43215 • Phone: 614-645-5661 • [bzs.columbus.gov](http://bzs.columbus.gov)

Date: \_\_\_\_\_

Site plans are required for all requests and should follow the [Digital Submission Requirements](#).

Site Plan Attached?    Yes    No

Project Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Company: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **REQUEST INFORMATION**

Address Type:	Single Unit (Residential)	Subdivision
	Single Unit (Commercial)	Demolition
	Multi-Unit (Residential or Commercial)	Other (non-occupiable structure)

Existing Address: \_\_\_\_\_

If the proposed building or development extends over multiple parcels, these parcels will need to be combined at the appropriate County Office prior to addressing. Please attach the stamped county lot combination form when submitting your address request.

Parcel Number(s): \_\_\_\_\_  
\*list all\*

Purpose for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please e-mail the completed request form to [BZS-GIS@columbus.gov](mailto:BZS-GIS@columbus.gov). Your request will be processed in the order it was received.