

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

DEPARTMENT OF BUILDING AND ZONING SERVICES

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

Home Phone Number
City /State / Zip
ense or registration:
icense or registration:
Current Company Name:
, holder of the above license/registration, do hereby request
a permit and perform the work associated with it be removed from the assigned stration and the authority vested herein be transferred as indicated below. I am nee documentation reflecting the change.
ame.
any listed below. By completing this section, I confirm my association with the er, proprietor, partner, or employee. I will be actively engaged in and perform elow.
Company Phone
Company City/State/Zip
ling & Zoning Services Official) Date
day of, in the year
Signature of Notary Public or Building & Zoning Services Official
Signature of Notary Public or Building & Zoning Services Official My Commission Expires
My Commission Expires

A board application fee will be required for all applications that require board approval.