

Elective Suspension (escrow) Application

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

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

Type of License (check one): Demolition Home Improvement Sewer &/or Water Sign Erector

Full Name

Home Phone Number

Home Address

City /State / Zip

Email Address for communication related to your license: _____

License Number: _____ Currently Assigned To: _____

I, _____, holder of the above license, do hereby request this license and the authority to apply for a permit and perform the work associated with it be removed from the assigned company above. I further request to place my license in elective suspension (escrow). I am attaching the necessary fee (bond and liability insurance are not required). **I understand that no work can be performed while my license is in elective suspension.** I further understand that a license transferred to elective suspension carries an annual fee that must be paid by the due date of the license renewal.

Signature of Licensee
(sign in presence of notary or Building & Zoning Services Official)

Print/Type Name

Date

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