

# Electrical Permit Application

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

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

**TYPE OF STRUCTURE:**

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

1 Family Dwelling    2 - 3 Family Dwelling    4 or more Family Dwg; Total # of Units in Bldg: \_\_\_\_\_    Commercial Structure

**BUILDING PERMIT/PLAN REVIEW #:** \_\_\_\_\_

*Plan approval or trade supervisor approval required for all work not listed on Minor Work Permit List*

**NUMBER OF INSPECTIONS REQUESTED:** *If no selections are made, a full permit will be issued.*

Minor Work Permit (per Minor Scope Permit List)      1 Inspection Permit      Full permit (includes two inspections)  
*Not available for 1, 2, 3 family*

If more than two inspections are needed, please provide the number of **additional** inspections requested at this time: \_\_\_\_\_

**JOB SITE INFORMATION:**

\_\_\_\_\_  
Certified Address    Zip    Unit/Space/Floor    Tax District/Parcel Number  
*if applicable*

**SCOPE OF WORK:** *Check all applicable boxes*

Description Revision; Permit #: \_\_\_\_\_      Advance Constr. Start; Related App#: \_\_\_\_\_  
Plug-in Electric Vehicle Charging Station  
Renewable Energy Source; kW: \_\_\_\_\_    Solar Panel(s)    Wind Turbine(s)    Hydro Power    Fuel Cell(s)    Other: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY OWNER OF RECORD:**

\_\_\_\_\_  
Name    Street Address    City, State, Zip

\_\_\_\_\_  
Telephone Number    Extension    E-Mail Address

**PERMIT HOLDER:**    Contractor    Homeowner *Option available for work on existing owner occupied single family dwelling. A separate Homeowner's MEP affidavit must also be completed.*

\_\_\_\_\_  
City of Columbus Registration No.    Company/Contractor Name

\_\_\_\_\_  
Telephone Number    Extension    E-Mail Address of Project Manager *(for inspection notification emails)*