

**Roofing, Siding, Window, Door 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**

**Residential:** 1 Family Dwelling      2 Family Dwelling      3 Family Dwelling      **Date:** \_\_\_\_\_  
**Commercial:** 4 or More Family Dwelling;      Commercial Structure  
# of Units: \_\_\_\_\_

**Job Site Information:**

\_\_\_\_\_ Certified Address      \_\_\_\_\_ Unit/Space/Floor      \_\_\_\_\_ Tax District/Parcel Number      \_\_\_\_\_ Cost of Construction  
*(if applicable)*

<b>ROOFING</b>	<b>SIDING</b>
Gross Sq. Ft. of Working Area: _____ Tear-off      Lay-over; Number of <b>existing</b> layers: _____ Does the scope of work involve any structural work (truss work, etc.)? <b>Yes* No</b> Is the replacement roofing material asphalt shingle? <b>Yes No;</b> Provide description of roof system in Description of Work; For tear-Offs, include R-Value Is the replacement roof the same type and materials as existing? <b>Yes No*</b> Reroof:    Main Structure    Garage    Both (1, 2, 3 family only) Other: _____ Is the entire roof being replaced? <b>Yes No;</b> Provide location on structure (i.e., porch roof) in Description of Work <b>Description of Work:</b>  	Gross Sq. Ft. of Working Area: _____ Is the replacement siding aluminum or vinyl? <b>Yes No*</b> Is the replacement siding the same type and materials as existing? <b>Yes No*</b> Siding:    Main Structure    Garage    Both (1, 2, 3 family only) Other: _____ Is the entire structure being sided? <b>Yes No;</b> Provide location on structure (i.e., front elevation) in Description of Work  <b>Description of Work:</b>  
<b>WINDOWS</b>	<b>DOORS</b>
Number of windows being replaced: _____ Other than an upgrade to the U-Factor, are the replacement windows the same size, type and materials as existing? <b>Yes No*</b> Windows are being replaced on: Main Structure    Garage    Both (1, 2, 3 family only) Other: _____ Are all existing windows being replaced? <b>Yes No;</b> Provide location on structure (i.e., front elevation) in Description of Work <b>Description of Work:</b>  	Number of doors being replaced: _____ Other than an upgrade to the U-Factor, are the replacement doors the same size, type and materials as existing? <b>Yes No*</b> Doors are being replaced on: Main Structure    Garage    Both (1, 2, 3 family only) Other: _____ <b>A description of the door(s) being replaced (i.e., rear patio)  must be provided in Description of Work</b>  <b>Description of Work:</b>  

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### PLANS EXAMINER USE ONLY

Does a BCS order exist for this address?  Yes  No

If YES, provide order number: \_\_\_\_\_

Scope of work approved by BCS Case Manager: \_\_\_\_\_  
First Initial, Last name of Case Manager

Is a CoA required?  Yes  No

If YES, provide CoA number and date of expiration: \_\_\_\_\_

**Fee Exceptions:**  Minor Limited Scope  Sq. Ft. Fee Waived  
 Single Inspection  Other: \_\_\_\_\_

Approval to issue  Approval to bring in **Approved by:** \_\_\_\_\_  
First Initial, Last name of P.E.

Provide work description below:

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### Property Owner of Record:

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

\_\_\_\_\_  
Telephone Number/Ext.                      E-Mail Address

**Permit Holder:**              Contractor              Property Owner *(A separate Property Owner's Building Permit affidavit must also be completed.)*

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

\_\_\_\_\_  
Telephone Number/Ext.                      E-Mail Address of Project Manager (for inspection notification emails)

**Applicant:**              Contractor              Property Owner              Other: \_\_\_\_\_

\_\_\_\_\_  
Name (Contact Person)                      Company Name                      Street Address                      City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.                      E-Mail Address

**Would you like to submit payment online?**      Yes\*      No

### Design Professional:

\_\_\_\_\_  
Name (Contact Person)                      Company Name                      Street Address                      City, State, Zip

\_\_\_\_\_  
Telephone Number/Ext.                      E-Mail Address