

DEPARTMENT OF BUILDING AND ZONING SERVICES

Zoning Review Application

111 N Front Street, Columbus, Ohio 43215 Phone: 614-645-8637 • Email: zoninginfo@columbus.gov • www.columbus.gov/bzs/

Application No.:

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

pe of Review: (Please check o	nly one)	Date:		
1, 2, or 3 Family Zoning Clearance	Commercial Zoning Clearance	Preliminary Zoning Review		
Other:				
b Site Information:				
Address of Site	ress of Site Zip		el Number	
Subdivision Complex Name		Unit/Suite	Building #/Lot #	
Existing Use of Building/Property		Area of Construct	ion	

Proposed Work (Use of Property)

Submit: 2 copies of a site plan illustrating the project. Dimension the project area and distance from property lines.

Property Owner of Record:

Individual Name Telephone Number/Ext.		Company Name		Street Address	City, State, Zip	
		E-Mail Address				
Applicant:	Property Owner	Contractor	Agent	Architect/Eng.	Attorney	
Name (Contact Person)		Company Name		Street Address	City, State, Zip	
Telephone Number/Ext.		E-Mail Address				
Would you l	like to submit payn	nent online?	Yes*	No		
OFFICE USE O	DNLY Zoning Clea	arance - Commerci	al [350]	Zoning Clearance	e - Residential [355]	Preliminary Review [360]
	Zoning Clearar	Date:				
PLEASE	E NOTE: A building peri *Pay			plete information w nt to the applicant's		on of this submittal. ba 12/2

For all questions regarding this form please call: 614-645-8637 or email zoninginfo@columbus.gov