

AND ZONING SERVICES

DEPARTMENT OF BUILDING

**Zoning Number Request Form** 

Please email completed request form to OneStopPlans@columbus.gov 111 N Front Street, Columbus, Ohio 43215 • Phone: 614-645-5661 • Fax: 614-645-0082 • *bzs.columbus.gov* 

	Date:			
			nmission related applicati uilding or utility permits.	on purposes. Unlike a
Project Name:				
Applicant Name:				
Company:				
E-mail:	Phone Number:			
REQUEST INFORMA	ΓΙΟΝ			
Existing Address: . (if applicable)				
Does the zoning applic If Yes, please provide a			portion of one parcel? the subject area.	Yes No
Provide all parcel num			ommas:	
-				
Purpose for request:	Rezoning	Council Variance	Graphics Commission	Board of Zoning Adjustment
	Other; explain:			
Provide Detail:				
- Please e-mail the comple was received.	eted request for	m to <u>OneStopPlans@</u>	<u>columbus.gov</u> . Your request	will be processed in the order it