

Fire Prevention Bureau CFD Permit-Requested Inspection Application

3639 Parsons Avenue, Columbus, Ohio 43207

Phone: 614-645-7641

Please type or print all information

Office Use Only: Facility II	acility ID: Transaction No.		o.: Payment Amount:		
SITE INFORMATION:					
Certified Address Zip		Unit/Space/F	Unit/Space/Floor (if applicable) Tax District/Parcel Number		
Building Use:		_ Tenant Name:			
Inspection Type:					
Foster Care - \$100.00 Group Home 5 or Less - \$		\$100.00	100.00 Institution - \$100.00		
Adoption - \$100.00	Group Home 6 or More -	\$100.00	Business - \$100.00		
Other - \$100.00	Home Daycare - \$125.00	•	Day Care/Pre-school/Afterschool-\$150.00		
Building Information:	Property Ownership:		Property Use		
Number of Stories:	Private	State	Business	Single Family Resider	
Basement: Y N	City	Federal	School	Apartment / Condo	
Building Diminsions: W	L County	Foreign	Church	Other	
Applications will expire 180 PROPERTY OWNER OF RECOR	o days after receipt. Please ha	ve your inspection o	completed within 18	o days of application.	
Name		Street Address	S	City, State, Zip	
Telephone Number/Ext.	Fax Number	E-Mail Address			
Applicant:					
Company/Name		Contact Name	Contact Name		
Street Address		City, State, Zip)		
Telephone Number/Ext.	Fax Number		E-Mail Address	S	
OFFICE USE ONLY: • Project Number:	• Date Received:	• Date Paid	• Date S	cheduled	
Instructions:		_			
Step 1) Fill out application	Step 2) Click Submit but	tton or send to CF	DRequest@colun	nbus.gov	