

Applicant Name: _____ Job Site Address: _____ Application No.: _____



Affidavit for Permit

City of Columbus, Ohio ▪ Department of Development ▪ Building Services Division
757 Carolyn Avenue, Columbus, Ohio 43224 ▪ Phone: 614-645-7433 ▪ Fax: 614-645-7912 ▪ www.columbus.gov

CAUTION: If you act as your own general contractor, you alone are responsible for the quality of the work & compliance with City Codes.

Property Owner of Record:**

Name (please print) Mailing Address City, State, Zip

Telephone Number Fax Number E-Mail Address

Agent for Owner:**

Contractor Tenant Architect/ Engineer Attorney Plan Service Firm Other: _____

Name (please print) Mailing Address City, State, Zip

Telephone Number Fax Number E-Mail Address

Affidavit:** Please check the appropriate statement and provide the property address below:

Residential (1,2,3 Family Dwelling) :

I am the Owner of this 1,2,3 Family Residential

Commercial & Multi Family:

I am the Owner Agent for the Owner **of this** 4(or more) Family Residential Commercial Misc.: _____

Which is located in the City of Columbus, Ohio at:

Number Street Apt. or Unit #

- I understand that additional permits may be required for electrical, plumbing, refrigeration, heating, fire protection, & occupancy.
- I will not contract with someone who is not licensed by the City of Columbus to do work on a 1,2 or 3 family dwelling.
- I will require licensed companies to obtain their own permits when applicable.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.
- The Name and signature below **must match the applicant information** on the attached *Building Permit Application* form.

Print Full Name Signature

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

Signature of Notary Public or Building Services Division Official

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SEC. 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT & A FINE OF \$1,000 OR BOTH.

**** Required Information: PLEASE NOTE:** Incomplete information will result in the rejection of this submittal.

For all questions regarding this form and fees please call: 614-645-6090

Please make checks payable to the Columbus City Treasurer