

DEMOLITION CONTRACTOR APPLICATION

Address: 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-7433

Email: bzslicensing@columbus.gov

Website: www.columbus.gov/bzs

INFORMATION FOR DEMOLITION CONTRACTOR APPLICATION

- ☐ Completed application that is signed and notarized or signed in front of a Building and Zoning Services (BZS) official must be submitted at least seven (7) days prior to the board meeting. The tentative meeting schedule for the Board is the first Wednesday of every month. A link to the board calendar follows: <https://www.columbus.gov/Business-Development/Building-Zoning-Services/Boards-and-Commissions/Board-of-General-and-Home-Improvement-Contractors>

Applicants must possess the required experience as stated within this application.

Upon Board approval, the applicant will receive notification by certified mail with instructions on how to complete the remaining steps in the licensing process. Please do not come in for License processing until you have received approval notification by mail.

BOARD APPLICATION FEE

Information can be found in the Contractor License & Registration Fees area of the Combined Development Related Fee Schedule. If mailing the application, a check made payable to the Columbus City Treasurer may be included for payment. If no payment is received with the application, a link to pay the fee through our Citizen Access Portal will be sent to the email address shared on the application. When the fee is paid, the application will advance for Board review.

For additional information, contact the Customer Service Center at bzslicensing@columbus.gov or (614) 645-7433 or visit us online at www.columbus.gov/bzs.

Application No.: _____

Official use only

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DEPARTMENT OF BUILDING
AND ZONING SERVICES

NOTE: For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

I, the undersigned, hereby apply for a Demolition Contractor Registration, in the City of Columbus, Ohio and for that purpose give the following information and answers to all of the questions contained in this application:

Full Name: _____ Date of Birth: ____/____/____

Street Address, City, State, Zip Code: _____

Phone Number: _____

Email address for notification of permits issued under applicant's registration:

Email Address for communication related to issuance of applicant's registration:

Have you previously held this type of registration with the City of Columbus? ☐ Yes ☐ No

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? ☐ Yes ☐ No

If yes, which board? _____ Date: _____ Board Decision: _____

Work History

To be considered for the Demolition Contractor Registration, the applicant must have three (3) full years of experience in the demolition field immediately preceding the date of application. A "full year" of experience shall be based on twelve (12) consecutive calendar months during which the applicant shall have been gainfully and verifiably employed for not less than sixteen hundred (1600) working hours performing the work of construction demolition. This experience must be listed in the "Description of Work Experience" box or on an attached additional sheet or resume.

List your present employment, then follow with any previous employment that applies. Only the employment listed will be considered in determining eligibility of the applicant (attach additional sheets or a resume if necessary):

☐ Check here if additional sheets are attached

Dates Employed – From: ____/____/____ To: ____/____/____ ☐ Current

Title of your present position: _____ Employer: _____

Name and Title of Immediate Supervisor: _____

Are you or were you the owner of this company? ☐ Yes ☐ No

Description of hands-on work experience:

Dates Employed – From: ____/____/____ To: ____/____/____ ☐ Current

Title of your position: _____ Employer: _____

Name and Title of Immediate Supervisor: _____

Are you or were you the owner of this company? ☐ Yes ☐ No

Description of hands-on work experience:

Dates Employed – From: ____/____/____ To: ____/____/____ ☐ Current

Title of your position: _____ Employer: _____

Name and Title of Immediate Supervisor: _____

Are you or were you the owner of this company? ☐ Yes ☐ No

Description of hands-on work experience:

STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my registration and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Print Name: _____ Date: _____

Signature of Applicant: _____

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

Notary Seal here

Signature of Notary Public or Building and Zoning Services Official

OFFICIAL USE ONLY

Board Action for Certification: ☐ Approved ☐ Disapproved

Board Member Initials:

YES _____ | _____ | _____ | _____ | _____ | _____ | _____

Date: _____

NO _____ | _____ | _____ | _____ | _____ | _____ | _____

Date: _____

Signature of Board Chairman: _____ Review Date: _____

By (Secretary): _____ Date: _____