HOME IMPROVEMENT GENERAL CONTRACTOR LICENSE APPLICATION

Address: 111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-7433
Email: bzslicensing@columbus.gov
Website: www.columbus.gov/bzs

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

INFORMATION FOR HOME IMPROVEMENT GENERAL CONTRACTOR LICENSE 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 next meeting of the Board of Review of General and Home Improvement Contractors. 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

☐ A copy of passing test results (score of 70% or higher) for 767 Ohio Home Improvement Contractor. For testing information contact the International Code Council at (877) 783-3926 or visit the following site: www.iccsafe.org/certification-exam-catalog.

APPLICATION SPECIFICS AND PROCESS

- Applications that do not provide all the requested information will be tabled until complete.
- Upon Board approval, the applicant will receive notification by certified mail with instructions for completing the additional steps in the licensing process. The applicant should not come in for License processing until they receive their approval notification in the mail.

APPLICATION SUBMISSION

Applications that are completed with notary seal and signature can be submitted to the following:

- In person or by mail: Department of Building and Zoning Services, 111 North Front Street, Columbus, OH 43215
- Email: BZSLicensing@columbus.gov

If not notarized, the applicant needs to hand deliver the application to our office between 9:00 and 4:00 on days of business.

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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NOTE: Home Improvement Contractors are permitted to work on existing 1, 2, and 3 family dwellings. For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

I, the undersigned, hereby apply for a Contractor License, in the City of Columbus, Ohio, and for that purpose give the following information and answers to ALL the questions contained in this application.

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

Street Address, City, State, Zip: _____

Phone Number: _____

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

_____

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

_____

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

If yes, provide the following if known: License Number: _____

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: _____

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 license 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 & 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: _____