

Affidavit Working Without A Permit

Address: 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-6416

Website: www.columbus.gov/bzsDEPARTMENT OF BUILDING
AND ZONING SERVICES

I acknowledge work was performed without the required permit, at the property address identified below, which is a violation of Columbus Building Code Chapter 4113. As a result of signing this document, I waive my right to appear before the appropriate governing Board of Review and plead guilty to the described violation. The Board of Review will evaluate this violation and determine if any further action is necessary per sections 4114.537 and 4114.727 of the Columbus Building Code. If, in the opinion of the Board, suspension or revocation of my registration/license may be justified I reserve my right to present this case before the Board of Review prior to any final decision.

Property Address of Work:

Street Address: _____ Unit/Apt #: _____

City: _____ Zip Code: _____

Contractor Performing Work:

License/Registration #: _____ Company: _____

Phone Number: _____ Fax Number: _____

Full Address: _____

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 & Zoning Services Official

My Commission Expires: _____

Mail form to:

Building and Zoning Services Attn: Building Plans Review
111 N Front Street Columbus, Ohio 43215
For questions regarding this form please call 614-645-6416