

APPLICATION FOR RESIDENTIAL ELECTRIC PERMIT

PERMIT # _____
PLAN EXAM # _____
APPROVAL DATE _____
ZONING # _____
CONST. CLASS _____

CITY OF CANTON, OH
 424 Market Ave. N., 3rd Floor
 Canton, OH 44702
 330-430-7800 / FAX: 330-430-7848
 www.cantonohio.gov



RENTAL PROPERTY: Y N

DATE _____

LOCATION ADDRESS: _____	# OF UNITS IN BLDG: _____
PROJECT NAME: _____	PROJECT COST: _____
	RM # / FLOOR #: _____

CONTRACTOR _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	PHONE _____
EMAIL ADDRESS _____		CITY OF CANTON LICENSE #: _____	

PROPERTY OWNER _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	PHONE _____

EQUIPMENT INSTALLED:		
<input type="checkbox"/> SERVICE/CHANGE	<input type="checkbox"/> Additional meters	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Outlets, switches, lights	<input type="checkbox"/> Elec. Appliances over 1500w	<input type="checkbox"/> Elec. controlled htg units
<input type="checkbox"/> Air Conditioning – Furnace	<input type="checkbox"/> Panelbds & discon. 100 amp and over	Other _____

PERMIT FEES & INSPECTIONS:		
CHECK NO. _____	Permit Fee, \$50 minimum	\$ _____
CASH _____	New or Reconnection of Service (\$50.00)	\$ _____
MAIL _____	Reinspection for code violation (\$50.00)	\$ _____
CREDIT CARD* _____	Rough/Add'l Insp. Fee (\$25.00)	\$ _____
	<i>All rough inspections must be paid with permit application</i>	
	No Show Reinspection Fee (\$75.00)	\$ _____
	Penalty Fee - 2x permit fee	\$ _____
<input type="checkbox"/> NEW STRUCTURE, ADDITIONS, ARE \$2.00 PER 100 SQ. FT. OF AREA SERVED, \$50 MINIMUM FEE,		
PLUS ANY ADDITIONAL INSPECTIONS (\$2.00 X () 100 SQ. FT.)		
<input type="checkbox"/> Inspections conducted before 8am and after 4:30pm,		
on legal holidays and Saturday and Sunday (\$150.00 per hour or portion thereof)		
NO FINAL INSPECTION WILL BE GIVEN UNTIL ALL FEES HAVE BEEN PAID		
	SUBTOTAL	\$ _____
	1% BBS	\$ _____
	TOTAL	\$ _____
Signature _____		
Applicant, Agent, Owner		

**Credit card payments accepted via phone or in office*
 The applicant, agent, owner of this building and the undersigned does (1) agree to conform to applicable laws of the City of Canton and State of Ohio, (2) responsible to verify that the job location is in the City Limits of Canton and if the job location is out of the city limits, **NO** refund will be issued, (3) the address is correct, (4) **responsible for making arrangements for all inspections**, (5) GENERAL CONTRACTOR SHALL NOTIFY ALL UTILITY COMPANIES INVOLVED IN THE SITE NO MORE THAN TEN DAYS AND NO LESS THAN 48 HOURS IN ADVANCE OF EXCAVATION (ORC 3781.28). CALL BEFORE YOU DIG - OUPS 1-800-362-2764; ADDRESS MUST BE VISIBLE ON FRONT OF BUILDING AS PER CANTON CODE 913.01. *Asbestos regulations may apply to this project. Please contact Canton City Health Dept., Air Pollution Control Division at 330-489-3385. Rev. 6/3/2010; 9/25/2012; 6/18/2013; 5/24/2021.