

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

PERMIT # _____
PLAN EXAM # _____
ZONING # _____
CONST. CLASS _____
USE GROUP: _____

1, 2, & 3-family Dwelling Units
 CITY OF CANTON, OH
 424 Market Ave. N., 3rd Floor
 Canton, OH 44702
 330-430-7800 / FAX: 330-430-7848
 www.cantonohio.gov



DATE _____

LOCATION ADDRESS: _____	
PROJECT NAME: _____	ROOM # / FLOOR #: _____
CONTRACT VALUE OF PROJECT: \$ _____	SQ. FT. _____ (round UP to nearest 100 sq. ft.)
DETAILED DESCRIPTION OF WORK: _____ _____	

TYPE OF IMPROVEMENT:			
_____ NEW BLDG	_____ REPAIR	_____ ADDITION	_____ OTHER
_____ ALTER/REMODEL	_____ EXISTING	_____ GARAGE/POLE BLDG	

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

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

INSPECTIONS & FEES OWED:		
CHECK _____	_____ FOOTER/FNDTN (\$25.00 each)	\$ _____
MAIL _____	_____ ROUGH(S) (\$25.00)	\$ _____
CASH _____	<i>All rough inspections must be paid with permit application</i>	
CREDIT CARD*	_____ ADDITIONAL (\$25.00)	\$ _____
	_____ FINAL/STANDARD FEE (\$50.00)	\$ 50.00
<input type="checkbox"/> NEW RESIDENTIAL STRUCTURES , INCLUDING ADDITIONS, ARE \$3.00 PER 100 SQ. FT. PLUS STANDARD \$50.00 PERMIT FEE, PLUS ANY ADDITIONAL INSPECTIONS (\$3.00 X () 100 SQ. FT.)		
<input type="checkbox"/> REMODEL/ALTERATIONS , BASED UPON CONTRACT VALUE PLUS \$50.00 STANDARD PERMIT FEE, PLUS ANY ADDITIONAL INSPECTIONS.		
	Cost per \$1,000 (\$10.00 per \$1,000), thereafter	\$ _____
	OVER \$5,000 (\$5.00 per \$1,000) (round UP to nearest \$1,000)	\$ _____
	Penalty Fee (if applicable) - 2x permit fee	\$ _____
	Reinspection Fee for Code Violation (\$50.00)	\$ _____
<input type="checkbox"/> Inspections conducted before 8am and after 4:30pm, on legal holidays and Saturday and Sundays (\$150.00 per hour or portion thereof)		
	SUBTOTAL	\$ _____
Signature _____	1% BBS	\$ _____
Applicant, Agent, Owner	TOTAL	\$ _____

**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.