



THE CITY OF CANTON

THOMAS M. BERNABEI, MAYOR

CANTON BOARD OF BUILDING APPEALS

Canton City Ordinance - Appeal Request Form

***** Residential Code of Ohio and Canton Codified Ordinances Only *****

Appellant's Name & Address:

Date: _____

Phone#: _____

E-Mail#: _____

Address of Property in Violation:

Date of Violation: _____

Parcel#: _____

Owner Occupied

Non-Owner Occupied

Vacant Structure

*****Reason for appeal*****

Interior Maintenance

Exterior Maintenance

No Show

Demolition Order

Order to Comply

Other

Description: _____

Deposit of \$100.00 REQUIRED. Deposit will be refunded if appeal is SUCCESSFUL.

You will be notified by mail as to the date and time of the Board of Building Appeals Meeting.

PLEASE ATTACH A COPY OF THE VIOLATION TO THIS FORM.

Signature: _____

