

APPLICATION FOR ZONING PERMIT



PERMIT No. _____
BZA CASE NO. _____
TOTAL FEE _____
CHECK <input type="checkbox"/>
MONEY ORDER <input type="checkbox"/>
CREDIT CARD <input type="checkbox"/>

CITY OF CANTON, OH
 218 Cleveland Ave SW, 6th Floor
 Canton, OH 44702
 330-438-4129
www.cantonohio.gov

DATE _____

LOCATION ADDRESS _____

This Permit Expires Six Months From Issuance If Work Is Not Substantially Started

CONTRACTOR _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	PHONE _____
EMAIL ADDRESS _____			
PROPERTY OWNER _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	PHONE _____
EMAIL ADDRESS _____			
New Bldg _____	Fence _____	Business _____	Zoning District _____
Addition _____	Sw. Pool _____	Industrial _____	Flood Zone _____
Sign _____	Residential _____		Building Setbacks
Garage _____	Institution _____		FR _____ LS _____
Shed _____			RR _____ RS _____
Size of Project _____	Size of Lot _____	Contract Value \$ _____	

- *All applications must include accurate drawings with respect to size and placement of all structures*
- *All fencing applications must include fencing height and material*
- *All payments must be paid in full before applications will be given final consideration*
- *Payments may be made by Check, Credit/Debit Card, or Money Order*
- *Credit Card Payments are accepted via phone or in office.*

The applicant, agent, owner of this building and the undersigned is/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) **VERIFY PROPERTY LINE LOCATION PRIOR TO CONSTRUCTION**, and (5) **responsible for making arrangements for all inspections**, (6) 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).