APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

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 _____SIGNAGE

_____ALTER/REMODEL _____EXISTING _____POLE BLDG _____OTHER

CONTRACTOR_____ EMAIL_____

ADDRESS_____

CITY_____ STATE _____ ZIP_____ PHONE _____ FAX_____

PROPERTY OWNER_____

ADDRESS_____ EMAIL_____

CITY_____ STATE_____ ZIP_____ PHONE_____ FAX_____

INSPECTIONS & FEES OWED:

CHK NO. _____ _____FOOTER/FNDTN ($25.00 each) $_____

MAIL _____ _____ROUGH(S) ($25.00) $_____

CASH _____ *All rough inspections must be paid with permit application*

CREDIT CARD* _____ADDITIONAL ($25.00) $_____

_____FINAL/STANDARD FEE ($50.00) $ **50.00**

☐ **NEW CONSTRUCTION**, 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.) $_____

☐ **REMODEL/ALTERATIONS**, BASED UPON CONTRACT VALUE OF PROJECT 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 ($75.00) $_____

☐ Inspections conducted before 8am and after 4:30pm, on legal holidays and Saturday and Sundays ($150.00 per hour or portion thereof) $_____

SUBTOTAL $_____

Signature_____ **3% 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 FOR ALL VENUES, 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.