

APPLICATION FOR COMMERCIAL HVAC PERMIT

PERMIT # _____
PLAN EXAM # _____
ZONING # _____
APPROVAL DATE _____

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: _____ **ROOM/FLOOR #:** _____
PROJECT NAME: _____ **PROJECT COST:** _____ **# OF UNITS IN BLDG:** _____
NEW CONSTRUCTION (requires rough inspection): Y N **ADDITION** (requires rough inspection): Y N **EXISTING:** Y N

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

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

EQUIPMENT INSTALLED:

<input type="checkbox"/> Forced Warm Air Furnace	<input type="checkbox"/> Boiler Steam/Low Pressure
<input type="checkbox"/> Unit Heater/Uni-Vac Heater	<input type="checkbox"/> Roof Top Unit/Comm
<input type="checkbox"/> Furnace w/Air Conditioner	<input type="checkbox"/> Room Heater
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Wood Stoves or Pre-Fab Fireplace
<input type="checkbox"/> Heat Pumps	<input type="checkbox"/> Addition or remodeling of ducts or units
<input type="checkbox"/> Ventilating System	<input type="checkbox"/> Fire Damper(s)
	Other _____

PERMIT FEES & INSPECTIONS:

CHECK NO. _____	No Show reinspection fee (\$75.00)	\$ _____
CASH _____	Reinspection for code violation (\$75.00)	\$ _____
MAIL _____	<i>All rough inspections must be paid with permit application</i>	
CREDIT CARD*	Rough/Additional Inspection (\$25.00)	\$ _____
	Penalty Fee – 2x permit fee	\$ _____
	Permit Fee - \$100 minimum fee (includes final inspection)	\$ _____
<input type="checkbox"/> NEW CONSTRUCTION , INCLUDING ADDITIONS, ARE \$2.00 PER 100 SQ. FT., \$100 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 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 - 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.