

# APPLICATION FOR COMMERCIAL HVAC/R PERMIT

**PERMIT #** \_\_\_\_\_  
**PLAN EXAM #** \_\_\_\_\_  
**ZONING #** \_\_\_\_\_  
**APPROVAL DATE** \_\_\_\_\_

CITY OF CANTON, OH  
 424 Market Ave. N., 3<sup>rd</sup> 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:**

<p><b>New</b></p> <p>Sizes to be Installed _____</p> <p>Other _____</p>	<p><b>Replacement</b></p> <p>Sizes to be Replaced _____</p>
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**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	\$ _____
	Commercial refrigeration - \$50 minimum fee (includes final inspection)	\$ _____
<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)		\$ _____
	<b>SUBTOTAL</b>	\$ _____
Signature _____	<b>3% BBS</b>	\$ _____
Applicant, Agent, Owner	<b>TOTAL</b>	\$ _____

\*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.