

APPLICATION FOR COMMERCIAL PLUMBING PERMIT

CITY OF CANTON, OH 424 Market Ave. N., 3rd Floor Canton, OH 44702 330-430-7800 / FAX: 330-430-7848 www.cantonohio.gov



DATE _____ PERMIT # _____ PLAN EXAM # _____ ZONING # _____	LOCATION ADDRESS: _____ TOWNSHIP: _____ CITY LIMITS: IN OUT ROOM # / FLOOR #: _____ # OF UNITS IN BLDG. _____ IF OUTSIDE CITY LIMITS, PROVIDE MAP OR DIRECTIONS
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CONTRACTOR (PRINCIPAL'S NAME & DBA) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL PHONE _____ EMAIL _____

CITY OF CANTON LICENSE # _____ **STATE OF OHIO LIC #** _____

PROPERTY OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

DEVICES INSTALLED:

___ VALVES/ANY	___ BACKFLOW DEVICES/ANY	___ GAS OUTLETS	___ AAV	___ PUMPS/ANY
___ LAWN SPRINKLER SYS	___ ROOF DRAIN (LEADERS)	___ SUMPS/PITS	___ FIXTURES	
___ WASTE PIPING & VENTS	___ SEWER DUCT METER	___ WATER PIPING	___ WATER/SANITARY REPAIR	
___ PRESSURE REGULATORS	___ BACK WATER DEVICE	___ TRAPS/INTERCEPTORS/SEPARATORS		

ANY OTHER PIECE OF EQUIPMENT & PRODUCT USED _____

_____ **WATER SVC PRODUCT & SIZE**

***IF UNDERGROUND FIRE LINE IS INSTALLED, A WATER SERVICE FIRE AND DOMESTIC WATER SERVICE PERMIT WILL NEED TO BE OBTAINED.**

ALL ABOVE DEVICES FOR A COMMERCIAL PROPERTY, INSTALLED OR REPAIRED, REQUIRE A FEE OF \$75.00 PER DEVICE OR A MAXIMUM OF \$300.00 AND 3% BBS TAX. PLUS \$75.00 FOR EACH INSPECTION AFTER 3.

PERMIT FEES & INSPECTIONS:

CHK NO. _____	DEVICES MAXIMUM FEE (\$300 – includes 3 inspections)	\$ _____
MAIL _____	WATER SERVICE – PER UNIT (\$75.00)	\$ _____
CASH _____	WATER HEATER – PER UNIT (\$75.00)	\$ _____
CREDIT CARD*	REINSPECTION FOR CODE VIOLATION (\$75.00)	\$ _____
	ROUGH/ADDITIONAL INSP. FEE (\$75.00)	\$ _____
PROJECT COST: _____	NO SHOW REINSPECTION FEE (\$75.00)	\$ _____
	PENALTY FEE (2x PERMIT FEE)	\$ _____
<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)		\$ _____
WATER SERVICE INSTALLATION REQUIRES AN UNDERGROUND	SUBTOTAL	\$ _____
INSPECTION, AND/OR ROUGH INSPECTION, PLUS A FINAL INSPECTION.	3% BBS	\$ _____
	TOTAL	\$ _____

Signature _____

*Credit card payments accepted via phone or in office

All rough inspections must be paid with permit applications

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. *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.