

City of Canton Residential Plan Submittal

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



Date: _____

Plan Review #R20__ - __

Zoning Permit #20__ - __

Submittal Fee \$75.75 (incl. 1% State fee)

Project Location: _____

(Job Location Must Be Properly Posted)

New addresses for residential projects can be obtained by calling our Civil Engineering Dept. at 330-489-3381. Applicant is responsible to verify that the location is within the City Limits of Canton, OH, and the address is correct.

**3 SETS MUST BE SUBMITTED FOR NEW RESIDENTIAL STRUCTURES AND ADDITIONS.
 NO REFUNDS WILL BE ISSUED.**

Owner of Structure:	Phone #
Home Improvement Contractor:	Phone #
Address:	Phone #
Mobile Phone #:	Email (please provide)

New / Addition / Alteration (circle one)

Estimated Project Cost: _____

of Bedrooms _____ # of Baths _____

Project Description _____

Basement Sq. Footage	_____
Garage Sq. Footage	_____
1 st Floor Sq. Footage	_____
2 nd Floor Sq. Footage	_____
Total Sq. Footage	_____

“Residential Code of Ohio” Required Construction Documents

Drawing Index	“RCO” Requirements
Site Plan	Index
Foundation	Sections
Elevations	Site Plan (Flood Zone Y / N)
1 st Floor	Floor Plans
2 nd Floor	Exterior Wall Envelope
Wall Section	Structural Details
Electric	Fire Resistance Ratings
Plumbing / HVAC	Mechanical Plans / Details

“Mechanical Systems Requirements”

Electrical Installation Shall Comply with the Current “National Electric Code”
 Electrical Service Size: _____ Amps Overhead / Underground (circle one)

HVAC Installation Shall Comply with Current “RCO” Mechanical Chapters
 Central Heating System _____ BTUs AFU Eff. Rating _____ Fuel Type _____
 Central A/C _____ Tons SEER Rating: _____

Plumbing Installation Shall Comply with the Current “Ohio Plumbing Code”
 Water Heater Size: _____ Gallons Fuel Type: _____ # of Baths: _____
 Sump Pump: Yes / No (circle one) Gravity Drain: Yes / No (circle one)

*Plans Approval Valid for 1 Year

Required Inspections to be Performed by the City of Canton Bldg Department

Building	Electric	Plumbing	HVAC
<input type="checkbox"/> Excavation	<input type="checkbox"/> Temp Service	<input type="checkbox"/> Underground	<input type="checkbox"/> Rough(s)
<input type="checkbox"/> Foundation	<input type="checkbox"/> Underground	<input type="checkbox"/> Rough(s)	<input type="checkbox"/> Final
<input type="checkbox"/> Rough(s)	<input type="checkbox"/> Service	<input type="checkbox"/> Final	<input type="checkbox"/> Other
<input type="checkbox"/> Insulation	<input type="checkbox"/> Rough(s)	<input type="checkbox"/> Other	
<input type="checkbox"/> Final	<input type="checkbox"/> Final		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		

Zoning Permit Required for New Structures or Additions

Please Call Zoning Department at 330-438-4726

Zoning Department

218 Cleveland Ave SW 6th Floor

Canton, OH 44702

It shall be the responsibility of the owner/applicant to schedule the above inspections, and to provide access for the City of Canton Building Dept. personnel, during business hours.

Upon proper notification, the City of Canton Building Dept. agrees to perform the above inspections within four (4) business days.

After completion of project and all inspections have been approved, the City of Canton Building Dept. will issue a Certificate of Occupancy.

I hereby certify that all required information and details are true and correct, and have been included with the plans submitted. Furthermore, I agree to schedule all the required inspections with the City of Canton Building Dept., before concealment of any construction.

Name: _____

Date: _____

Signature: _____

Title: _____

Phone: _____

Mobile Phone: _____

Email (please provide): _____

Office use only:

Plans: Compliance / Non-compliance

circle one

Residential Plans Examiner:

Date:

Notes / Comments: _____
