



City of NORTH CANTON, OHIO

145 NORTH MAIN STREET
NORTH CANTON OHIO 44720-2587
PH: (330) 499-5557
FAX: (330) 966-3630
EMAIL: permits@northcantonohio.gov

APPLICATION FOR RESIDENTIAL PLUMBING PERMIT

DATE: _____ PERMIT # _____

LOCATION ADDRESS: _____ **1 2 3 FAMILY DWELLING** (circle one)
PROJECT NAME: _____ SQ. FT. (Round UP to nearest 10 sq. ft.) _____

TYPE OF IMPROVEMENT:

____ NEW BLDG _____ ADDITION _____ ALTER/REMODEL
____ WATER HEATER _____ WATER SERVICE _____ BACKFLOW
____ GAS LINE _____ BOILER STEAM/LOW PRESSURE
____ OTHER

IF OTHER, DESCRIBE WORK: _____

CONTRACTOR: _____ EMAIL: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP _____

PROPERTY OWNER: _____
ADDRESS: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP _____
TENANT NAME: _____ TENANT PHONE: _____

FEES OWED: (FEES COMPUTED BY CITY OFFICIALS)

	APPLICATION FEE/ONE TIME INSPECTION FEE-	\$75.00	\$ _____
		+ \$0.08 PER SQ. FT. X _____ sq. ft.	\$ _____
CHECK _____ (PAYABLE TO: CITY OF NORTH CANTON)	PLAN REVIEW FEE		\$ _____
CASH _____ (EXACT CASH ONLY)	SUBTOTAL		\$ _____
CREDIT CARD _____	1% BBS (multiply subtotal by .03)		\$ _____
		TOTAL	\$ _____

NOTE THERE IS A TRANSACTION FEE FOR ALL CREDIT CARDS

If you have any questions regarding fee totals please contact the office.

SIGNATURE: _____
Applicant, Agent, Owner

The applicant, agent, owner of this property and the undersigned is/does (1) agree to conform to applicable ordinances of the City of North Canton and the State of Ohio, (2) responsible to verify all property lines, (3) responsible for making arrangements for all inspections.

CALL BEFORE YOU DIG – OUPS – 1-800-362-2764