



# City of NORTH CANTON, OHIO

145 NORTH MAIN STREET  
NORTH CANTON OHIO 44720-2587  
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## APPLICATION FOR COMMERCIAL BUILDING PERMIT

DATE: \_\_\_\_\_ PL. REV# \_\_\_\_\_ PERMIT # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_ UNIT/FLOOR # \_\_\_\_\_  
PROJECT/BUSINESS TENANT: \_\_\_\_\_ TENANT PHONE: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_ CONTRACT VALUE OF PROJECT: \$ \_\_\_\_\_  
SQ. FT. \_\_\_\_\_ (Round UP to nearest 10 sq. ft.)

### TYPE OF IMPROVEMENT:

\_\_\_\_\_ NEW BLDG      \_\_\_\_\_ REPAIR      \_\_\_\_\_ ADDITION      \_\_\_\_\_ SIDING  
\_\_\_\_\_ ALTER/REMODEL      \_\_\_\_\_ EXISTING      \_\_\_\_\_ POLE BLDG      \_\_\_\_\_ REROOF  
\_\_\_\_\_ OTHER      \_\_\_\_\_ SIGNAGE

DETAILED DESCRIPTION OF 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	\$ _____
	+ \$0.10 PER SQ. FT. x _____ sq. ft.	\$ _____
CHECK _____ (PAYABLE TO: CITY OF NORTH CANTON)	PLAN REVIEW FEE	\$ _____
CASH _____ (EXACT CASH <u>ONLY</u> )	SUBTOTAL	\$ _____
CREDIT CARD _____	3% BBS (multiply subtotal by .03)	\$ _____
	ZONING FEE	\$ _____
	WATER FEES	\$ _____
	SEWER FEES	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

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**