Application No.: _____

Official Use Only

Building Permit Application

424 Market Ave N, 3rd Floor, Canton, OH 44702-1564
Phone: 330-430-7800 ▪ Email: buildingcode@cantonohio.gov ▪ Fax: 330-430-7848 ▪ www.cantonohio.gov

ALL FEES ARE NON-REFUNDABLE ▪ Make checks payable to the City of Canton Building Department

Commercial: ☐ Commercial Structure ☐ 4 or More Family Dwelling; # of Units: _____ **Date:** _____

Residential: ☐ 1 Family Dwelling ☐ 2 Family Dwelling ☐ 3 Family Dwelling

Type of Work:

Is this application for approved plans? ☐ Y ☐ N **If Y, Provide Plan Review Number:** _____

☐ Addition (i.e., 3 season room; porch)
☐ Alteration/Accessory Structure (i.e., renovation; garage)
Does the alteration involve establishment or change of use? ☐ Y ☐ N
☐ Damage (i.e., fire; auto)
☐ Deck/Ramp
☐ Fence (over 6 ft.)

☐ Foundation
☐ New Structure
☐ Parking Lot; # of Spaces: _____ # of ADA Accessible Spaces: _____
☐ Patio (commerical only)
☐ Swimming Pool

Zoning permit required for new structures and additions. Please call the Zoning Department at 330-438-4726; 218 Cleveland Ave SW, 6th Floor, Canton, OH 44702; www.cantonohio.gov

Applicant is responsible to verify that the job location is in the City Limits of Canton.
NO REFUNDS WILL BE ISSUED.
New addresses for property can be obtained by calling Civil Engineering at 330-489-3381.

Job Site Information:

Certified Address _____ Zip _____ Unit/Space/Floor (*if applicable*) _____ Tax District/Parcel Number _____

Subdivision _____ Bldg/Lot # _____ # of Stories _____ Existing Use of Building/Space _____

Project/Work Description:

_____

_____

Project Name _____ Gross Sq. Ft. Working Area _____ Project Cost _____

Additional Inspections Requested _____

FOR COMMERCIAL APPLICATIONS, THE FOLLOWING FIELDS MUST ALSO BE COMPLETED

Subtype of Construction: _____

Use Group: _____

Does this building contain Fire Protection Systems? ☐ Y ☐ N

If Yes, please indicate type of system and whether there are modifications.

☐ Fully Sprinklered - Modification: ☐ Y ☐ N
☐ Partially Sprinklered - Modification: ☐ Y ☐ N
☐ Fire Alarm System - Modification: ☐ Y ☐ N

For projects located within the Special Improvement District (SID), in downtown Canton, please contact The Architectural Review Board at 330-458-2091; www.cantonchamber.org

Application No.: _____

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THE CITY OF CANTON
WILLIAM V. SHERER II, MAYOR

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Property Owner of Record:

Individual Name _____ Company Name _____

Street Address _____ City, State, Zip _____

Telephone Number/Ext. _____ E-Mail Address _____

Permit Holder:

☐ Property Owner **(A separate Property Owner's Building Permit affidavit must also be completed.)**

☐ Contractor:

City of Canton Registration No. _____ Company/Contractor Name _____

Telephone Number/Ext. _____ E-Mail Address of Project Manager _____

Applicant:

☐ Property Owner ☐ Contractor

☐ Other; explain: _____

Individual Name _____ Company Name _____

Street Address _____ City, State, Zip _____

Telephone Number/Ext. _____ E-Mail Address _____

***Payment instructions will be sent to the Applicant's email address.**