



Application No.: _____ *Official Use Only*

Demolition 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

Accessory Structure: (less than 720 square feet) Commercial Residential

Full Demolition: Partial Demolition*: (*Requires plans) Estimated completion date: _____

Will any public street, alley or sidewalk be blocked?: Yes No

If yes, please notify the Building Inspector at 330-430-7800.

Where will rubbish and debris be disposed?

Items required with this application:

- _____ EPA letter
- _____ Pest certificate
- _____ Plot plan (must indicate where sewer & gas lines are located)
- _____ Dump certificate

The owner or contractor will be responsible for severing all utilities on jobs with the utility companies on all public and private demolitions according to Canton City Ordinance Section 1319.06.

Permit will not be issued until proof of pest control is received and attached to this application.

All standards set forth in Chapter 1319 of the Canton City Codified Ordinances will be met.

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

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.

All inspections must be scheduled through our main line at 330-430-7800.

05/25

For more information, visit www.cantonohio.gov



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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