



# City of NORTH CANTON, OHIO

145 NORTH MAIN STREET  
NORTH CANTON OHIO 44720-2587  
PH: (330) 499-5557  
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EMAIL: [permits@northcantonohio.gov](mailto:permits@northcantonohio.gov)

## WATER ABANDONMENT APPLICATION

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_  
VALUE OF PROJECT \$ \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**FEES OWED:**  
APPLICATION FEE \$75.00 CHECK \_\_\_\_\_ (PAYABLE TO: CITY OF NORTH CANTON)  
*Deposit of \$1,000 (refundable upon return of service device(s) in good operable condition.)* CASH \_\_\_\_\_ (EXACT CASH **ONLY**)  
CREDIT CARD\_\*\*NOTE THERE IS A TRANSACTION FEE FOR ALL CREDIT CARDS\*\*

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 current adopted Ohio Plumbing Code, (2)two copies of site plan indicating property lines, existing buildings, streets, and location of work being performed , (3) responsible for making arrangements for all inspections.

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

**Plumbing contractor will properly cap off main water line (3) three feet from the curb box with proper fittings such as but not limited to: compression fittings with cap or flare fittings with cap or any other approved method by the manufacturer of the piping system or the current adopted Ohio Plumbing Code. Any device used in the protection or metering or other devices as part of the water distribution system which is City owned, not returned in good condition or operable shall forfeit the amount of the cost of a new device or devices. If the amount exceeds the replacement amount, the contractor will be billed the difference in cost.**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_  
\_\_\_\_\_  
Director of Permits / CBO \_\_\_\_\_ Date \_\_\_\_\_  
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