



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 COMMERCIAL HVAC/MECHANICAL PERMIT

DATE: _____ PERMIT # _____

LOCATION ADDRESS: _____ UNIT/FLOOR # _____
PROJECT/BUSINESS TENANT: _____ TENANT PHONE: _____
PROJECT NAME: _____
SQ. FT. (Round UP to nearest 10 sq. ft.) _____

TYPE OF IMPROVEMENT:

_____ NEW BLDG	_____ ADDITION	_____ ALTER/REMODEL
_____ FURNACE NEW/REPL	_____ HEAT PUMP NEW/REPL	_____ AIR CONDITIONING NEW/REPL
_____ GAS LINE	_____ ROOF TOP UNIT/COMM	_____ BOILER STEAM/LOW PRESSURE
_____ REFRIGERATION	_____ SPRINKLER	_____ FIRE SUPPRESSION FOR HOOD
_____ HOOD	_____ WATER HEATER	_____ GAS LINE FOR GENERATOR

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 <u>ONLY</u>)	SUBTOTAL	\$ _____
CREDIT CARD _____	3% 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