



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 RESIDENTIAL HVAC/MECHANICAL PERMIT

DATE: _____	PERMIT # _____
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LOCATION ADDRESS: _____	1 2 3 FAMILY DWELLING (circle one)
PROJECT NAME: _____	SQ. FT. (Round <u>UP</u> 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	_____ BOILER STEAM/LOW PRESSURE	
_____ WATER HEATER	_____ OTHER	
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 ONLY)	SUBTOTAL \$ _____
CREDIT CARD _____	1% BBS (multiply subtotal by .03) \$ _____
NOTE THERE IS A TRANSACTION FEE FOR ALL CREDIT CARDS	TOTAL \$ _____
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