

**PLUMBING INSPECTION APPLICATION      North Canton, Ohio**

Application Date _____	<b>F E E S</b>	Permit \$ _____
Permit Number _____		Penalty \$ _____
		Total \$ _____

Property Address \_\_\_\_\_ Lot # \_\_\_\_\_

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Type Improvement	Proposed Use		Date	Result	Insp.
<input type="checkbox"/> New Bldg.	<input type="checkbox"/> One Family	<input type="checkbox"/> Accessory Bldg.	Service		
<input type="checkbox"/> Addition	<input type="checkbox"/> Two Family	<input type="checkbox"/> O.B.B.C.	Rough		
<input type="checkbox"/> Water Service	<input type="checkbox"/> Three Family	<input type="checkbox"/> Other _____	Final		
<input type="checkbox"/> Back-Flow			Additional comments on reverse side.		
<input type="checkbox"/> Alteration					
<input type="checkbox"/> Other _____					

Building area of all floors \_\_\_\_\_ sq. ft.

Approval Date \_\_\_\_\_

Inspector Signature \_\_\_\_\_

Sup't. P&I/C.B.O. \_\_\_\_\_

I agree to conform to all applicable Laws of the  
City of North Canton and the State of Ohio.

\_\_\_\_\_  
Contractor