



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

PROJECT ADDRESS _____

PLAN REVIEW NO. _____

ORIGINAL SUBMITTAL DATE: _____

Resubmittal Date
 1st _____
 2nd _____
 3rd _____

Applying For:
 ___ BUILDING ___ ELECTRICAL ___ MECHANICAL ___ FIRE ALARM ___ SPRINKLER
 ___ HOOD ___ FS FOR HOOD ___ REFRIGERATION ___ SIGNAGE ___ PLUMBING
 ___ OTHER _____

TO BE COMPLETED IN ITS ENTIRETY BY APPLICANT (AGENT OR OWNER)

Professional Designer (Author of drawings)
 Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Email _____
 Ohio Registered Architect or Engineer No. _____
 Other Registered Number _____

Owner's Agent (Contractor-Architect-Engineer-Occupant)
 Name _____
 Responsibility to Owner _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Email _____

Owner of Structure: Name _____ Address _____
 City, State, Zip _____ Phone _____ Email _____

TENANT NAME _____ **TENANT PHONE** _____

STATE IN DETAIL PROPOSED USE OF THIS BUILDING AND SCOPE OF PROJECT (TENANT NAME, STORE, CHURCH, ETC)

ESTIMATED TOTAL PROJECT COST \$ _____

- TYPE OF WORK: NEW BUILDING ADDITION ALTERATION/RENOVATION CHANGE OF USE OTHER _____
- A. Existing (present) Use Group A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H
 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U
- B. New (proposed) Use Group A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H
 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U
- C. Mixed Uses and Occupancy Non Separated Separated Use
- D. Existing (present) Construction Classification
 1A 1B 2A 2B 3A 3B 4 5A 5B
- E. New (proposed) Construction Classification
 1A 1B 2A 2B 3A 3B 4 5A 5B
- F. Existing (present) Floor Area _____ S.F. Height _____ Ft. # of Stories _____ Total S.F. _____
- G. New (proposed) Floor Area _____ S.F. Height _____ Ft. # of Stories _____ Total S.F. _____
- H. Total Gross Building Area: _____ S.F. Area of Work: _____ S.F.
- I. Area Limitations General Limitation
- J. Existing (present) Building Fire Sprinkler System Total Partial None Sprinkler System
- K. New (proposed) Building Fire Sprinkler System Total Partial None Sprinkler System
- L. Is Structure Located in Flood Plain Yes No
- M. Give Occupant Load _____ SF Method _____ Actual/Proposed # of Employees _____

(COMPLETE PAGE TWO)

APPLICABLE PLAN REVIEW FEE CALCULATIONS						-Round SF of area of work to next 10 SF for SF fee purposes
	Application Fee	+	Sq. Footage Fee	=	Subtotal	
BUILDING/STRUCTURAL	\$200.00	+	\$4.50/100 SF	=	_____	-Make all checks payable to City of North Canton
HVAC/MECHANICAL	\$200.00	+	\$2.50/100 SF	=	_____	
ELECTRICAL	\$200.00	+	\$2.50/100 SF	=	_____	
FIRE ALARM	\$200.00	+	\$3.00 PER DEVICE	=	_____	
PLUMBING	\$200.00	+	\$2.50/100 SF	=	_____	
SUPPRESSION	\$200.00	+	\$2.50/100 SF	=	_____	
INDUSTRIALIZED UNITS	\$200.00	+	\$1.50/100 SF	=	_____	-Fees are based upon total SF of New Work + SF of ALL renovated areas (Total area of work)
			SUBTOTAL		\$ _____	
OBBS ASSESSMENT			3% OF SUBTOTAL		\$ _____	-If you have any questions with fees please contact our office
			TOTAL FEE		\$ _____	

NOTE: Please provide **THREE** (3) sets of drawings. We forward one copy to our Fire Department. For new buildings and additions Planning Commission approval must be fully obtained before a Building Permit can be issued. If you are unsure if your project requires planning commission approval please contact our office.

All mandatory information is on the submitted construction documents (including **THREE** (3) sets of construction documents), and is submitted herewith for plan review and approval. For the above referenced project, this letter is to certify that I am the author of the drawings and have prepared the plans and specifications to conform to the requirements of the current Ohio Building Code (OBC) and Chapters 3781 and 3791 of the Revised Code. This submittal contains information to be in compliance with OBC Section 106.

Signature: Professional Designer of Drawings _____ Date _____

Applicant serving as owner's agent certifies that all pertinent and respective plans are being submitted at time of original application for plan review. Additional work will require new submittal and additional fees.

Signature _____ Date _____ Title _____

Print Name _____ Company _____

Phone _____ Mobile Phone _____

Comments _____
