

City of NORTH CANTON, OHIO 145 NORTH MAIN STREET

145 NORTH MAIN STREET NORTH CANTON OHIO 44720-2587

PH: (330) 499-5557 FAX: (330) 966-3630

EMAIL: permits@northcantonohio.gov

APPLICATION FOR STREET OPENING PERMIT

DATE:	PERMIT #		
LOCATION ADDRESS: PROJECT NAME: PURPOSE OF STREET OPENING: TYPE OF PAVEMENT SIZE OF CUT			
CONTRACTOR:	EMAIL:		
ADDRESS:	PHONE: STATE:	ZIP	
24/7 EMERGENCY CONTACT: _	51112.		
	TMAN		
ADDRESS:	STATE:EMAIL: _		
CITY:	STATE:	ZIP	
TENANT NAME:	TENANT PHONE:		_
City of North Canton. The applicant is responsible to contact the Engineering Department at (330) 499-3465 ninety (90) days after final inspection of affected area. Once approval is granted by the Engineering Department a memo will be sent over to the finance department and a refund check will be mailed out to the contractor's above address.			
Applicant's Name (Please print)	Applicant's Signature	Date	
FEES OWED: (FEES COMPUTED BY CITY OFFICIALS)			
CHECK (PAYABLE TO: CITY OF N		CATION FEE \$50.00	\$
CASH (EXACT CASH ONLY)		DEPOSIT	\$
CREDIT CARD			
NOTE THERE IS A TRANSACTION FEE FOR ALL CREDIT C	ARDS	TOTAL	\$
Final Approval of Completed Databa			,
Final Approval of Completed Patch:	Inspector	Date	
Approved by City Engineer:			
	City Engineer Signature	Date	
Date of Refund:	Refund Amount:		