



CITY OF NORTH CANTON, OHIO

145 NORTH MAIN STREET

NORTH CANTON OHIO 44720-2587

PH: (330) 499-5557

EMAIL: permits@northcantonohio.gov

APPLICATION FOR SEWER REPAIR PERMIT

DATE: _____ PERMIT # _____

LOCATION ADDRESS: _____ UNIT/FLOOR # _____
PROJECT/BUSINESS TENANT: _____ TENANT PHONE: _____

CONTRACTOR: _____ EMAIL: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP _____

PROPERTY OWNER: _____
ADDRESS: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP _____
TENANT NAME: _____ TENANT PHONE: _____

PERMIT FEES: (FEES COMPUTED BY CITY OFFICIALS)
APPLICATION FEE/ONE TIME INSPECTION FEE- \$75.00 \$ _____
1 OR 3% BBS \$ _____
TOTAL \$ _____

SIGNATURE: _____
Licensed Plumbing Contractor

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 – CALL OUPS – 1-800-362-2764

INSPECTION DATE: _____ INSPECTED BY: _____