APPLICATION FOR RESIDENTIAL HVAC PERMIT

PERMIT # _____
PLAN EXAM # _____
ZONING # _____
APPROVAL DATE _____

DATE _____

CITY OF CANTON, OH
424 Market Ave. N., 3rd Floor
Canton, OH 44702
330-430-7800 / FAX: 330-430-7848
www.cantonohio.gov

LOCATION ADDRESS: _____ ADDITION (requires rough inspection): Y N

PROJECT NAME: _____ NEW CONSTRUCTION (requires rough inspection): Y N

PROJECT COST: _____ # OF UNITS IN BLDG: _____ ROOM # / FLOOR #: _____ EXISTING Y N

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____ **CITY OF CANTON LICENSE #** _____

PROPERTY OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EQUIPMENT INSTALLED:

___Forced Warm Air Furnace
___Unit Heater/Uni-Vac Heater
___Furnace w/Air Conditioner
___Air Conditioning
___Heat Pumps
___Ventilating System
___Boiler Steam/Low Pressure
___Roof Top Unit/Comm
___Room Heater
___Wood Stoves or Pre-Fab Fireplace
___Addition or remodeling of ducts or units
___Fire Damper
Other _____

PERMIT FEES & INSPECTIONS:

CHECK NO. _____
CASH _____
MAIL _____
CREDIT CARD*

No Show reinspection fee ($75.00) $_____
Reinspection for code violation ($50.00) $_____
Rough/Additional Inspection ($25.00) $_____
All rough inspections must be paid with permit application
Penalty Fee – 2x permit fee $_____
Permit Fee Residential (includes final inspection)
$50.00 *each* new piece of equipment $_____

☐ ****NEW STRUCTURE, **ADDITIONS,** ARE $2.00 PER 100 SQ. FT., **$50.00 MINIMUM FEE**, PLUS ANY ADDITIONAL INSPECTIONS ($2.00 X ( ) 100 SQ. FT.) $_____

☐ Inspections conducted before 8am and after 4:30pm, on legal holidays and Saturday and Sundays ($150.00 per hour or portion thereof) $_____

SUBTOTAL $_____
1% BBS $_____
TOTAL $_____

Signature _____
Applicant, Agent, Owner

**Credit card payments accepted via phone or in office*

***New structures and additions require at least one rough inspection*

The applicant, agent, owner of this building and the undersigned is/does (1) agree to conform to applicable laws of the City of Canton and State of Ohio, (2) responsible to verify that the job location is in the City Limits of Canton and if the job location is out of the city limits, NO refund will be issued, (3) the address is correct, (4) **responsible for making arrangements for all inspections**, (5) GENERAL CONTRACTOR SHALL NOTIFY ALL UTILITY COMPANIES INVOLVED IN THE SITE NO MORE THAN TEN DAYS AND NO LESS THAN 48 HOURS IN ADVANCE OF EXCAVATION (ORC 3781.28). CALL BEFORE YOU DIG - OUPS 1-800-362-2764; ADDRESS MUST BE VISIBLE ON FRONT OF BUILDING AS PER CANTON CODE 913.01. *Asbestos regulations may apply to this project. Please contact Canton City Health Dept., Air Pollution Control Division at 330-489-3385. Rev. 6/3/2010. Rev. 9/25/2012. Rev. 6/18/2013.