

# APPLICATION FOR ZONING PERMIT

CITY OF CANTON, OH  
424 Market Ave. N., 3<sup>rd</sup> Floor  
Canton, OH 44702  
330-430-7800 / FAX: 330-430-7848  
[www.cantonohio.gov](http://www.cantonohio.gov)



PERMIT # \_\_\_\_\_

SITE PLAN EXAM # \_\_\_\_\_

BZA NO. \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

CHECK

CASH

CREDIT CARD

DATE \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

This Permit Expires Six Months From Issuance If Work Is Not Substantially Started

CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

New Bldg \_\_\_\_\_ Fence \_\_\_\_\_ Business \_\_\_\_\_ Zoning District \_\_\_\_\_

Addition \_\_\_\_\_ Sw. Pool \_\_\_\_\_ Industrial \_\_\_\_\_ Flood Zone \_\_\_\_\_

Sign \_\_\_\_\_ Residential \_\_\_\_\_ **Building Setbacks**

Garage / Shed \_\_\_\_\_ Institution \_\_\_\_\_ FR \_\_\_\_\_ LS \_\_\_\_\_

RR \_\_\_\_\_ RS \_\_\_\_\_

Size of Project \_\_\_\_\_ Size of Lot \_\_\_\_\_ Contract Value \$ \_\_\_\_\_

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

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) **VERIFY PROPERTY LINE LOCATION PRIOR TO CONSTRUCTION**, and (5) **responsible for making arrangements for all inspections**, (6) 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).  
Rev. 5/15/2012.