

APPLICATION FOR RESIDENTIAL PLUMBING PERMIT

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

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

LOCATION ADDRESS: _____
TOWNSHIP: _____ **CITY LIMITS:** IN OUT
ROOM # / FLOOR #: _____ **# OF UNITS IN BLDG.** _____
IF OUTSIDE CITY LIMITS, PROVIDE MAP OR DIRECTIONS



CONTRACTOR _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____
EMAIL _____ **CITY OF CANTON LICENSE #** _____

PROPERTY OWNER _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

EQUIPMENT INSTALLED:

___ TRAPS	___ IRRIGATION PIPE	___ GAS OUTLETS/VALVES
___ BACKWATER VALVE	___ OIL/GREASE INTERCEPTOR	___ ROOF DRAIN (LEADERS)
___ WASTE PIPING	___ SEWER DEDUCT METER	___ WATER PIPING
___ AIR ADMITTANCE VALVE	___ BACKFLOW DEVICES	___ SANITARY PIPING

OTHER* _____

_____ WATER SERVICE - PRODUCT & SIZE (MINIMUM ¾)

ALL ABOVE DEVICES FOR RESIDENTIAL PROPERTY REQUIRE A FEE OF \$100.00 PLUS 1% BBS TAX.

PERMIT FEES & INSPECTIONS:

CHK NO. _____	MINIMUM (\$100.00)	\$ _____
MAIL _____	WATER SERVICE – PER UNIT(\$50.00)	\$ _____
CASH _____	WATER HEATER – PER UNIT (\$35.00)	\$ _____
CREDIT CARD* _____	REINSPECTION FOR CODE VIOLATION (\$50.00)	\$ _____
	ROUGH/ADDITIONAL INSP. (\$25.00)	\$ _____
PROJECT COST: _____	NO SHOW REINSPECTION FEE (\$75.00)	\$ _____
	PENALTY FEE – 2x PERMIT FEE	\$ _____
<input type="checkbox"/> 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	\$ _____

NEW WATER SERVICE WHERE WELL EXISTS REQUIRES A BACKFLOW DEVICE. IF SEALING WELL (PER HEALTH DEPT. GUIDELINES, HAS TO BE PACKED), NO BACKFLOW DEVICE IS REQUIRED.

IF THIS PROPERTY IS NEW OR IN A NEW DEVELOPMENT, PLEASE PROVIDE DIRECTIONS BY CALLING THE OFFICE AT 330-430-7800.

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

All rough inspections must be paid with permit applications

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 FOR ALL VENUES, OUPS 1-800-362-2764. *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.