

APPLICATION FOR FIRE PERMIT

PERMIT # _____
PLAN EXAM # _____
APPROVAL DATE _____
COUNTER _____ **MAIL** _____
CHECK # _____
CASH _____

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



DATE _____

LOCATION ADDRESS: _____ **# OF UNITS** _____
PROJECT NAME: _____ **ROOM # / FLOOR #:** _____
CONTRACT VALUE OF PROJECT: \$ _____ **USE GROUP CLASS** _____
DETAILED DESCRIPTION OF WORK: _____

CONTRACTOR _____ **EMAIL** _____
ADDRESS _____ **STATE** _____ **FIRE LICENSE #** _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____ **FAX** _____

PROPERTY OWNER _____ **BUSINESS NAME** _____
ADDRESS _____ **EMAIL** _____
CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____ **FAX** _____

FIRE SUPPRESSION SYSTEMS:

RESIDENTIAL (\$100.00)	\$ _____
COMMERCIAL (\$2.00 PER 100 SQ FT/MINIMUM \$100.00)	\$ _____
COMMERCIAL FIRE ALARM SYSTEM (\$100.00)	\$ _____
MISCELLANEOUS FEES	
TENTS (\$50.00 PLUS \$25.00 FOR EACH ADDITIONAL TENT PER EVENT)	\$ _____
OUTDOOR PYROTECHNIC DISPLAYS (\$250.00)	\$ _____
INDOOR PYROTECHNIC DISPLAYS (\$75.00)	\$ _____
SPECIAL EFFECTS EXHIBITIONS (\$75.00)	\$ _____
FIRE MAIN (\$75.00)	\$ _____
ADDITIONAL INSPECTION, NO-SHOW INSPECTION, OR REINSPECTION FOR CODE VIOLATION (\$75.00)	\$ _____
<input type="checkbox"/> Inspections conducted before 8am and after 4:30pm, on legal holidays and Saturday and Sunday (\$150.00 per hour or portion thereof)	\$ _____
SUBTOTAL	\$ _____
3%	\$ _____
TOTAL	\$ _____

Signature _____
 Applicant, Agent, Owner

**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) **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; ADDRESS MUST BE VISIBLE ON FRONT OF BUILDING AS PER CANTON CODE 913.01. Rev. 9/25/2012.