

Permit No.

City of Canton Permit Application

Job Address				Permit Type CO	
Legal Description	Lot number	Block	Zoning		
Sq Ft of Project		Value of work			
Type of Work					
New	Remodel	Addition	Fire/Storm Damage		

All questions must be answered in a truthful manor subject to permit being denied if any misinformation is provided.

1	All setbacks are in compliance?	yes	no	n/a
2	All deed restrictions are in compliance?	yes	no	n/a
3	All HOA covenants are in compliance?	yes	no	n/a
4	All easements are in compliance?	yes	no	n/a
5	Set of plans attached?	yes	no	n/a

BUSINESS

Owner		Address		City	
State	Zip	Phone #			
Contractor		Address		City	
State	Zip	Phone #			
Contractor License #					
Subcontractors					
Electrical				License #	
Mechanical				License #	
Plumbing				License #	
Description of Work BUSINESS NAME:					
BUSINESS TYPE:					
Application Accepted by:		Plans Checked by:		Approved for Issuance by:	

Building Permit expires in 180 days of issuance

I hereby certify that I have read this application and filled all information required by the City of Canton. I understand that all work will be performed in compliance with the current ICC code series, Ordinances and laws adopted by the City of Canton, Van Zandt County, and the State of Texas. I also acknowledge that the City of Canton or its authorized agent is not responsible or liable for verification of information or enforcing deed restrictions, covenants or homeowner association requirements. I, as the owner or an authorized agent of the owner, will allow the City Manager or his authorized agent access to perform inspections during normal working hours.

Signature of Contractor or authorized agent _____ **(Date)** _____

For City of Canton use

Plan Review Fee	Sewer Tap	Balance Due	Amt. Paid		
Water Tap Fee	Permit Fee	Payment Method	Cash	MO	Check _____

Canton Fire Department
1390 S Hwy 19
Canton Tx, 75103

Project Number _____

PERMIT APPLICATION

Application Information

Date: _____

COMPANY NAME:
CONTACT PERSON:
PHONE NUMBER:

Permit Location

BUSINESS NAME:	
STREET ADDRESS:	SUITE#
ZIP CODE:	

Type of Permit

	FIRE SPRINKLER SYSTEM	SQ FOOTAGE X .05 CENTS PER SQ FT	TOTAL:
	Type of system	# OF HEADS	
	AUTOMATIC FIRE ALARM	# OF DEVICES	
			\$150

	FIRE DEPARTMENT CONNECTIONS (FDC'S)	\$100
	FIXED EXTINGUISHING SYSTEMS	\$100
	SMOKE AND HEAT VENTS	\$100
	HIGH PILED STORAGE	\$100
	ACCESS GATES	\$100
	FIREWORKS	\$100
✓	INITIAL INSPECTION FOR CERTIFICATE OF OCCUPANCY	\$100
	TEMPORARY FUEL VESSELS FOR CONTRUCTION SITE	\$100
	ASPHALT KETTLES AND ROOFING	\$100
	HOT WORKS (WELDING)	\$100
	TOTAL FEES TO BE PAID = \$	

PLANS RECEIVED BY: _____
DATE: _____

PLANS REVIEWED BY: _____
DATE: _____

APPROVED OR REJECTED (CIRCLE ONE)

NOTIFIED OF PLANS APPROVED OR REJECTED:

DATE: _____ CONTACT: _____ DATE: _____ CONTACT: _____

**ALL PERMIT FEES MUST BE PAID WHEN PLANS ARE SUBMITTED
NO EXCEPTIONS**

PLANS PICKED UP BY: NAME: (Print) _____ DATE: _____
SIGNATURE: _____ RELEASED BY: _____