

**CANTON TOWNSHIP
ZONING DEPARTMENT
4711 Central Ave. SE
Canton, Ohio 44707
WWW.CANTONTWP-OH.GOV**

APPLICATION FOR CERTIFICATE OF CONFORMANCE

PERMIT NO: _____ **DATE:** _____

APPLICATION IS HEREBY MADE FOR PERMISSION TO USE:

ADDRESS: _____

SECTION: _____ **ZONING DISTRICT:** _____

THE SAID BUILDING OR PREMISES TO BE USED FOR THE FOLLOWING PURPOSES:

_____ RETAIL	_____ WHOLESALE	_____ RECREATIONAL
_____ OFFICE	_____ INDUSTRIAL	_____ PERSONAL SERVICE
_____ RESTAURANT	_____ WAREHOUSE	_____ AUTO REPAIR
_____ OTHER		

SPECIFIC USE: _____

CANTON TWP FIRE DEPARTMENT INSPECTION: (330) 484-6165

LENGTH OF TIME AT THIS BUSINESS: _____

NAME OF BUSINESS: _____

BUSINESS PHONE NO: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NO: _____

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY OWNER: _____

PHONE NO: _____

I HEREBY CERTIFY THAT I, THE UNDERSIGNED, AM MAKING THIS APPLICATION, AND ALL STATEMENTS ARE TO BE TRUE.

APPLICANT

FEE: _____

DATE FEE PAID: _____

RECEIPT NO: _____

DATE ISSUED: _____

CANTON TOWNSHIP ZONING DIRECTOR

Section 300.4w Certificate of Conformance. A Certificate of Conformance shall be required to be obtained from the Zoning Director before occupancy of any permitted to conditionally permitted use in all Business and Industrial Districts. Any changes in use from one use to another or from one owner/tenant to another will require a new Certificate of Conformance to be issued. Approval and issuance of Certificate of Conformance shall be given upon inspection & approval by the Canton Township Zoning Department and the Canton Township Fire Prevention Department.