

**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.