



City of Canton
151 Elizabeth Street
Canton, Georgia 30114
Phone: 770-704-1500 Fax: 770-704-1538



FEE WAIVER APPLICATION

PROPERTY OWNER INFORMATION

Name: John Cummings
Address: _____
City: Canton State/Zip: _____
Phone #: 404-851-8034 Company: Northside Hospital

INSTRUCTIONS

The purpose of this application is to request a waiver of customary permitting fees associated with the building and/or development within the City of Canton. Application must be complete for consideration of the waiver request. (An incomplete application will not be considered.) Disposition of the application shall be by the City Manager of the City of Canton. Approval of this application must be accomplished prior to issuance of permit(s) and must be included with the permitting application. *This form does not apply to NPDES or Impact Fees.*

PROJECT / BUILDING INFORMATION

This waiver request is for: check all that apply

☒ sewer tap fees

☐ Building Permitting Fees ☐ Sub Contractors (MEP's) ☐ Development Permitting Fees ☒ Plan Review Fees

Project / Building Description: Identify the specific permitting project for which you are requesting a waiver including city project number(s): New hospital construction - Northside Hospital Cherokee

Address/Location of Project: Identify the specific location of the permitting project for which you are requesting a waiver.

I request this waiver for the following reason(s): Be specific.

Asking for a 12% reduction of permit fees = \$107,559.37
Asking for a 50% reduction of sewer tap fees = 171,000.00

Requested amount of fees to be waived \$ 278,559.37

I hereby certify that the above information is true and accurate to the best of my knowledge:

Property Owner Signature: John Cummings

Printed Name: John Cummings Date: 2/27/15

City Manager's office use only:

This waiver request is: ☐ Approved ☐ Disapproved ☐ Requires more information

City Manager Signature: _____ Date: _____