NON-RESIDENTIAL PERMIT/ARB
(Commercial/Industrial/Multi-family)

(Note: permit application for Electric, Mechanical, Plumbing, Sprinkler, & low-voltage made separate application)

Date of Application submittal: _____
Address: _____ Parcel No.: _____
Owner's Name: _____ Phone: _____ Fax: _____
Owner's Address (if different than above): _____
Street City/State Zip
Contractor (DBA): _____ Email address: _____

PROJECT INFORMATION

Type of Project: □ New Construction □ Addition □ Renovation/Alteration[a] □ Change in Use □ other _____

Construction Plans contain: □ Structural □ Mechanical □ Electrical □ Plumbing □ Sprinkler □ Low-voltage □ Underground utilities □ Site clearing □ Grading □ other _____

Type of Construction: 1A 1B 2A 2B 3A 3B 4 5A 5B circle the one that applies

Proposed OBC Use Group: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U circle the one(s) that applies

[a] Existing Fire Suppression System: Yes No circle the one that applies

Plans Prepared By _____
Registration Number _____ Phone _____
Address _____
Street City/State Zip

Total Square Footage _____ **Total Project Cost** $_____

Permit Fees

Building Permit	_____
Zoning Fee	_____
Engineer Fee	_____
Plans Examine	_____
Road Open Fee	_____
Utility Fee	_____
Sewer Tap Fee	_____
Bond Deposit (refundable)	_____
Tree Permit Fee	_____
Safety Permit	_____
Other	_____
Total Fees	**$_____**

The undersigned hereby states that authority has been granted by the property owner to apply for this permit. This application is submitted for a structure as described in this application and accompanying drawings. The acceptance of this permit shall constitute an agreement on the part of the undersigned to abide by the rules and regulation adopted by the City of Twinsburg and the current edition of the Ohio Building Code. All work shall be performed in a workmanlike manner. Inspections shall be requested forty-eight (24) hours in advance by calling our voice mail number 330-656-4817 or request inspection via email inspections@Twinsburg.oh.us.

Applicant Signature _____ Date: _____

Building Commissioner _____ Date: _____

City of Twinsburg Building Division
10075 Ravenna Road, Twinsburg OH 44087
330-963-6270 Fax: 330-963-6285