

# RESIDENTIAL PERMIT / ARB

(Note: See reverse for Excavation, Electrical, Mechanical and Plumbing contractor information)

**Date of Application:** \_\_\_\_\_

Address: \_\_\_\_\_ Sublot No. \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address (if different than above): \_\_\_\_\_

Parcel # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Project:  New  Addition  Renovation  Barn  Shed  Garage  Other

Description: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fed. I.D. #: \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_

(First-time builders are required to attend pre-construction meeting with the Building Commissioner)

## PROJECT INFORMATION

<b>Indicate Square Foot Area by Floor:</b>	Building Permit Fee	\$ _____
Basement _____	Zoning Fee	\$ _____
First floor _____	Grade Set Fee	\$ _____
Second floor _____	Road Opening	\$ _____
Third floor _____	Plan Review	\$ _____
<b>Subtotal</b> _____	Sewer Tap-in	\$ _____
Garage _____	Mechanical	\$ _____
<b>Total Square Footage:</b> _____	Plumbing	\$ _____
<b>Project costs including land:</b> \$ _____	Electrical	\$ _____
	Bond Deposit (refundable)	\$ _____
	Tree Permit Fee	\$ _____
	ARB	\$ _____
	Safety	\$ _____
	Other	\$ _____
	<b>Total Permit Fees</b>	<b>\$ _____</b>

**(Homeowners Associations have additional rules that may apply to your project – confirm your project with them prior to making application for City permits)**

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 regulations of the City of Twinsburg, the County of Summit, and the State of Ohio. All work shall be installed in a workmanlike manner. Inspections shall be requested twenty-four (24) hours in advance by calling our voice mail number (330-656-4817) or request inspection via email [inspections@Twinsburg.oh.us](mailto:inspections@Twinsburg.oh.us).

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Building Commissioner \_\_\_\_\_ Date: \_\_\_\_\_

**City of Twinsburg Building Division**  
**10075 Ravenna Rd.**  
**Twinsburg, Ohio 44087**  
 330-963-6270 Fax: 330-963-6285

