



# Twinsburg OHIO

## Application for Residential Plan Approval Application for ARB Plan Review (2018)

1. **Building Location:** (RCO 107.2(2)) Permit No. \_\_\_\_\_ Parcel \_\_\_\_\_  
Subdivision \_\_\_\_\_ Address \_\_\_\_\_ Sublot \_\_\_\_\_

2. **Scope of work:** Building General  Mechanical  Electrical  Plumbing  Fire Protection (RCO 106.1.3)

3. **Type of Project:**  New Construction  Building Addition  Building Alteration  Repairs Deck  
Accessory Building (detach/attach garage, shed, etc.) Sewer Tap-In

4. **Application Related Information:**  
■ Is this application being submitted as a result of a Notice of Violation or Adjudication Order received? \_\_\_\_\_ No \_\_\_\_\_ Yes, please provide the adjudication order (file) number: \_\_\_\_\_

5. **Description of the Scope of Work Covered Under this Application:** (RCO 107.2(1))  
\_\_\_\_\_  
\_\_\_\_\_

6. **Building Owner Information:**  
Name of Owner \_\_\_\_\_ Attention: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

7. **Applicant Information (General Contractor):** (Owner or designated representative) (RCO 107.2(4))  
 Check here if owner is completing the work – signed affidavit required  
General Contractor \_\_\_\_\_ Attention: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

8. **Applicant Information (Mechanical Contractor):** (Owner or designated representative) (RCO 107.2(4))  
 Check here if owner is completing the work – signed affidavit required  
General Contractor \_\_\_\_\_ Attention: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**9. Applicant Information (Electrical Contractor):** (Owner or designated representative) (RCO 107.2(4))

Check here if owner is completing the work – signed affidavit required

General Contractor \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**10. Applicant Information (Plumbing Contractor):** (Owner or designated representative) (RCO 107.2(4))

Check here if owner is completing the work – signed affidavit required

General Contractor \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**11. Applicant Information (Fire Protection Contractor):** (Owner or designated representative) (RCO 107.2(4))

General Contractor \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**12. Applicant Information (Excavator Contractor):** (Owner or designated representative) (RCO 107.2(4))

Check here if owner is completing the work – signed affidavit required

General Contractor \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**13. Registered Design Professional Information:**  Architect  Engineer  Certified Fire Protection designer  
(RCO 106.1.2)

Designer \_\_\_\_\_ Registration Certificate Number: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**14. APPLICATION FEES:** Please check one of the preferred payment methods and provide the square footage of the areas affected by the construction. Please refer to the Fees Schedule for Residential Building worksheet for more details:  Cash  Check No.  Credit Card \_\_\_\_\_  
( \_\_\_\_\_ S.F.) Cost of Work cover by this application: \$ \_\_\_\_\_

**CERTIFICATION:** (RCO 107.2(4))

Date: \_\_\_\_\_

I certify that I am the \_\_\_\_\_ Owner \_\_\_\_\_ Agent for the owner \_\_\_\_\_ Architect for the Owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.  
Signature \_\_\_\_\_ Print name \_\_\_\_\_

All work shall be performed in a PROFESSIONAL manner. After construction documents have been approved and permit to work has been issued construction may proceed in accordance with the approved documents. Construction or work for which an approval is required shall be subject to inspection. It shall be the duty of the owner or the owner's duly authorized representative to notify the City of Twinsburg Division of Building when work is ready for inspection. Notification from the owner or the owner's agent that the work is ready for inspection, shall cause the inspections set forth in the required inspection list from plan review report to be made by an appropriately certified inspector in accordance with the approved construction documents. Inspections shall be requested via email [inspections@twinsburg.oh.us](mailto:inspections@twinsburg.oh.us) to be scheduled appropriately in a timely manner