



# Twinsburg OHIO

## Application for Non-Residential/ARB Plan Approval (Commercial/ Industrial/ Multi-Family) (2018)

1. **Project/building Location:** (OBC 107.2(2)) Permit No. \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_

2. **Scope of work:** Building General  Mechanical  Electrical  Plumbing  Sprinkler System  Fire Alarm (OBC 107.2(2)).

3. **Type of Project:**  New Construction  Building Addition  Building Alteration  Repairs Change of Occupancy  Request Existing Bldg C of O

4. **Phased Plan Review:**  Foundation  Shell  Other \_\_\_\_\_

5. **Application Related Information:**  
 Is this project being submitted as a result of a previous preliminary plan review?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes, please provide the preliminary plan review number: \_\_\_\_\_  
 Is this application being submitted as a result of a Notice of Violation or Adjudication Order received?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes, please provide the adjudication order number: \_\_\_\_\_

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

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

8. **Applicant Information:** (Owner or designated representative) (OBC 107.2)  
 Applicant \_\_\_\_\_ Attention: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

9. **Registered Design Professional Information:**  Architect  Engineer  Certified Fire Protection designer

Designer \_\_\_\_\_ Registration Certificate Number: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

10. **Use & Occupancy Classification (Chapter 3):**

(information applies to new construction area in a mixed use groups building, or the entire building if a single use group building)

Current use group(s) \_\_\_\_\_ Current use group(s) \_\_\_\_\_  
Occupancy description: \_\_\_\_\_  
\_\_\_\_\_

11. **General Building Information:**

(the following information applies to the entire building, not just construction area) (OBC 107.2.3)

Use group(s) \_\_\_\_\_ Mixed use group(s) \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_  
Construction type \_\_\_\_\_  
\_\_\_\_\_ Separated \_\_\_\_\_ Non- Separated,  
Building height (FT) \_\_\_\_\_ Storage height (FT) \_\_\_\_\_  
Storage aisle width (FT) \_\_\_\_\_ No. of stories \_\_\_\_\_

List <b>USE GROUP</b> -mixed use building	List <b>OCCUPANCY TYPE</b> for use group
_____	_____
_____	_____
_____	_____

12. **Fire Protection System: Type of system NFPA \_\_\_\_\_ or N/A**

Building sprinkler system? _____	Sprinkler demand @ base of riser (PSI)? _____
Limited area sprinkler system? _____	Type 1 hood suppression? _____
In-Rack sprinkler system? _____	Building fire alarm system? _____
Fire detection system? _____	Smoke detection system? _____

13. **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 Non-Residential Building worksheet for more details: Cash  Check no. \_\_\_\_\_ Credit Card \_\_\_\_\_  
(\_\_\_\_\_ S.F.)

**CERTIFICATION:** (OBC 107.2.(5))

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. Upon 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.