

ARCHITECTURAL REVIEW BOARD SUBMITTALS CHECKLIST

ITEMS REQUIRED:

- Application Form
 - Applicant Name
 - Address
 - Phone Number
 - Email Address
- Residential and Non- Residential – 2 Plans Drawn to Scale
(Include: North Arrow, Scale, Legend, and Key Dimensions and Notes)
- New Construction Only
 - Five sets of Topographical Plans
 - Certified Tree Survey
- Site Location Map
- Site Context Plan (i.e. Site Plan showing adjoining properties, buildings and street names)
- Furnishings and Site Amenities (Locations, Details including Cut Sheets)
- Illustrative Renderings (Perspective or Photo Simulations to Scale)
- Color Photographs
 - Proposed Site
 - Contiguous Properties
- Material, Color, and Finish Samples and Lists
- Elevations
 - Front View
 - Rear View
 - Right View
 - Left View
- Floor Plans (All Levels)
- Wall Sections

FEES:

- New Residential \$100.00
- Residential Additions \$25.00
- Commercial / Industrial \$100.00

* Changes to the construction plans submitted requires notification to Building Division and subject to additional fees

PROCEDURE TO BE PLACED ON THE ARB AGENDA:

Applications shall be filed with the Building Department no later than eight (8) days prior to the ARB Meeting. The Board reserves the right to limit agendas.

The ARB holds meetings on the **first and third Thursday** of each month. Meetings begin promptly at **6:00 PM** and are held in the Government Center, 10075 Ravenna Road, Twinsburg, Ohio 44087. Applicant or representative is required to appear in front of the Board on the meeting they are assigned to. Applicant should be prepared to describe, illustrate, and support the Design Concept (*function, style, character, etc.*) and the Design Relationship with adjacent structures and streetscape.



Application for Residential Plan Approval
Application for ARB Plan Review (2019)

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
 Accessory Building (detach/attach garage, shed, etc.)

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 to be scheduled appropriately in a timely manner

City of Twinsburg Building Division 10075 Ravenna Road, Twinsburg, Ohio 44087

Phone: 330.963.6270 Fax: 330.963.6285

www.mytwinsburg.com

Fee Schedule for Residential Building

ADDRESS: _____

Type of Construction - Circle One: New Addition Alteration

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Basement Sqft | 1st Floor Sqft | 2nd Floor Sqft | Garage Sqft |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

BUILDING GENERAL FEES **

| | | | |
|---------------------------------------|----------------------|---------|-------------------------|
| A. \$125.00 base fee/\$35.00 base fee | | \$ | <input type="text"/> |
| B. \$25.00 per 100 square feet | <input type="text"/> | sq. ft. | \$ <input type="text"/> |
| C. \$8.00 per 100 square feet | <input type="text"/> | sq. ft. | \$ <input type="text"/> |

MECHANICAL FEES **

| | | | |
|--|----------------------|---------|-------------------------|
| A. \$75.00 base fee/\$35.00 base fee | | \$ | <input type="text"/> |
| B. \$15.00 per 100 square feet | <input type="text"/> | sq. ft. | \$ <input type="text"/> |
| C. \$7.00 per 100 square feet (add/alt) | <input type="text"/> | sq. ft. | \$ <input type="text"/> |

PLUMBING & GAS FEES **

| | | | |
|---------------------------------------|----------------------|-----|----------------------|
| A. \$125.00 base fee/\$35.00 base fee | | \$ | <input type="text"/> |
| B. Plumbing | | | |
| Full Bath | <input type="text"/> | ea. | x \$40.00 |
| Kitchen | <input type="text"/> | ea. | x \$40.00 |
| Sanitary Sewer | <input type="text"/> | ea. | x \$60.00 |
| Basement FD | <input type="text"/> | ea. | x \$35.00 |
| Half Bath | <input type="text"/> | ea. | x \$35.00 |
| Laundry Unit | <input type="text"/> | ea. | x \$35.00 |
| Storm sewer | <input type="text"/> | ea. | x \$60.00 |
| Garage FD | <input type="text"/> | ea. | x \$35.00 |
| | | \$ | <input type="text"/> |

SPRINKLER FEES **

| | | | |
|--------------------------------|----------------------|---------|-------------------------|
| A. \$75.00 base fee | | \$ | <input type="text"/> |
| B. \$15.00 per 100 square feet | <input type="text"/> | sq. ft. | \$ <input type="text"/> |

ELECTRICAL FEES **

| | | | |
|--------------------------------------|----------------------|---------|-------------------------|
| A. \$75.00 base fee/\$35.00 base fee | | \$ | <input type="text"/> |
| B. \$15.00 per 100 square feet | <input type="text"/> | sq. ft. | \$ <input type="text"/> |
| C. \$7.00 per 100 square feet | <input type="text"/> | sq. ft. | \$ <input type="text"/> |

SEWER TAP FEE/UTILITY FEE

| | | |
|---------------------------------------|----|----------------------|
| Connection charge COT 911.05 (1) | \$ | <input type="text"/> |
| Underground/Utility installation | \$ | <input type="text"/> |

** Permit Incentive Clause: Contact the Building Division 330-963-6270

| | | | |
|------------------------------|--|----|----------------------|
| Project cost including land: | <input type="text"/> | \$ | <input type="text"/> |
| | Zoning Fee | \$ | 175.00 |
| | Engineering Fee | \$ | 200.00 |
| | R/W Permit | \$ | 300.00 |
| | Safety Permit | \$ | 50.00 |
| | \$1000/\$500 Construction Deposit | \$ | - |
| | Plan Review | \$ | - |
| | | \$ | - |

Total Administration Fees \$

Additional fees may apply pending the scope of work, please refer to section 1323.05 of the Codified Ordinance (web site MyTwinsburg.com) or contact the Building Division at 330.963.6270