



EXCAVATION AND SITE SAFETY APPLICATION

Contractor: _____ **Phone:** _____
Contractor Address: _____ **Zip Code:** _____
Contractor Email Address: _____

Project Address: _____
Property Owner: _____ **Phone:** _____
Property Owner Email Address: _____

Describe work to be performed: _____

On-site Contact Name: _____ Cell Phone No. _____

Application Fee is \$ 50.00 payable by cash or check (check no. _____)

The City of Twinsburg has an interest in the safety and welfare of its citizens. The Occupational Health Administration has specific requirements for excavations (29 CFR 1926 Subpart P). Unsafe practices may result in civil and/or criminal penalties. This permit is authorized by the City of Twinsburg Council by Ordinance No. 112-2003 with the express understanding that the applicant is accepting responsibility for compliance with appropriate safety and regulatory requirements.

Reference Phone Numbers:

Fire & EMS Emergency	911 or 330-963-6256
Police Emergency	911
Police Non-Emergency	330-425-1234
Twinsburg Engineering Div.	330-963-6247
Twinsburg Building Div.	330-963-6270
Ohio Utilities Protection Service	1-800-362-2764
O.S.H.A.	216-522-3818

CONTRACTOR MUST POST PERMIT IN A VISIBLE LOCATION FACING ROADWAY

Applicant Signature: _____ Date: _____

Building Commissioner: _____ Date: _____

