

Today's Date: _____ Residential Non-Residential

Property Location:

Address: _____ Sublot: _____

Parcel #: _____ Subdivision: _____

Property Owner Information:

Name of Owner: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

FOR OFFICE USE ONLY	
Project ID:	_____
Total Fee:	_____
Date Stamp:	_____

Contractor Information:

SAME AS ABOVE (Affidavit required if the homeowner is completing their own residential work)

Contractor Name: _____ Attention: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Cost/Valuation of Project: _____ New Construction Addition Alteration Accessory Structure
(Garage, Fence, Patio, Shed, Etc.)

Description of Work Covered Under This Application:

Total Proposed Project Area	Sq. Feet	Project Site Plans Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Existing Sq. Feet of Structure:	Sq. Feet	Sub-Contractor List Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification & Signature:

I, _____
Signature Print Name

certify that I am the Owner Contractor Architect Other for the application and all information is true, accurate, and complete to the best of my knowledge. The acceptance of this permit, herein applied for, shall constitute an agreement on my part to abide by all codes, ordinances, regulations, and inspection requirements of the State of Ohio and the City of Twinsburg pertaining to the work listed. I further agree to correct any and all violations of such laws in a professional manner.

Questions and inspection requests can be directed to 330-963-6270.