



ARB Meeting Review APPLICATION

Residential/Commercial

Date: _____

ARB CASE # _____

ARB APPLICATION # _____

Property Owner: _____

Email Address: _____

Project Address: _____ Phone: _____

Contractor: _____ Phone: _____

Check here if owner is completing the work – **Signed Affidavit Required – Residential Projects Only**

Describe aesthetic changes to be made or new work proposed:

(Homeowners Associations have additional rules that may apply to your project – confirm your project with them prior to making application for City permits)

NOTE: All documents are to be provided on time or the application will not be processed.

Application form completed in its entirety

* Elevations of all sides of structure and Site Plan both proposed and existing plans – can be renderings or dimensioned plans or both. Page format can be any legible size appropriate for the project 24" x 36"; 11" x 17"; etc.

Exterior finish material samples, colors and specifications

Seven (7) sets of all plans documents and completed application

* (Include: Enough information for the Architectural Review Board to understand and review in accordance with Section 1103.09 of the Twinsburg Codified Ordinances to determine the exteriors of buildings or structures as appropriate)

Applications to the ARB shall be filed with the Building Department no later than ten (10) days prior to the next scheduled ARB Meeting. The Building Commissioner 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.

The undersigned hereby states that authority has been granted by the property owner, and/or building owner, to apply for this ARB Meeting Review. All associated fees shall be paid in full and any in compliance with the City of Twinsburg rules and regulations.

Applicant Signature: _____ Date: _____

Applicant Name Printed: _____

Received by: _____ Date: _____

Building Commissioner: _____ Review Date: _____

Meeting Date: _____