

CITY OF STRONGSVILLE
ARCHITECTURAL REVIEW BOARD APPLICATION
SUBDIVISION SIGNAGE

You must be referred from the Planning Commission for review by the Architectural Review Board.

The following must be submitted two (2) weeks prior to a meeting.

Ten (10) sets of the following:

- An Application form which follows this instruction sheet.
- (10) Subdivision Site Plans (**Folded**) **Be sure to show all guest off-street parking areas.**
- (10) Unit Elevation Drawings (all four sides).
- (10) Landscaping Plan (with legend) showing American and Scientific names. Call out caliper, (min. 2 ½" caliper), height (6'-8') for trees and show quantity of each plant material.
- (10) Photometric Exterior Lighting Plans (this includes the units and street lighting and entranceway lights). These must be approved by the City's Lighting Consultant – Roger Zakrajsek along with Manufacturing Lighting Cut Sheets for all of the fixtures to be used on the building and in parking lot.
- Mailbox Plan (Locate mailboxes on the site plan).
- **Material samples are to be brought to the meeting.**

If you have any further questions, please contact Mitzi Anderson at 440/580-3166.

SUBDIVISION SIGNAGE (Only)

FEES \$25.00 per Sign _____

**CITY OF STRONGSVILLE
ARCHITECTURAL REVIEW BOARD APPLICATION**

Date of Application: _____

SUBDIVISION NAME: _____

Location: _____

Representative's Name: _____

Company Name: _____

Address: _____ City-State-Zip _____

Bus. Phone () _____ Fax: _____

E-mail Address: _____

Permanent Parcel Nos. Involved: _____ Zoning Classification: _____

Sign Height _____ Sign Width _____ Total SF _____ Overall _____

Is this a: New Sign _____ Reface: _____

Description of Proposed Signage:

Color of: Background _____ Color of Copy _____

Color(s) of Graphic(s): _____

Color of Trim _____ Color of Returns _____

Materials: (Check All that Apply):

Masonry _____ Wood _____ Plastic _____ Vinyl Letters: _____ Canvas: _____

Illumination: (Check One)

Internal _____

External _____

Non-Illuminated _____

City of Strongsville
ARCHITECTURAL REVIEW BOARD APPLICATION
SCREENING For Subdivisions

Date of Application: _____

Subdivision Name: _____ PHASE # _____

Cluster Block or Location: _____ Number of Units _____

Permanent Parcel Nos Involved: _____ Zoning Classification _____

Developer's Name: : _____

Developer's Address: _____ City & ZIP _____

Bus Phone: () _____ FAX: () _____

Project Manager or Architect's Name: _____

Address of Rep: _____ City & Zip: _____

E-mail Address: _____

Rep's Bus. Phone: () _____ FAX () _____

SIGNAGE Being Proposed at This Time: Yes _____ (Attach Form C) No _____

Unit Building Materials & Color Schedule:

Roof:
Material _____
Mfg: _____
Color _____

Siding:
Type: _____
Color: _____

Trim (Windows & Soffits)
Type: _____
Color: _____

Doors:
Front Entrance Door:
Color: _____
Garage Door:
Color: _____

Brick or Stone: (If Applicable)
Mfg: _____
Color Blend: _____
Mortar Color: _____

Decks: Yes _____ No _____
Concrete Pad Only: Yes _____ No _____

NOTE: Bring All Sample Materials to the ARB Meeting.