

**CITY OF STRONGSVILLE**  
**ARCHITECTURAL REVIEW BOARD APPLICATION**  
**CLUSTER SUBDIVISION**

**ARCHITECTURAL REVIEW BOARD: (Referral from Planning Commission)**

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).

Nine (10) sets of the following:

- An Architectural Review Board Application for a **Cluster Subdivision**.
- (10) Cluster 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). **The Photo Metric Plan must be done and submitted with the Architectural Review Board documents.**

- Mailbox Plan (Located mailboxes on the site plan)
- **MATERIAL SAMPLES ARE TO BE BROUGHT TO THE MEETING**

If you have any further questions, please call Carol Brill at 440/580-3166.

# City of Strongsville

## ARCHITECTURAL REVIEW BOARD APPLICATION

### CLUSTER 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: \_\_\_\_\_

Rep's Bus. Phone: ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**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.**

# 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: \_\_\_\_\_

Rep's Bus. Phone: ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**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.**