

CITY OF STRONGSVILLE

ARCHITECTURAL REVIEW BOARD

MASTER SIGN PROGRAM PROCESS PACKET

- A completed Architectural Review Board Application **Form B**.
- Letter on company stationary stating the request for Revision to the Master Sign Program and whether it will be exclusive to one store or for the whole center.
- Provide a color chip for the proposed sign.
- A site plan locating said sign(s) on the building or ground area (to scale). include pictures of the other existing signs on entire mansard.
- A check for **\$50.00 for a revision to the Master Sign Program or \$100.00 to establish a Master Sign Program** made payable to the **City of Strongsville**.

If presenting an entire Master Sign Program for a Retail Center or Multi-Tenant Building, the fee is **\$100**. You must also submit a **Tenant Wall Sign Criteria** which is to include: General Criteria, Type of Sign (Box or Channel Letters), Size (Maximum height of a one line sign and also for a two line sign), Letter Style, Permitted Colors -choice of 3 or 4 with white being a given, for actual copy, returns, trims and raceway (please note if a graphic is permitted in your Master Sign Program), Letter Style, Placement, Construction, Mounting (flush or raceway), Electrical requirements, Approval Procedures for Landlord (and City). **The City will require a sign-off by the landlord for any future tenant sign.**

The Architectural Review Board meets on **Tuesdays**, twice monthly. A yearly calendar of meetings is posted on this site. All submittals must be in to the Board Secretary two (2) weeks prior to an ARB meeting. The ARB meetings are held in the Conference Room at the **Service Center (16099 Foltz Industrial Parkway) off Rt. 82 west of Prospect Road beginning at 9:00 A.M.** You can confirm your meeting date on this web site by accessing the current agenda.

Should you require additional information or have questions, please feel free to contact Carol Oprea at 440/580-3165.

FORM B
3/15/07

\$100.00 Sign Program
\$50.00 Revision to Program

ARCHITECTURAL REVIEW BOARD APPLICATION

Master Sign Program

Date of Application: _____

Project/Client Name: _____

Project Location Address: _____

Landlord Signature: _____

Agent's Firm Name: _____

Representative's Name: _____

Agents Address:

City, State & Zip: _____

Rep's Bus. Phone: _____ FAX _____

e-mail address _____

Permanent Parcel No's Involved: _____

Zoning Classification _____

Description: _____
