

CITY OF STRONGSVILLE
ARCHITECTURAL REVIEW BOARD APPLICATION
For Site Plan for Conditional Use

ARCHIECTURAL REVIEW BOARD:

ARB Application for a Conditional Use Permit, the following must be submitted two (2) weeks prior to a meeting.

Ten (10) sets of the following:

- An Architectural Review Board Application for site plan approval for a Conditional Use Permit.
- (10) Site Plans (**Folded**).
- Patio Elevation Drawings (all four sides)
Indicate Number of Tables and Chairs for Seating
- (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 and Exterior Lighting Plans.
- **MATERIAL SAMPLES ARE TO BE BROUGHT TO THE MEETING**

If you have any further questions, please contact Kristi Onofre at 440-580-3166.

City of Strongsville

ARCHITECTURAL REVIEW BOARD APPLICATION

Conditional Use Projects

Date of Application: _____

Project/Client Name: _____

Project Location Address: _____

Agent's Firm Name: _____

Agents Address: _____ City, State & Zip _____

Rep's Bus. Phone: _____ FAX _____

E-mail address: _____

Permanent Parcel No's Involved: _____ Zoning Classification _____

BUILDING MATERIALS & COLOR SCHEDULE:

Size of Structure: _____ **SF**

Roof:
Material _____
Color _____

Metal Standing Seam Roof:
Material _____
Color _____

Brick Masonry Units:
Material Type & Size

Concrete Masonry Units:
Material Type & Size

Colors:

Mortar Color: _____

Colors:

Mortar Color: _____

Trim (Windows - Doors):

Glass: Clear _____ Tinted _____

Canopy/Facia/Siding Color/Color #

Column Detail (if any):

Signage at This Time: Yes _____ No _____ **Attach Form C (Signage Info)**

NOTE: Bring All Sample Materials to the ARB Meeting and Colored Rendering of Project

FORM C
Revised 1/7/05

FEES \$25.00 per Sign _____

**CITY OF STRONGSVILLE
ARCHITECTURAL REVIEW BOARD APPLICATION**

SIGNAGE (Only) Application

Date of Application: _____

Client / Project Name: _____

Address: _____ City & State _____ ZIP: _____

Bus. Phone () _____ Cell Phone: _____

Shopping Plaza Name (if part of) _____

Permanent Parcel Nos. Involved: _____ Zoning Classification: _____

Property Owner's Signature: _____
(Required if part of a Master Building Sign Program)

Representative's Company Name: _____

Name of Rep: _____

Address: _____ City & State: _____ ZIP: _____

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

E-mail address: _____

Building Size:

Frontage: _____ Width of Existing Unit Frontage (if part of a multi-tenant bldg.) : _____

Prop. Sign Height _____ Prop. Sign Width: _____ Total SF _____ Overall
Call out in feet plus any inches, not just inches. (Sample: 5'-9" x 14')

Is this a: New Sign _____ Reface: _____ Sign Program for Entire Bldg. _____
Revision to Master Sign Program _____

Boxed Wall Sign _____ Channel Letter Wall Sign _____ Ground _____ Pylon _____ Awning _____

Directional _____ Tenant ID Sign _____

Color of: Background _____ Color of Copy _____

Color(s) of Graphic(s): _____

Color of Trim _____ Color of Returns _____ Color of Raceway _____

Materials: (Check All that Apply):

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

Illumination: (Check One) Internal _____ External _____ Non-Illuminated _____