

CITY OF STRONGSVILLE
ARCHITECTURAL REVIEW BOARD APPLICATION
RESIDENTIAL CARE FACILITIES

ARCHITECTURAL REVIEW BOARD:

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

Ten (10) sets of the following:

- An Architectural Review Board Application. See attached.
- Site Plans (**Folded**). **Be sure to show all guest off-street parking areas.**
- Elevation Drawings (all four sides)
- 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.
- Photometric and/or Exterior Lighting Plans.
- **MATERIAL SAMPLES ARE TO BE BROUGHT TO THE MEETING**

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

City of Strongsville

ARCHITECTURAL REVIEW BOARD APPLICATION

RESIDENTIAL CARE FACILITIES

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.