

CITY OF STRONGSVILLE
ARCHITECTURAL REVIEW BOARD APPLICATION
SUBDIVISION SIGNAGE

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 Kristi Onofre 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.