# CITY OF STRONGSVILLE ARCHITECTURAL REVIEW BOARD APPLICATION RESIDENTIAL CARE FACILITIES

### **ARCHIECTURAL REVIEW BOARD:**

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

Six (6) 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 Mitzi Anderson 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	e: Yes (Attach Form C) No
Unit Building Materials & Color Sch	edule:
Roof: Material Mfg: Color	Doors: Front Entrance Door: Color: Garage Door:
Siding: Type: Color:	Color:  Brick or Stone: (If Applicable)  Mfg: Color Blend:
Trim (Windows & Soffits) Type: Color:	Mortar Color:  Decks: Yes No Concrete Pad Only: Yes No

**NOTE:** Bring All Sample Materials to the ARB Meeting.