



**Planning &
ZONING**
BOARDMAN TOWNSHIP

OFFICE USE ONLY
Permit No.:
Penalty Fee: <input type="checkbox"/> Yes
Payment Method: <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> CHECK No. _____

ARCHITECTURE REVIEW BOARD APPLICATION

(Please Fill Out Entirely in Type or Legible Print)

Applicant Information		
Name:	Contact Person:	
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

Property Owner Information <i>(If the owner is the applicant, please leave blank)</i>		
Owner Name:	Contact Person:	
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

Architecture Review Information		
Street Address or Parcel ID of Request:		
Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Use:	Zoning District:
Required Documents <input type="checkbox"/> Site Plan <input type="checkbox"/> Landscape Plan <input type="checkbox"/> Lighting/Photometric Plan <input type="checkbox"/> Elevations (in color) <input type="checkbox"/> Stormwater Management location shown (Plans and calculations due at time of Zoning Permit Application) <input type="checkbox"/> Completed Architecture Review Worksheet (attached)		
Plans shall be prepared by a registered Professional Engineer or Architect licensed to work in Ohio. Plans shall be at a minimum scale of One (1) inch equals one hundred (100) feet on standard 24"x36" sheets, with continuation on 8½"x11" sheets as necessary for written information. <input type="checkbox"/> 10 hard copies must be provided. <input type="checkbox"/> An electronic copy must also be provided.		
Completed Architecture Review Worksheet All sections must be filled out.		
Fee: \$100		

Architecture Review Worksheet		
Street Address or Parcel ID of Request:		
Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Use:	Planned Use:
Frontage length (feet):	Lot depth (feet):	Zoning District:
Front Building Setback:	Side Building Setbacks:	Rear Building Setback:

Architectural (Article 9)		
Total Building Square Footage:	Building Use:	Number of Employees:
Building Capacity:	No. of stories:	Building Height:
Does this building utilize façade offsets at least every 40ft (if 60ft or longer)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this building have roof-mounted mechanical equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which 3 customer entrance design features does the building utilize? <input type="checkbox"/> Canopy or Portico <input type="checkbox"/> Roof overhangs <input type="checkbox"/> Entry recesses/projections <input type="checkbox"/> Arcades <input type="checkbox"/> Raised corniced parapets <input type="checkbox"/> Gabled roof forms/arches <input type="checkbox"/> Outdoor seating plaza (20' depth min.) <input type="checkbox"/> Display windows <input type="checkbox"/> Architectural details <input type="checkbox"/> Integrated planters or wing walls with landscaping or seating		
What percentage of the ground floor is glazing? (must be between 50 and 70%):		
What percentage of the second and higher floors are glazing? (must be between 20 and 60%):		
What percentage of windows will be opaque (max. 20%):		

Parking (Article 11)		
Current Parking Spaces:	Required Parking Spaces:	Provided Parking Spaces:
Parking Bank Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of spaces banked:	No. of spaces provided:
Parking Surface: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Permeable Pavers <input type="checkbox"/> Bricks/Pavers <input type="checkbox"/> Other:		
<i>If you choose to use a parking bank plan, a copy must be included in your application.</i>		

Pedestrian Access (Article 11)
Is there public sidewalk access along the property? <input type="checkbox"/> Yes <input type="checkbox"/> No, these will be installed as part of this project
Is there a WRTA bus stop along the frontage? <input type="checkbox"/> Yes (access must go from the stop to the entrance) <input type="checkbox"/> No
Sidewalk access will lead from the public sidewalk to the building entrance. All pedestrian walkways shall be physically separated from the drive lanes and driveways, and will be of a distinctly separate surface (§11.09(B)(3)).

Landscaping (Article 10)		
Buffering Requirements (10.06)		
<i>For Buffering types: See Table 10.06-1 (pg 113) and Table 10.06-2 Required Buffers (pg 114)</i>	Rear Buffering Type: <input type="checkbox"/> A: Opaque <input type="checkbox"/> B: Semi-Opaque <input type="checkbox"/> C: Light	
	Side Buffering Type: <input type="checkbox"/> A: Opaque <input type="checkbox"/> B: Semi-Opaque <input type="checkbox"/> C: Light	
No. of shrubs:	No. of evergreen trees:	No. of shade trees:
Requirements for Vehicular Use Areas (10.07)		
Perimeter landscape strip adjacent to public streets (12' minimum):	No. of trees (perimeter):	No. of shrubs (perimeter):
% interior landscaping:	No. of trees (in islands):	No. of shrubs (in islands):
<i>A complete planting list must be provided alongside the landscaping plan.</i>		


Lighting (Article 7)		
<i>A Lighting or Photometric plan must be included as part of the application.</i>		
Minimum Illumination:	Maximum Illumination:	Average Illumination:
Height of lighting fixtures:	Hours of use of lighting fixtures:	
Full cut-off type fixtures: <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Cut-off lighting used for decorative purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lighting height is marked on the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Stormwater (Article 7)
On-site surface drainage retention/detention areas shown on plans: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-site surface drainage retention/detention areas and calculations prepared by a Professional Engineer registered in Ohio will be submitted to the Township as part of the Zoning Permit Submission : <input type="checkbox"/> Yes
A construction certification letter will be submitted by the applicant’s Professional Engineer after construction: <input type="checkbox"/> Yes

Applicant Signature

The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance.

The undersigned understands their legal requirements under Boardman Township Zoning Resolution section 10.09, which outlines the requirements for maintenance and installation. The undersigned also understands that the Architectural Review Board must approve any or all changes to the landscaping or architectural plan prior to construction.

 **Signature of Applicant:** _____ **Date:** _____

Incomplete applications will not be processed.

Email completed applications to:
 Tricia D’Avignon, AICP
 Assistant Director
tdavignon@boardmantwp.com

Mail completed applications to:
 Boardman Township Zoning Department
 Attn: Architecture Review Board
 8299 Market Street
 Boardman, Ohio 44512

Forms of Payment Accepted:

- Exact Cash
- Check (Make payable to ‘Boardman Township’)
- Credit Cards (A convenience fee will apply)

Revised: 10/14/2021