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Case No.:				
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[] CASH [] CREDIT [] 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 In	formation (If the ow	vner is the applicant,	, please leave blank)		
Owner Name:		Contact Person:			
Address:					
City:	State:		ZIP:		
Phone:	Cell:		Email:		
	Architecture Rev	view Information			
Street Address or Parcel ID of Request:					
Corner Lot: [] Yes [] No	Current Use:		Zoning District:		
Required Documents [] Site Plan [] Landscape Plan [] Lighting/Photometric Plan [] Elevations (in color) [] Stormwater Management location [] Completed Architecture Review Plans shall be prepared by a registered I	Worksheet (attached)			
Plans shall be prepared by a registered I minimum scale of One (1) inch equals of 8½"x11" sheets as necessary for writter [] 10 hard copies must be provided. [] An electronic copy must also be	one hundred (100) feet in information. provided.				
Completed Architecture Review Wor All sections must be filled out.	ksheet				
Fee: \$100					

Architecture Review Worksheet				
Street Address or Parcel ID of Request:				
Corner Lot: [] Yes [] No	Currer	nt Use:	Planned Use:	
Frontage length (feet):	Lot de	pth (feet):	Zoning District:	
Front Building Setback:	Side B	uilding Setbacks:	Rear Building Setback:	
		Architectural (Article 9)		
Total Building Square Footage:	_	ding 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)? []	Yes [] No	
Does this building have roof-mounted n		1 1		
Which 3 customer entrance design feature [] Canopy or Portico [] Roof overha [] Gabled roof forms/arches [] Outdestails [] Integrated planters or wing	ngs [oor seat walls w	Entry recesses/projections [] A ing plaza (20' depth min.) [] D ith landscaping or seating		
What percentage of the ground floor is What percentage of the second and high			20 1 6000.	
What percentage of windows will be op			20 ana 00%):	
what percentage of windows will be op	aque (<i>n</i>	lax. 20%):		
		Parking (Article 11)		
Current Parking Spaces:	Requi	red Parking Spaces:	Provided Parking Spaces:	
Parking Bank Plan: [] Yes [] No	No. of	spaces banked:	No. of spaces provided:	
Parking Surface: [] Asphalt [] Concrete [] Permeable Pavers [] Bricks/Pavers [] Other:				
If you choose to use a p	parking	bank plan, a copy must be includ	ed in your application.	
		lestrian Access (Article 11)		
Is there public sidewalk access along th				
Is there a WRTA bus stop along the from			, , ,	
Sidewalk access will lead from the public physically separated from the drive land				
		Landscaping (Article 10)		
	Buf	fering Requirements (10.06)		
For Buffering types: See Table 10.06-1 (pg 113) and Table 10.06-2 Required Buffers (pg 114)		Rear Buffering Type: [] A: Opaque [] B: Semi-Opaque [] C: Light		
		Side Buffering Type: [] A: Opaque [] B: Semi-Opaque [] C: Light		
No. of shrubs:		No. of evergreen trees:	No. of shade trees:	
•	uireme	nts 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	o. of trees (in islands):	No. of shrubs (in islands):	
A complete plant	ing list	must be provided alongside the la	andscaping plan.	

Lighting (Article 7)					
A Lighting or Photometric plan must be included as part of the application.					
Minimum Illumination:	Maximum Illumination:		Average Illumination:		
Height of lighting fixtures:	Hou	rs of use of lighting fixtures:			
Full cut-off type fixtures: [] Yes [] No		Non-Cut-off lighting used for decorative purposes? [] Yes [] No			
Lighting height is marked on the plan? [] Yes [] No					

Stormwater (Article 7)				
On-site surface drainage retention/detention areas shown on plans: [] Yes [] 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 : [] Yes				
A construction certification letter will be submitted by the applicant's Professional Engineer after construction: [] Ye	S			

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	ot Ap	oplicant:	
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Date:

Incomplete applications will not be processed.

Email completed applications to:

Joe Macomber

JMacomber@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: 9/9/2022