



**DESIGN REVIEW APPLICATION**  
**Signature of Solon Master Association, Inc.**  
**Solon, Ohio**

Please submit all plans for  
**REMODELING or OTHER CHANGE TO EXISTING HOME**  
to: CARLYLE MANAGEMENT CO. Attn: Chuck Schulman  
23945 Mercantile Road  
Beachwood, Ohio 44122  
P (216) 464-7465 F (216) 464-0259  
cschulman@carlylemanagement.com

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\*Please include a copy of your lot's topographic map with **ALL** submitted requests

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**COMPLETE APPLICATION BELOW:**

\*For any change requiring a City permit, accompanying this application must be: **1.)** Architectural review fee check for \$100.00 made payable to Signature of Solon HOA; **2.)** three (3) copies of the building floor plans, elevations, and the site plan. These items shall be submitted prior to the house plan submittal to the City of Solon Building Department. The Building Department will not review any plans not approved by the association's designated architect. **As stated in the HOA Documents, Applicant is responsible for Review Fees.**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Drawings  
Prepared By: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



*Signature of Solon  
Homeowners' Association*

**Address:** \_\_\_\_\_ **Date Application Received:** \_\_\_\_\_

List the type, manufacturer and all possible colors and finishes (if applicable) for all items listed below. Please indicate where each of the following will be applied to the structure (front, back, side, garage of building):

Roofing \_\_\_\_\_  
\_\_\_\_\_

Brick \_\_\_\_\_  
\_\_\_\_\_

Stone \_\_\_\_\_  
\_\_\_\_\_

Stucco \_\_\_\_\_  
\_\_\_\_\_

Shake/Siding \_\_\_\_\_  
\_\_\_\_\_

Clapboard \_\_\_\_\_  
\_\_\_\_\_

Exterior Trim  
(Frieze, Corner  
Door, Window  
Surrounds, Etc) \_\_\_\_\_  
\_\_\_\_\_

Gutters and  
Downspouts \_\_\_\_\_  
\_\_\_\_\_



*Signature of Solon  
Homeowners' Association*

Decorative  
Features (Mantles,  
Shutters, Etc.)

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Decks or  
Porches

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Windows

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Skylights

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Garage Door

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**Square Footage:**

First Floor

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Second Floor

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**TOTAL**

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*Signature of Solon  
Homeowners' Association*

**\*FOR USE BY DESIGN REVIEW COMMITTEE ONLY:**

Date Application Received: \_\_\_\_\_

Date Application Returned: \_\_\_\_\_

**Disposition:**

Approved By: \_\_\_\_\_

Approved as Corrected By: \_\_\_\_\_

Revise and Submit By: \_\_\_\_\_

Revise and Corrected Plans By: \_\_\_\_\_

**REMARKS:**

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