

Charles Killebrew  
5553 Peachtree Road, Suite 135, Atlanta, GA 30341 | Phone 470.460.6699

## LETTER

Attn: Rocky River Design and Construction Board of Review      Date: 12-09-2025  
Re: Submittal for Design and Construction Board of Review Meeting – December 15<sup>th</sup>, 2025

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### Notes/Comments:

The CPA number associated with this project: 25-003063

The proposed project consists of the demolition of the existing single-story, approximately 3,800 SF, retail building. In its place, a new single-story urgent care building with a footprint of approximately 4,300 SF will be constructed.

Included in the package are the following items:

- **A0.0 Site Plan Overlay**
- **A0.00 & A0.000 Existing Site Photos**
- **Rendered Elevations**
- **C102 General Development Concept Plan**
- **S1.00 Foundation Plan**
- **A1.01 Floor Plan**
- **A1.06 Roof Plan**
- **A2.01 & A2.02 Exterior Elevations**
- **A2.10 & A2.11 Exterior Wall Sections**

Please feel free to contact us with any questions regarding the submittal.

**City of Rocky River**

21012 Hilliard Boulevard Rocky River, Ohio 44116

**APPLICATION FOR NON-RESIDENTIAL PLAN APPROVAL**Submit one application per building or structure; **All sections must be completed.****APPROVALS DATES:**

Planning Comm: \_\_\_\_\_

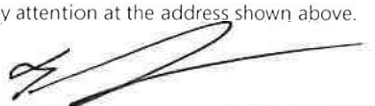
Board of Appeals: \_\_\_\_\_

Design &amp; Review: \_\_\_\_\_

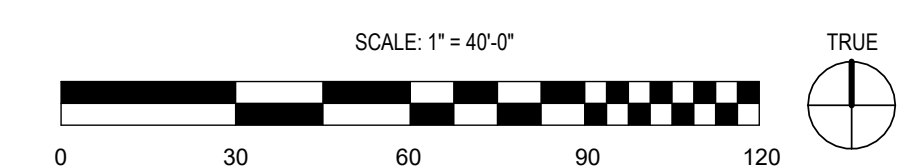
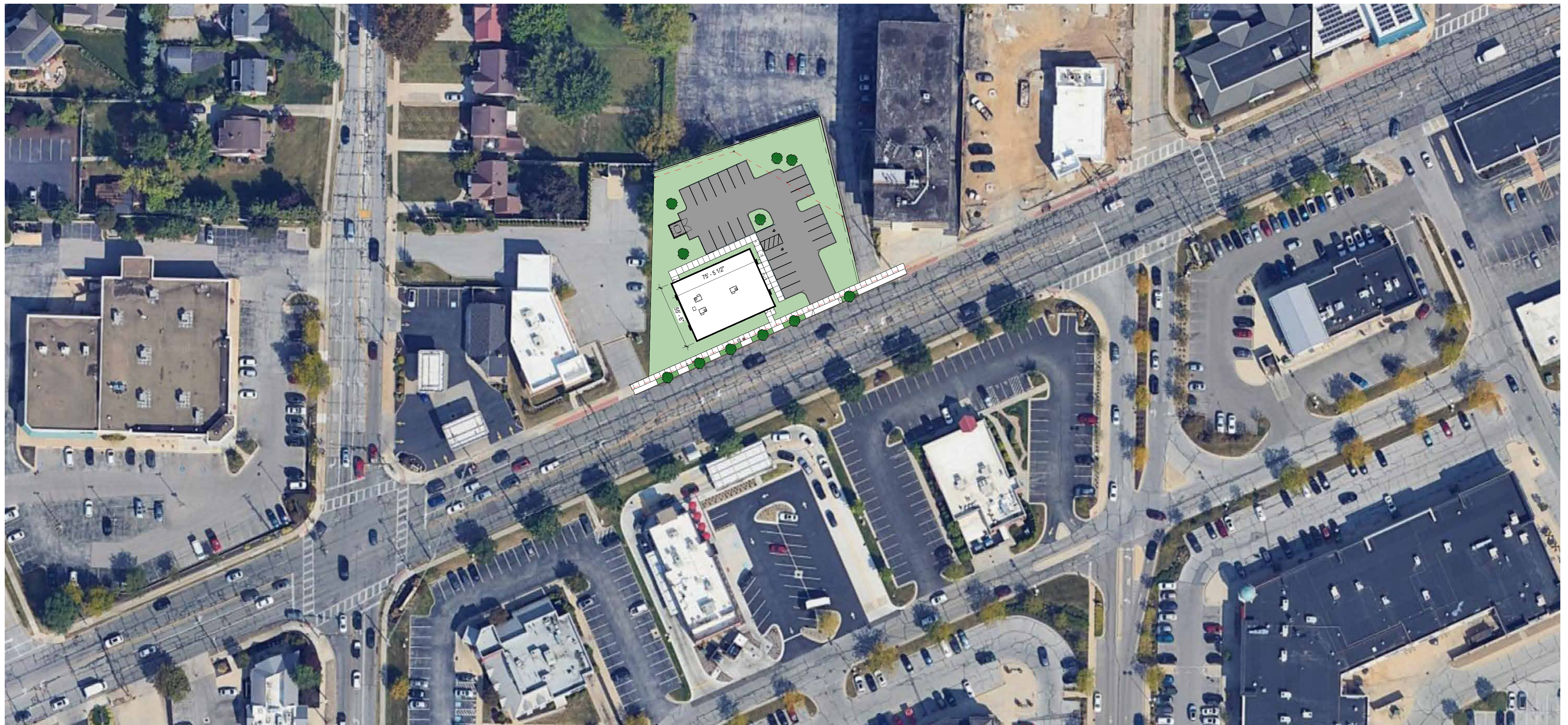
Application Date: 12/09/2025

Intent Sign Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 PLAN SUBMISSION:</b><br><br>Plan review will commence once all below plan copies are submitted.<br><br>Have 2 paper and 1 digital plan(s) been submitted for plan review?<br><br>Yes; ____ No: ____ To be sent by: _____                                                                                                                                                                                                                                                                                                                                                          | <b>2 TYPE OF PROJECT:</b><br><br><input checked="" type="checkbox"/> New Building Construction<br><input type="checkbox"/> Building Addition<br><input type="checkbox"/> Alteration<br><input type="checkbox"/> Repair/Maintain/Replacement<br><input type="checkbox"/> Change of Occupancy<br><input type="checkbox"/> Request Existing Bldg C of O | <b>3 PHASED PLAN REVIEW:</b><br><br><input type="checkbox"/> Foundation<br><input type="checkbox"/> Framing:<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |
| <b>4 APPLICATION RELATED INFORMATION:</b><br><br>▪ Is this project being submitted as a result of a previous preliminary plan review? ____ No <input checked="" type="checkbox"/> Yes<br><br>▪ Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?<br><br><input checked="" type="checkbox"/> No ____ Yes, please provide the adjudication order number: _____                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |
| <b>5 PROJECT/BUILDING LOCATION: (OBC 107.2.2)</b><br><br>Building Name <u>UNIVERSITY HOSPITALS URGENT CARE</u> Street Address <u>20914 CENTER RIDGE RD. ROCKY RIVER, OH, 44116</u><br>Street Address _____ Sublot No. _____ Lot Size _____<br>Permanent Parcel Number _____ Estimated Time of Completion _____<br><br>▪ Is this project/building located in a flood plain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>▪ Has flood plain administrator been contacted for requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |
| <b>6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1)</b><br><br><u>THE PROPOSED PROJECT CONSISTS OF THE DEMOLITION OF THE EXISTING SINGLE-STORY, APPROXIMATELY 3,800 SF, RETAIL BUILDING. IN ITS PLACE, A NEW SINGLE-STORY URGENT CARE BUILDING WITH A FOOTPRINT OF APPROXIMATELY 4,300 SF WILL BE CONSTRUCTED.</u><br><br><br><b>Total Estimated Cost \$</b> <u>TBD</u><br><b>Total Square Footage of all Levels and Areas of Construction</b> <u>26,814</u> <b>SQ. FT.</b>                                                                      |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |
| <b>7 BUILDING OWNER INFORMATION:</b><br><br>Name of owner <u>UNIVERSITY HOSPITALS URGENT CARE BY WELLSTREET</u> Attention: <u>ERIC PLACEK</u><br>Street Address <u>3350 RIVERWOOD PKWY, STE 1550</u> City <u>ATLANTA</u> State <u>GA</u> Zip <u>30339</u><br>Phone No. <u>216-408-4162</u> E-mail <u>EPLACEK@WELLSTREET.COM</u>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |
| <b>8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2)</b><br><br>Applicant <u>ONYX CREATIVE</u> Attention: <u>CHARLES KILLEBREW</u><br>Street Address <u>5553 PEACHTREE RD, STE 135</u> City <u>ATLANTA</u> State <u>GA</u> Zip <u>30341</u><br>Phone No. <u>678-250-5743</u> E-mail <u>CKILLEBREW@ONYXCREATIVE.COM</u>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                  |

| <b>9</b>         | <b>REGISTERED DESIGN PROFESSIONAL INFORMATION:</b> <input checked="" type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Certified Fire protection system designer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|-----------------|--------|----------|-------------|--|--|------------|--|--|------------|--|--|-----------|----|----|------------|--|--|---------------|--|--|-----------------|--|--|----------|--|--|------------------|--|--|------------|----|--|
|                  | Designer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MICHAEL CRISLIP    Reg. /Certificate No.: 010818                                |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 25001 EMERY RD, STE 400    City                                                 | CLEVELAND    State OH    Zip 44128                    |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 216-223-3200    Fax                                                             | E-mail MCRISLIP@ONYXCREATIVE.COM                      |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| <b>10</b>        | <b>BUILDING CODE INFORMATION:</b><br>(Information applies to construction area in a mixed use groups building, or the entire building if a single use group building)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | Current use group(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A-2, B, S-1    Construction Type of Project VB    Construction Type of Building |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | Occupancy Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Method of Demonstrating Energy Code Compliance 2012 IECC    2010 AHRAE 90.1     |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| <b>11</b>        | <b>GENERAL BUILDING INFORMATION:</b> (The following information applies to the <i>entire building</i> , not just construction area.)<br>(OBC 107.2.3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■ Building Information:<br>Use group(s)?    A-2, B, S-1    Mixed use groups? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Separated <input type="checkbox"/> Non-separated<br>Construction type?    VB    Building height (FT)?    25    No. of stories?    1<br>Occupant load?    65    Storage height (FT)?       Storage aisle width (FT)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■ List USE GROUP below for mixed use building.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | ■ List Occupancy Type for associated use group below. |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■ A-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | ■ ASSEMBLY                                            |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■ B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 | ■ BUSINESS                                            |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■ S-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | ■ STORAGE                                             |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | ■                                                     |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | ■                                                     |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
|                  | ■ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)<br>Building sprinkler system?    Sprinkler demand @ base of riser (PSI)?<br>Limited area sprinkler system?    Type 1 hood suppression?    In-Rack sprinkler system?<br>Building fire alarm system?    Fire detection system?    Smoke detection system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| <b>12</b>        | <b>CERTIFICATION: (OBC 107.2.5)</b><br>I certify that I am the <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Owner Authorized Agent<br>All information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.<br><br><div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Print Name: DEVAUGHN JACKSON</div> <div>Date 12-09-2025</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| <b>13</b>        | <b>THE AREA BELOW IS FOR OFFICIAL USE ONLY:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Fee Description</th> <th style="width: 15%;">Amount</th> <th style="width: 20%;">Deposits</th> </tr> </thead> <tbody> <tr><td>PLAN REVIEW</td><td></td><td></td></tr> <tr><td>Permit Fee</td><td></td><td></td></tr> <tr><td>Other Fees</td><td></td><td></td></tr> <tr><td>Sub-Total</td><td>\$</td><td>\$</td></tr> <tr><td>B.B.S. +3%</td><td></td><td></td></tr> <tr><td>Curb Crossing</td><td></td><td></td></tr> <tr><td>Street Cleaning</td><td></td><td></td></tr> <tr><td>Curb Cut</td><td></td><td></td></tr> <tr><td>Sewer Tie In Fee</td><td></td><td></td></tr> <tr><td>Total Fees</td><td>\$</td><td></td></tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Date Received</div> <div>Estimated Cost</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Check Number</div> <div>Permit Number</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Processed By</div> <div></div> </div> |                                                                                 |                                                       | Fee Description | Amount | Deposits | PLAN REVIEW |  |  | Permit Fee |  |  | Other Fees |  |  | Sub-Total | \$ | \$ | B.B.S. +3% |  |  | Curb Crossing |  |  | Street Cleaning |  |  | Curb Cut |  |  | Sewer Tie In Fee |  |  | Total Fees | \$ |  |
| Fee Description  | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deposits                                                                        |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| PLAN REVIEW      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Permit Fee       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Other Fees       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Sub-Total        | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                                                              |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| B.B.S. +3%       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Curb Crossing    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Street Cleaning  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Curb Cut         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Sewer Tie In Fee |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |
| Total Fees       | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                       |                 |        |          |             |  |  |            |  |  |            |  |  |           |    |    |            |  |  |               |  |  |                 |  |  |          |  |  |                  |  |  |            |    |  |

Notes:







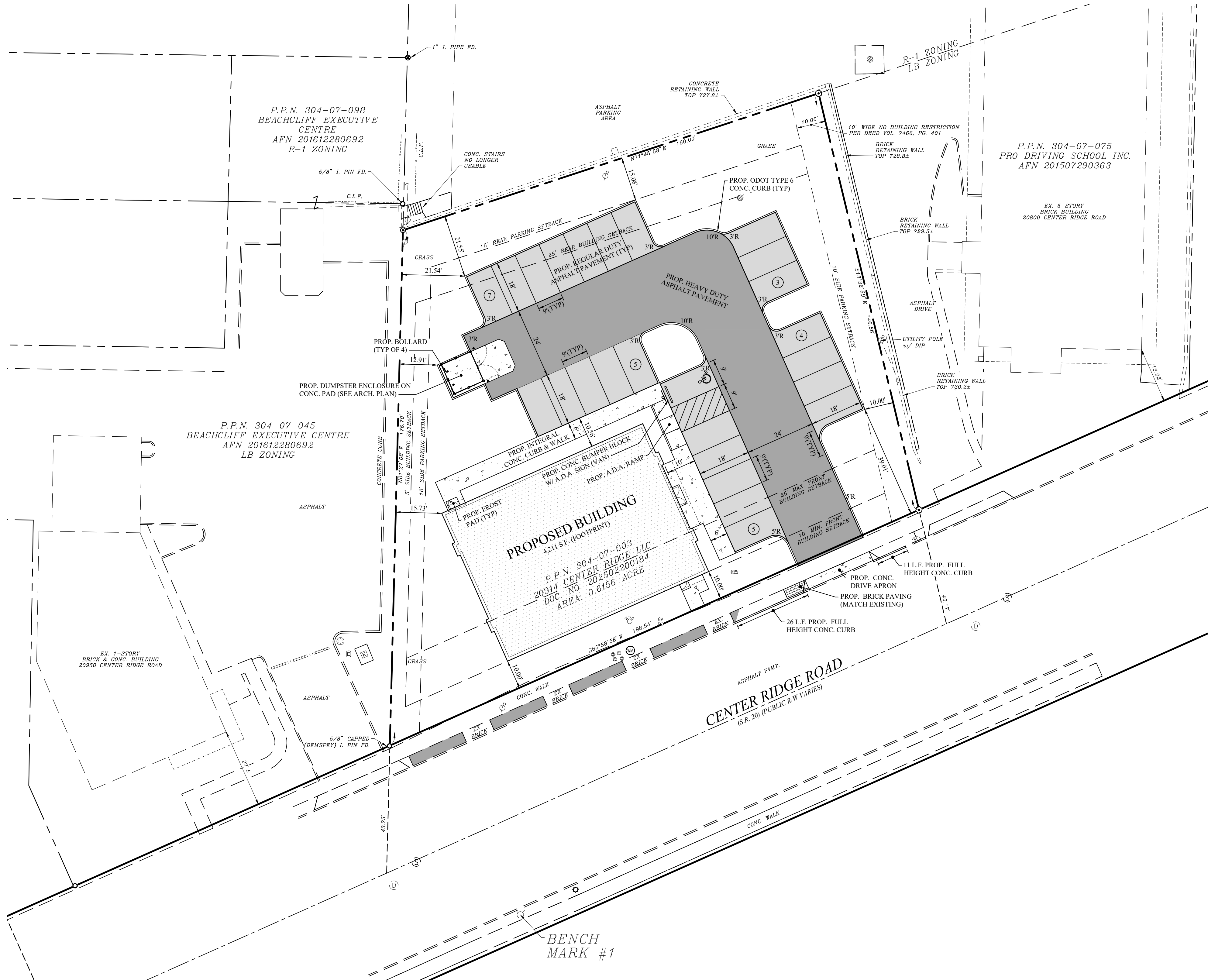




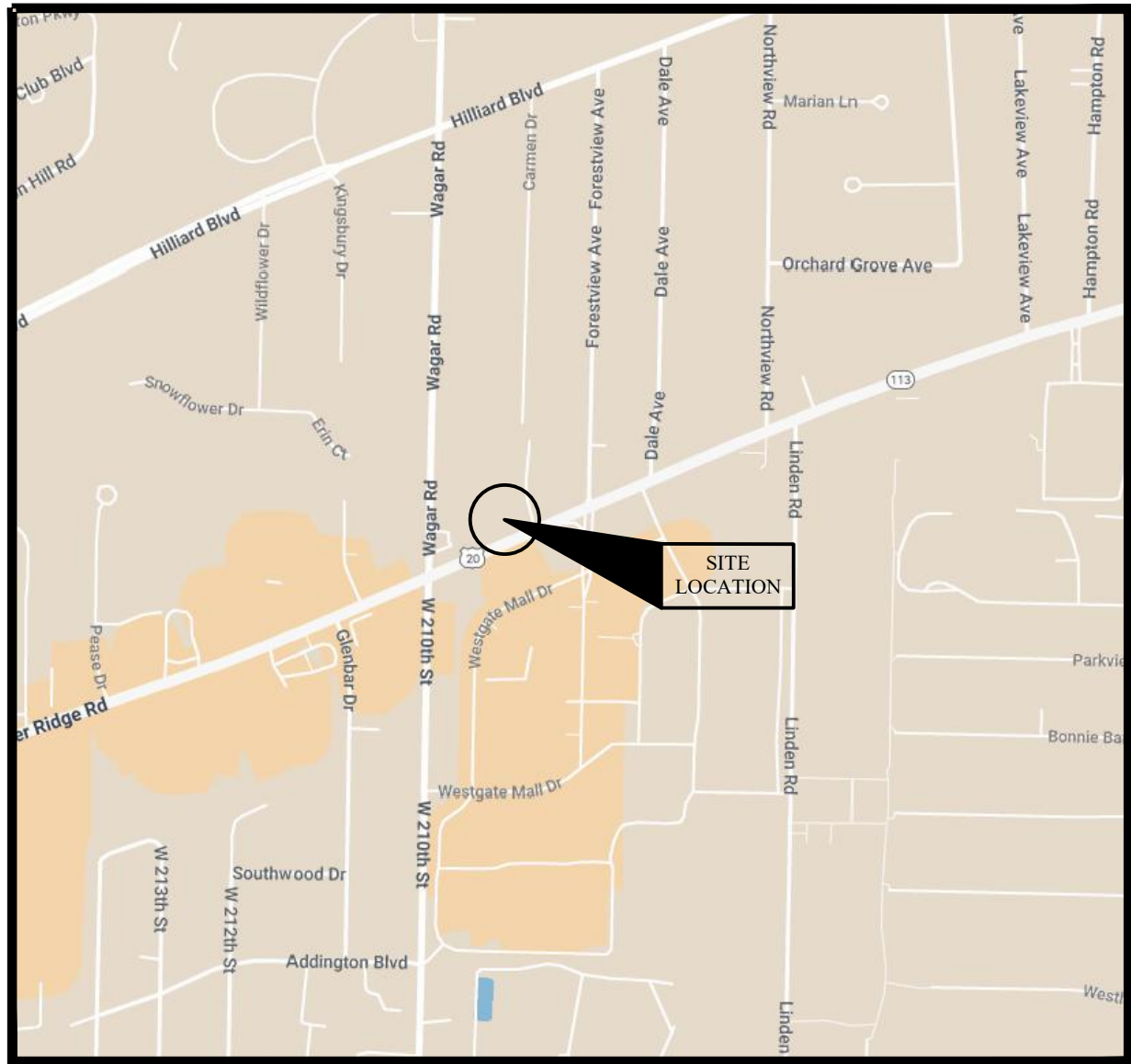




W:\2025-323 Urgent Care Rocky River\CAD\2025-323 Site\01 C.DWG 1/28/2025 1:53:15 PM



SITE BENCH MARK  
BENCH MARK #1  
TOP OF HYDRANT  
ELEVATION = 732.75



VICINITY MAP  
NO SCALE

SITE DATA

|                                  |                                             |
|----------------------------------|---------------------------------------------|
| USE DISTRICT                     | = LB<br>(LOCAL BUSINESS)                    |
| SITE AREA                        | = (0.6156 AC.)                              |
| PROP. BUILDING AREA              | = 4,211 S.F. (FOOTPRINT)                    |
| <b>BUILDING SETBACKS:</b>        |                                             |
| FRONT YARD                       | = 10' MIN., 25' MAX.                        |
| SIDE YARD                        | = 5'                                        |
| REAR YARD                        | = 25'                                       |
| <b>PARKING SETBACKS:</b>         |                                             |
| FRONT YARD                       | = NO PARKING BETWEEN<br>BUILDING AND R.O.W. |
| SIDE YARD                        | = 10' (15' ADJ. TO RES.)                    |
| REAR YARD                        | = 10' (15' ADJ. TO RES.)                    |
| <b>NUMBER OF PARKING SPACES:</b> |                                             |
| REGULAR PARKING SPACES           | = 24                                        |
| HANDICAP PARKING SPACES          | = 1                                         |
| TOTAL PARKING SPACES             | = 25                                        |

FLOOD ZONE

FLOOD ZONE "X" PER FLOOD INSURANCE  
RATE MAP NUMBER 39035C 0153 E  
COMMUNITY PANEL NUMBER 39035 0153 E  
EFFECTIVE DATE DECEMBER 2, 2010

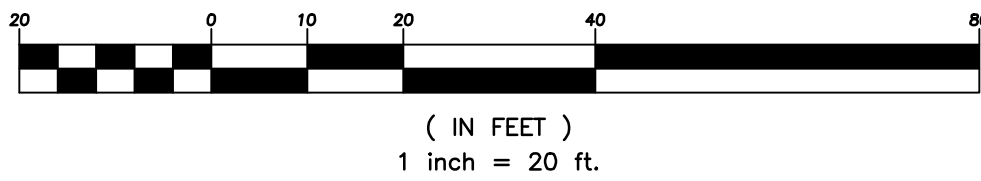
LEGEND

|  |                      |
|--|----------------------|
|  | REGULAR DUTY ASPHALT |
|  | HEAVY DUTY ASPHALT   |
|  | CONCRETE PAVING      |

ITALICS TEXT REPRESENTS EXISTING CONDITION  
NON-ITALICS TEXT REPRESENTS PROPOSED CONDITION



GRAPHIC SCALE



2555 Hartville Rd., Suite B  
Rocktown, OH 44127  
www.WeberEngineeringServices.com  
330-329-2037  
matt@webercivil.com



Reg. No.: 61709

CLIENT:



25001 EMERY ROAD  
#400  
CLEVELAND, OH 44128  
216-223-3200

OWNER:

20914 CENTER  
RIDGE LLC

1311 ORCHARD PARK DRIVE  
ROCKY RIVER, OHIO  
44116

URGENT CARE  
SITE IMPROVEMENTS  
20914 CENTER RIDGE RD, ROCKY RIVER, OH

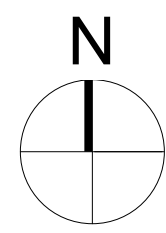
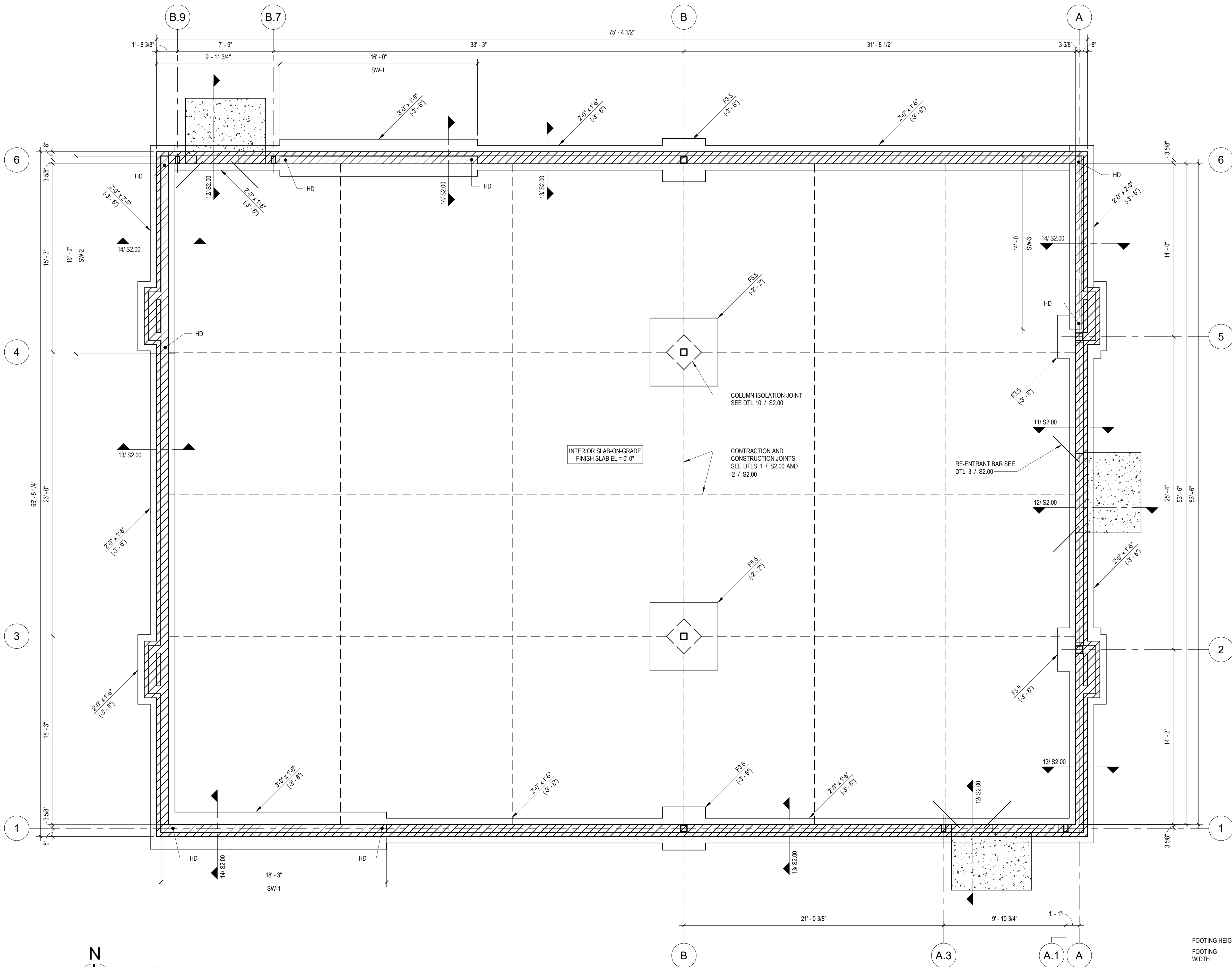
Issue Date

10-29-2025  
11-03-2025  
11-04-2025  
11-24-2025  
12-08-2025

GENERAL  
DEVELOPMENT  
CONCEPT PLAN

C102

Project No. 2025-323



1 FOUNDATION PLAN

1/4" = 1'-0"

NOTES:

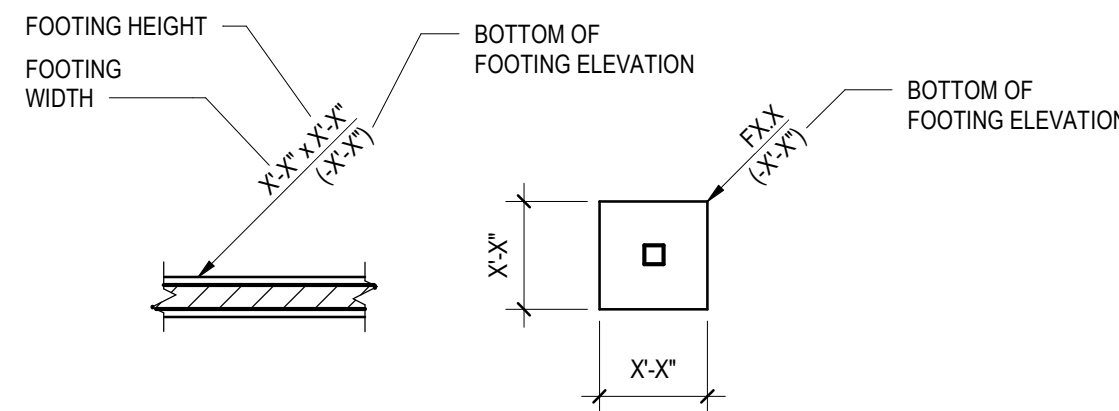
- FLOOR CONSTRUCTION: CONCRETE SLAB ON GRADE, SEE SLAB SCHEDULE.
- BOTTOM OF FOOTING EL. SHOWN THUS ON PLAN (- ) ARE REFERENCED TO FINISH FLOOR EL. (SEE CIVIL DRAWINGS)
- BOTTOM OF FOOTING ELEVATION SHALL BE A MINIMUM OF 42" BELOW FINISHED GRADE. STEP FTG AS REQUIRED - SEE DETAIL.
- G.C. SHALL COORDINATE UTILITY LOCATIONS THROUGH FOUNDATION FOOTING SEE DETAIL.
- SEE S0 10 FOR GENERAL NOTES
- SEE S2.00 FOR FOUNDATION DETAILS

HD DENOTES HOLDOWN, SEE SHEARWALL SCHEDULE SHEET S3.00

SW.# DENOTES SHEARWALL, SEE SHEARWALL SCHEDULE SHEET S3.00

| COLUMN FOOTING SCHEDULE |                         |               |
|-------------------------|-------------------------|---------------|
| MARK                    | SIZE                    | REINFORCEMENT |
| F3.5                    | 3' - 6"x3' - 6"x1' - 6" | (3)#5 EW T&B  |
| F5.5                    | 5' - 6"x5' - 6"x1' - 2" | (6)#5 EW T&B  |

| SLAB SCHEDULE |                                               |                                             |
|---------------|-----------------------------------------------|---------------------------------------------|
| LOCATION      | THICKNESS & REINF.                            | SUB BASE                                    |
| INTERIOR      | 4" CONCRETE SLAB-ON-GRADE W/6X6-W2.1XW2.1 WWF | 10MIL. VAPOR BARRIER ON 6" COMPACTED GRAVEL |



FOOTING LEGEND

TYPICAL INTERIOR AND EXTERIOR TOP OF FOOTING ELEVATION IS SHOWN IN PLAN NOTES. IF FOOTING ELEVATION IS STEPPED, THE FOOTING ELEVATION WILL BE SHOWN ON PLAN

UNIVERSITY HOSPITALS URGENT CARE  
BY WELLSTREET

20914 CENTER RIDGE ROAD  
ROCKY RIVER, OH

Project No.: 25.1093  
Drawn By: CH  
Date: XXXX/2025 Issue

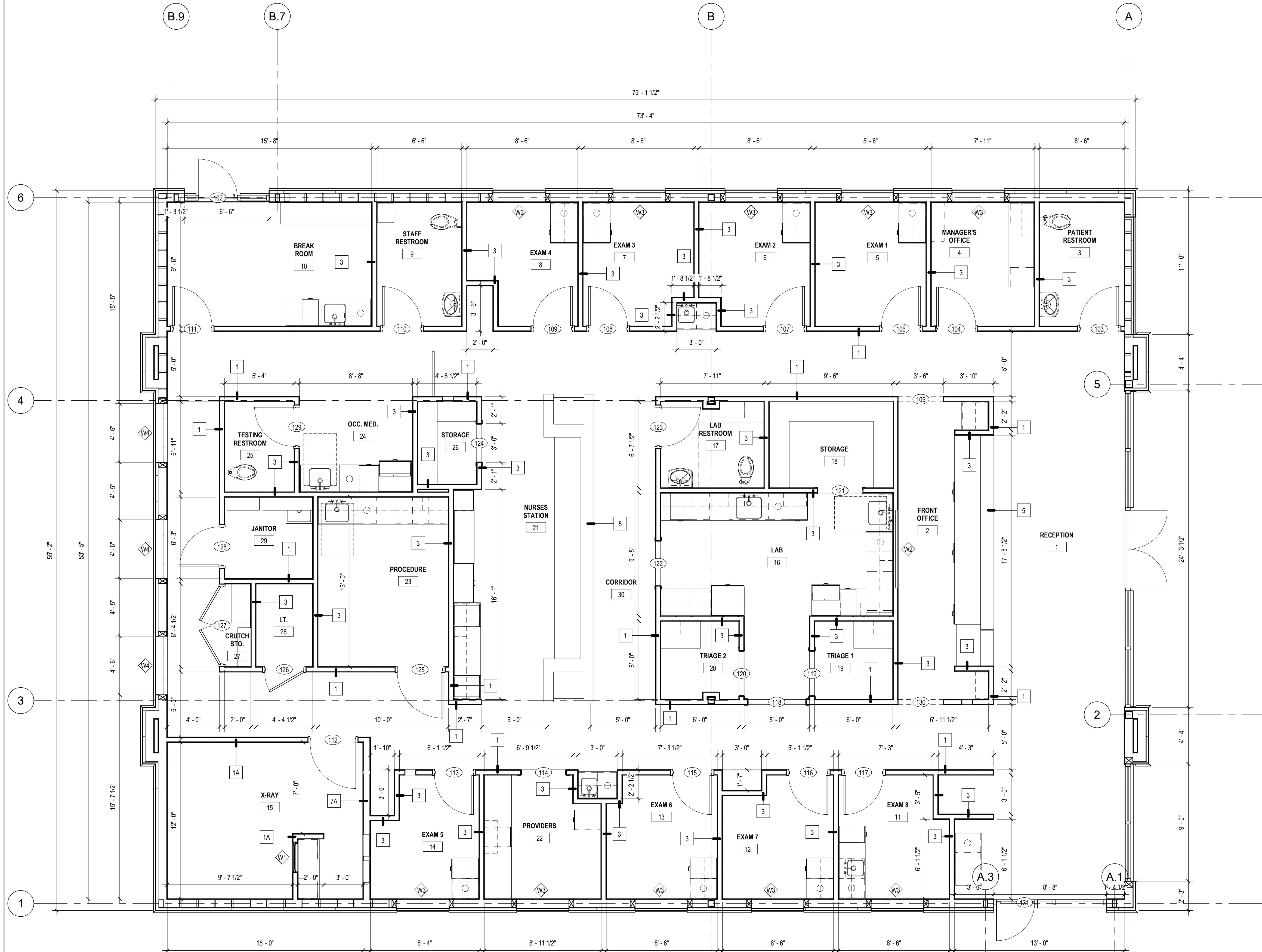
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PRELIMINARY  
NOT FOR  
CONSTRUCTION

onyx | creative  
25001 Emery Road, Suite 400  
Cleveland, Ohio 44128  
216.223.3200 onyxcreative.com

S1.00

FOUNDATION PLAN



1 FLOOR PLAN  
1/4" = 1'-0"

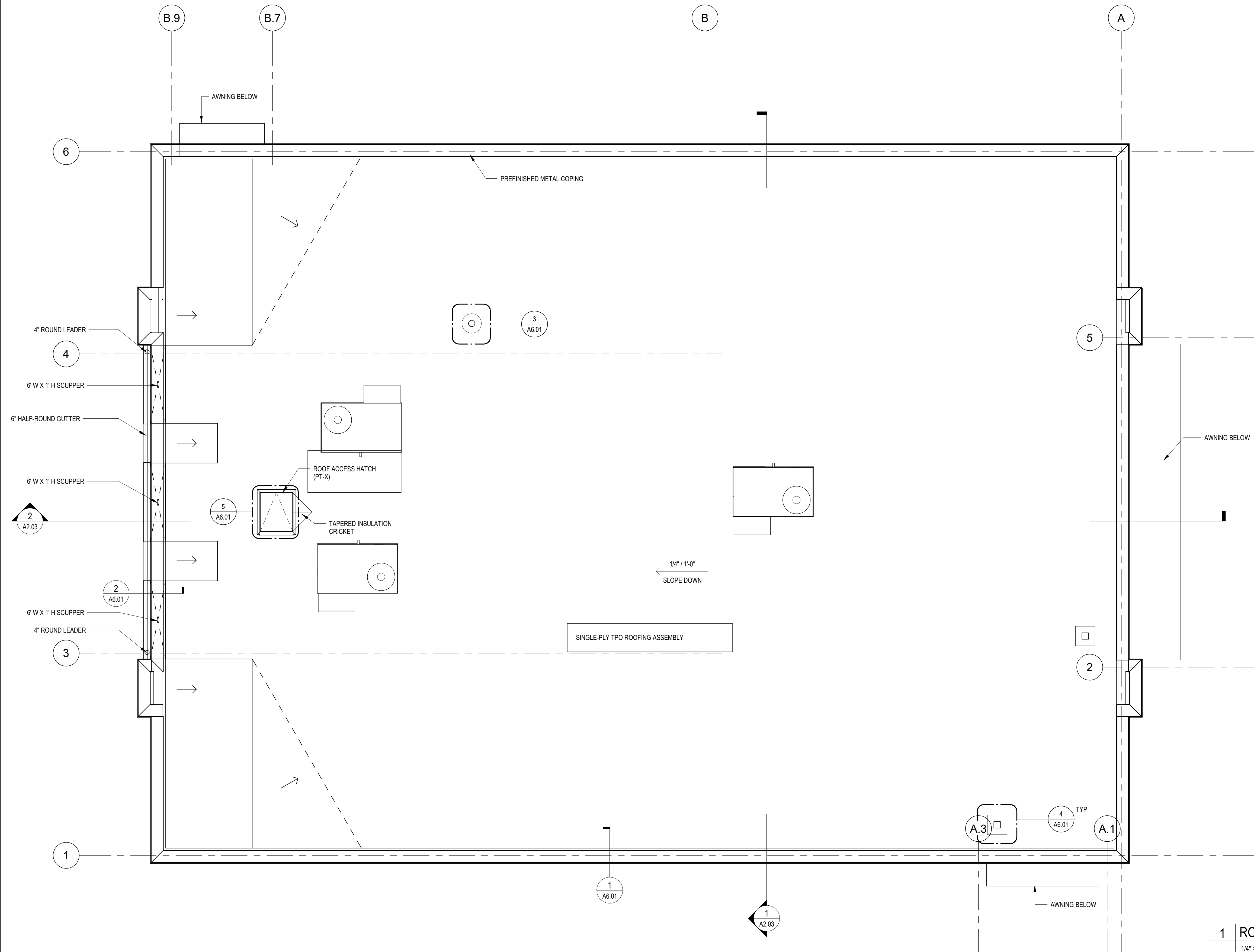


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UNIVERSITY HOSPITALS URGENT CARE  
BY WELL STREET  
20914 CENTER RIDGE ROAD  
ROCKY RIVER, OH, 44116

|              |                                         |
|--------------|-----------------------------------------|
| Project No.: | 25.1093                                 |
| Drawn By:    | DJ                                      |
| Date:        | 2025-12-15                              |
| Issue:       | Design and Construction Board of Review |



1 | ROOF PLAN  
1/4" = 1'-0"

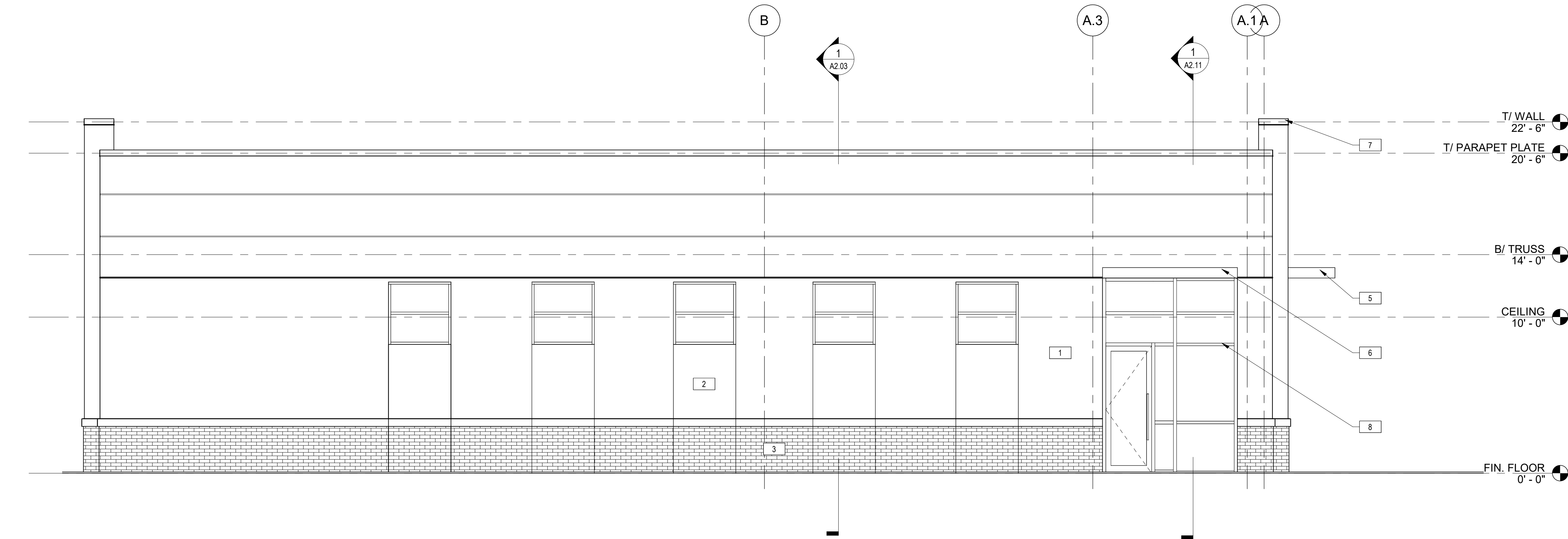
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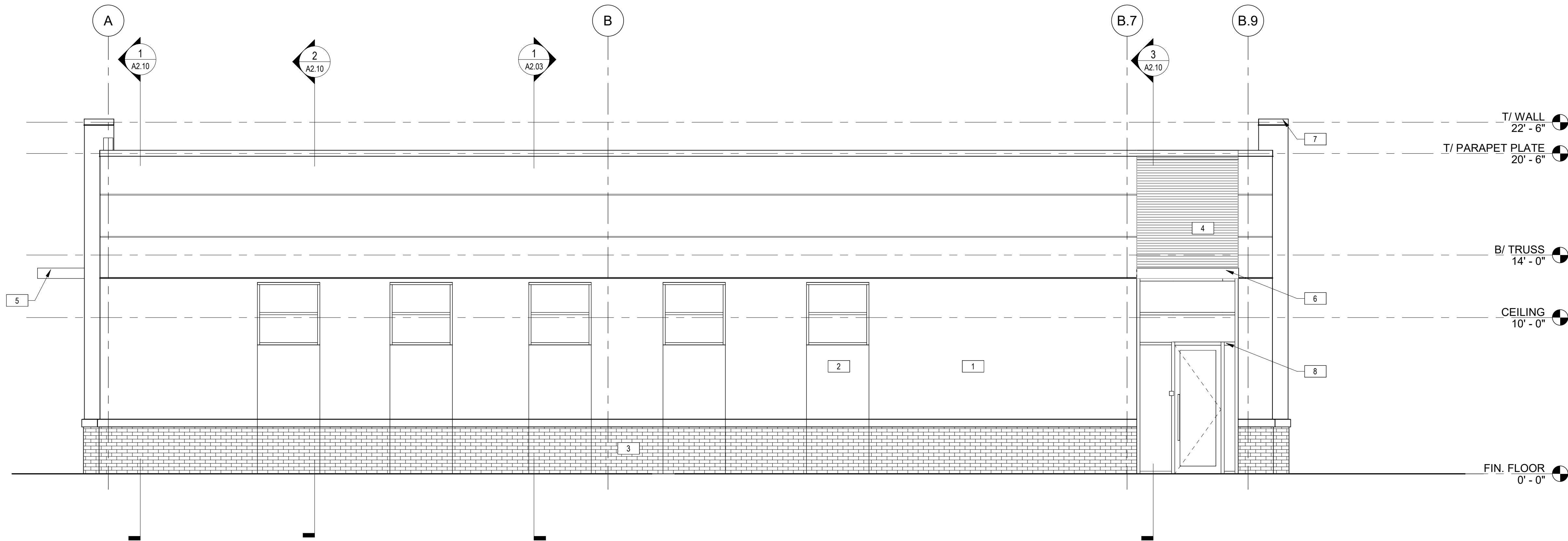
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20914 CENTER RIDGE ROAD  
ROCKY RIVER, OH, 44116

|              |                                         |
|--------------|-----------------------------------------|
| Project No.: | 25.1093                                 |
| Drawn By:    | CK                                      |
| Date:        | 2025-12-15                              |
| Issue:       | Design and Construction Board of Review |

| MATERIAL FINISH SCHEDULE |                                          |                       |                                          |
|--------------------------|------------------------------------------|-----------------------|------------------------------------------|
| Mark                     | Material Name                            | Material Manufacturer | Material Comments                        |
| 1                        | EIFS, Exterior Insulation (SW 7006)      | STO or DRYVIT         | SHERWIN WILLIAMS SW 7006 'EXTRA WHITE'   |
| 2                        | EIFS, Exterior Insulation (SW 7015)      | STO or DRYVIT         | SHERWIN WILLIAMS SW 7015 'REPOSE GRAY'   |
| 3                        | Brick, Common, Grey                      | GLEN GERY             | MODULAR 'STONE GREY KLAYCOAT'            |
| 4                        | Aluminum - BOX RIB 1 (SW 7019)           | PAC-CLAD PETERSEN     | SHERWIN WILLIAMS SW 7019 'GAUNTLET GRAY' |
| 5                        | Metal - Paint Red (SW6868)               | CITYSCAPES MARQUEE    | SHERWIN WILLIAMS SW 6868 'REAL RED'      |
| 6                        | Metal - Paint Grey (SW7019)              | CITYSCAPES MARQUEE    | SHERWIN WILLIAMS SW 7019 'GAUNTLET GRAY' |
| 7                        | Metal - Parapet Coping, Silversmith (28) | ATAS                  | SILVERSMITH                              |
| 8                        | Aluminum                                 | KAWNEER               | ALUMINUM                                 |

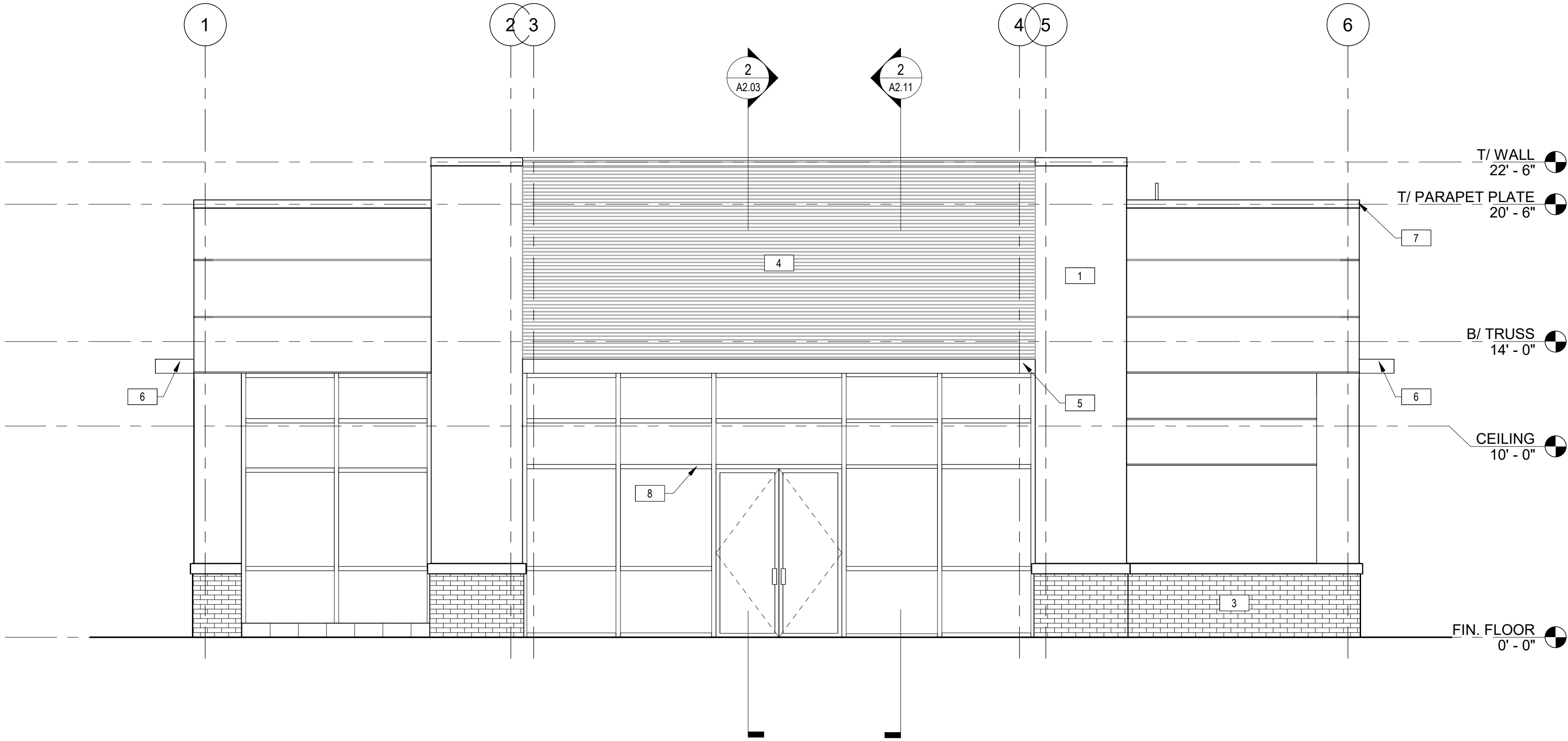


2 | SOUTH ELEVATION  
1/4" = 1'-0"

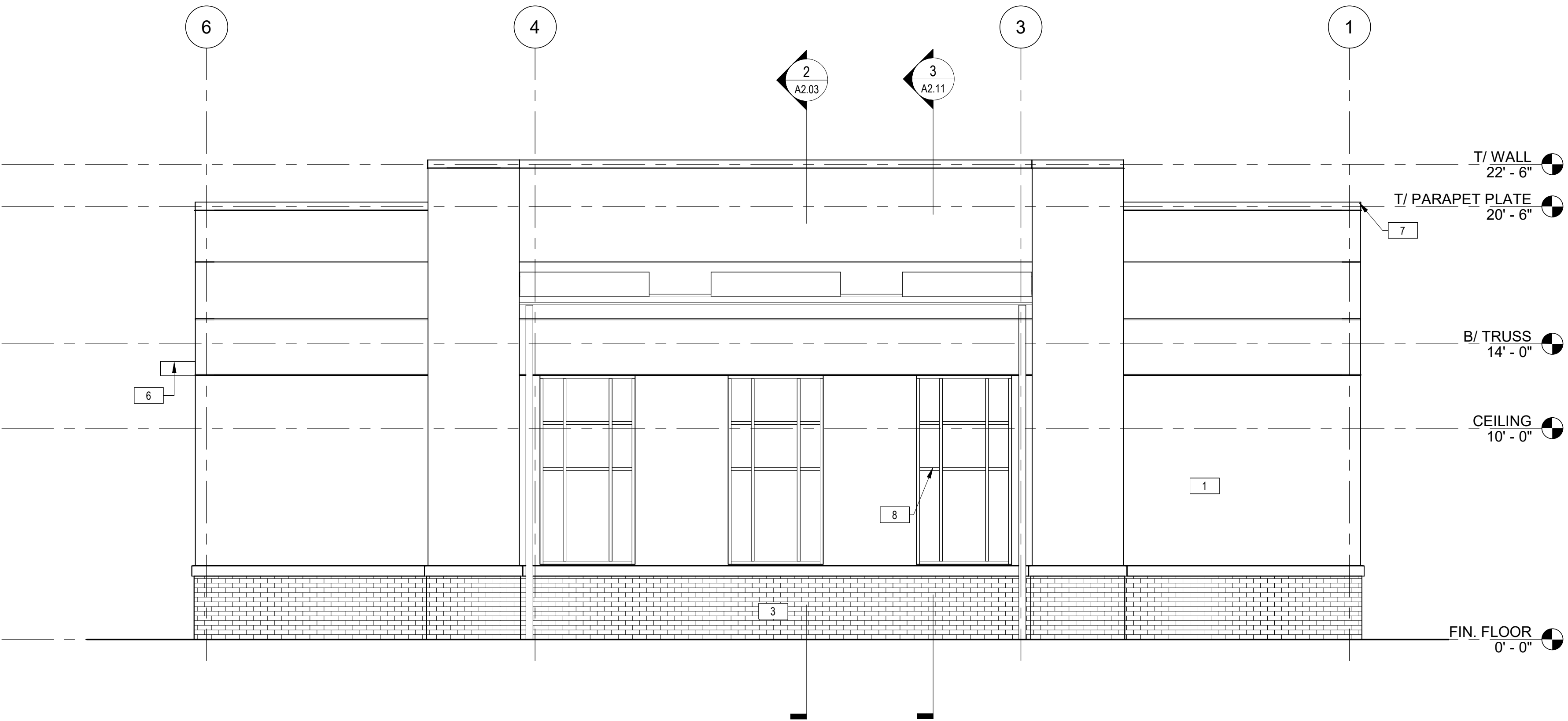


1 | NORTH ELEVATION  
1/4" = 1'-0"

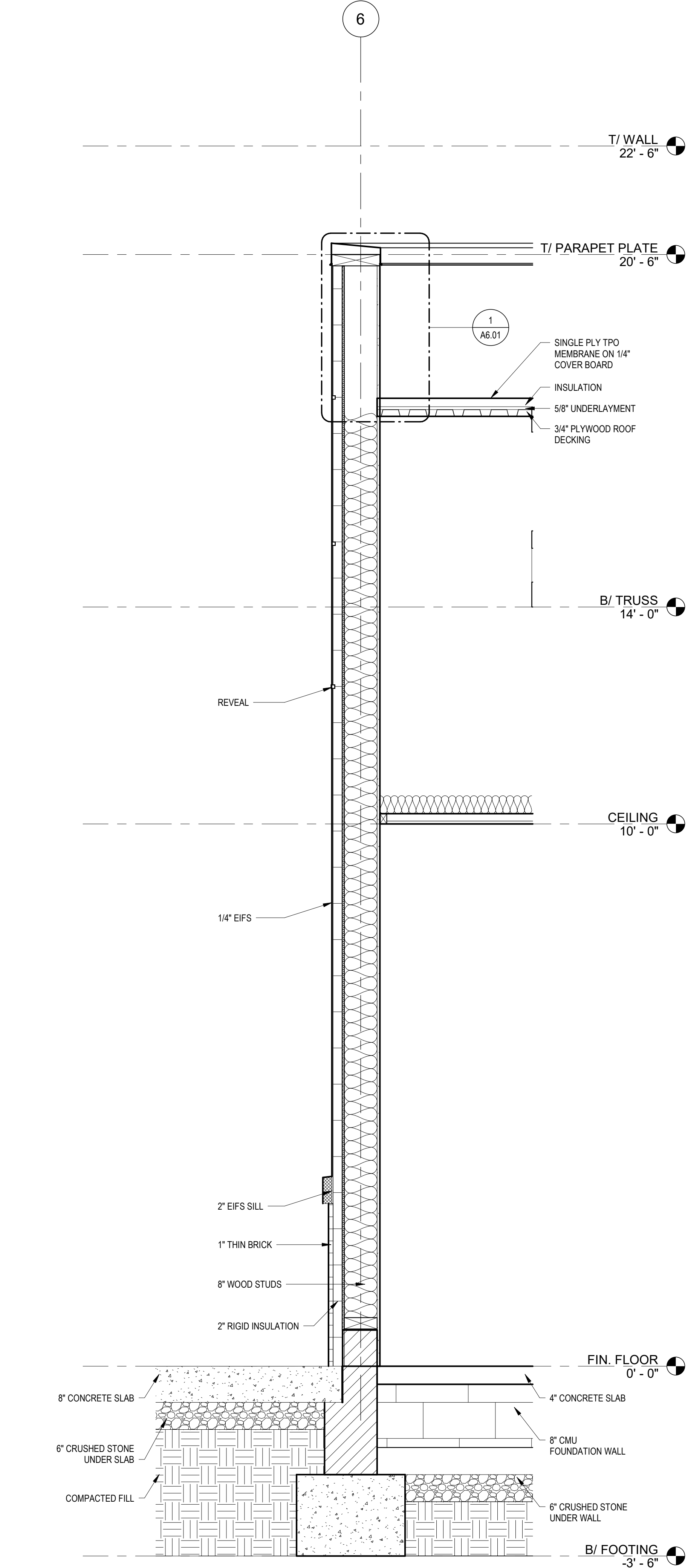
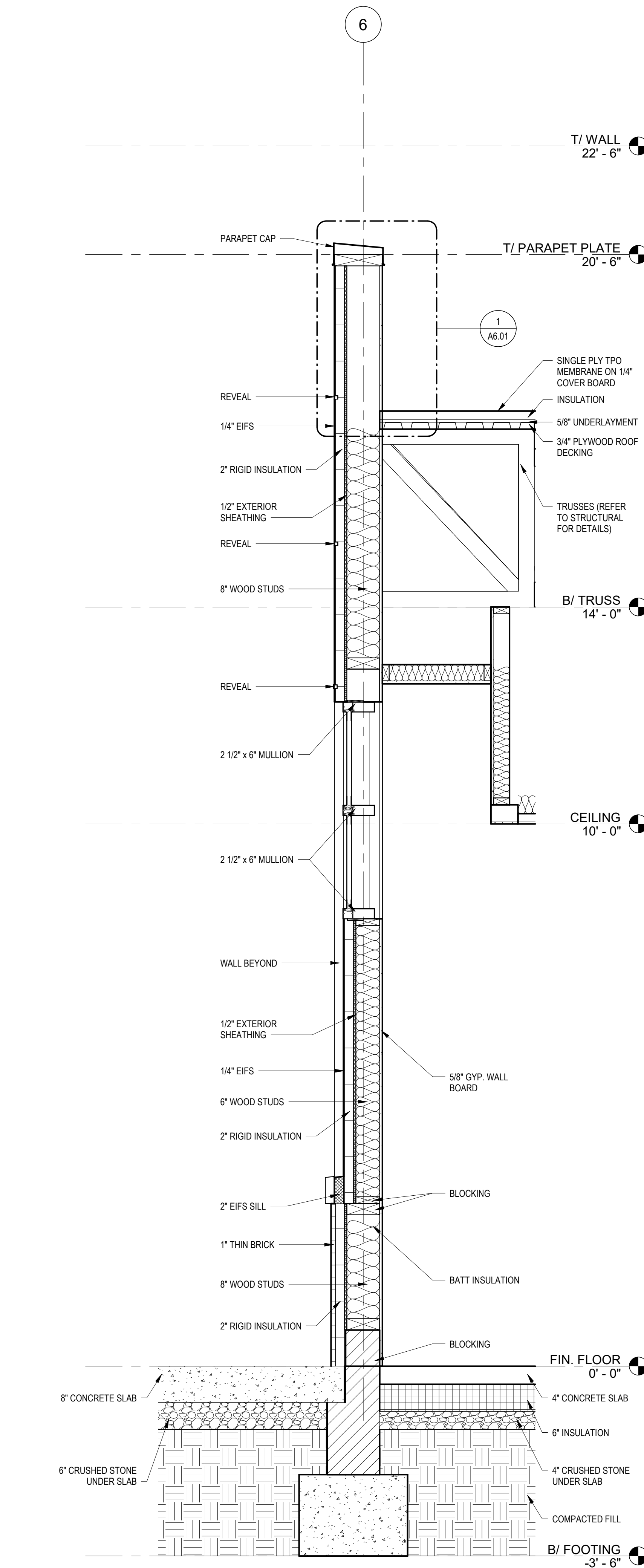
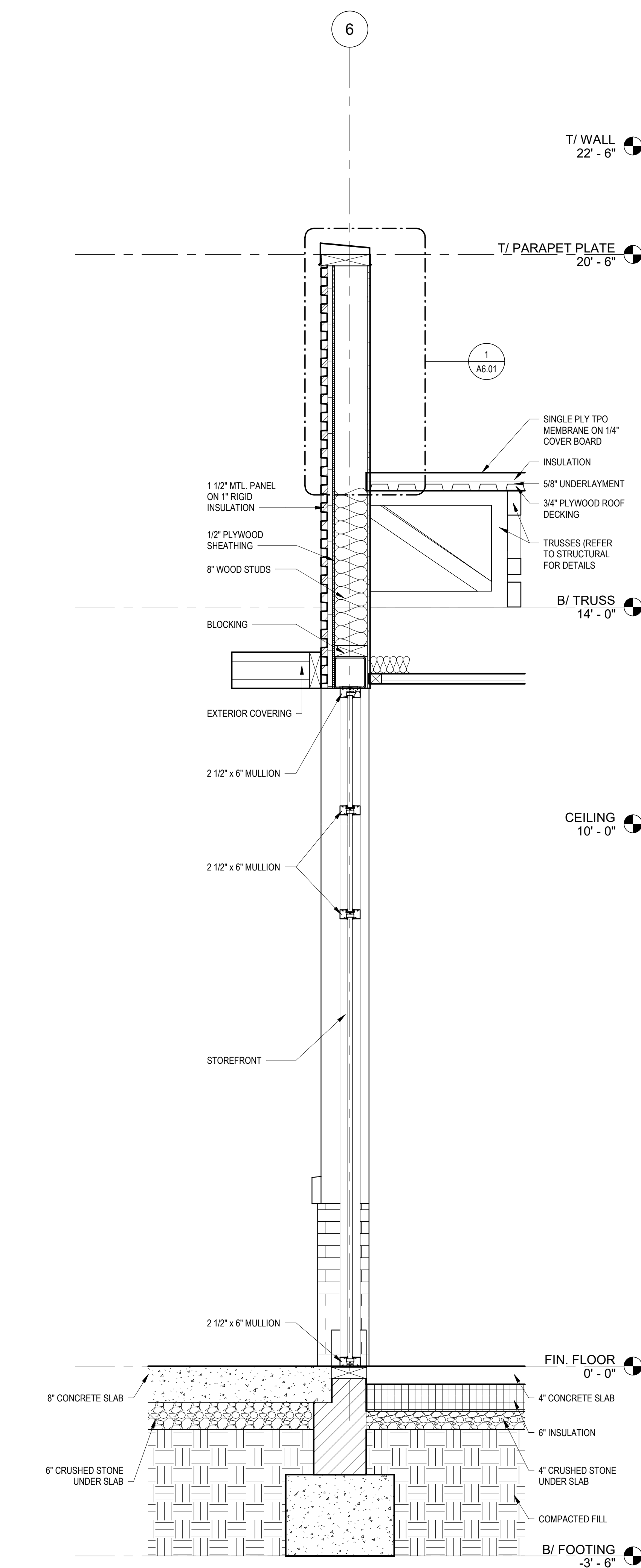
| MATERIAL FINISH SCHEDULE |                                          |                       |                                          |
|--------------------------|------------------------------------------|-----------------------|------------------------------------------|
| Mark                     | Material Name                            | Material Manufacturer | Material Comments                        |
| 1                        | EIFS, Exterior Insulation (SW 7006)      | STO or DRYVIT         | SHERWIN WILLIAMS SW 7006 'EXTRA WHITE'   |
| 2                        | EIFS, Exterior Insulation (SW 7015)      | STO or DRYVIT         | SHERWIN WILLIAMS SW 7015 'REPOSE GRAY'   |
| 3                        | Brick, Common, Grey                      | GLEN GERY             | MODULAR 'STONE GREY KLAYCOAT'            |
| 4                        | Aluminum - BOX RIB 1 (SW 7019)           | PAC-CLAD PETERSEN     | SHERWIN WILLIAMS SW 7019 'GAUNTLET GRAY' |
| 5                        | Metal - Paint Red (SW6868)               | CITYSCAPES 'MARQUEE'  | SHERWIN WILLIAMS SW 6868 'REAL RED'      |
| 6                        | Metal - Paint Grey (SW7019)              | CITYSCAPES 'MARQUEE'  | SHERWIN WILLIAMS SW 7019 'GAUNTLET GRAY' |
| 7                        | Metal - Parapet Coping, Silversmith (28) | ATAS                  | SILVERSMITH                              |
| 8                        | Aluminum                                 | KAWNEER               | ALUMINUM                                 |

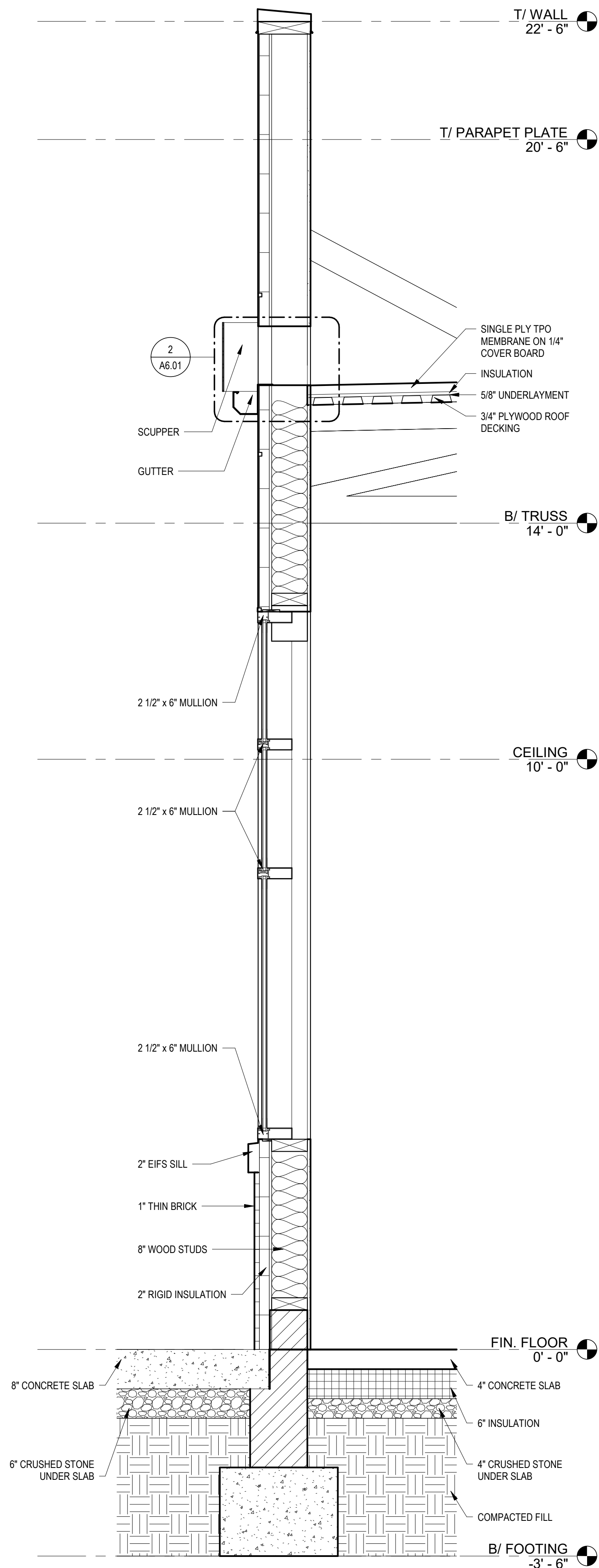


2 | EAST ELEVATION  
1/4" = 1'-0"

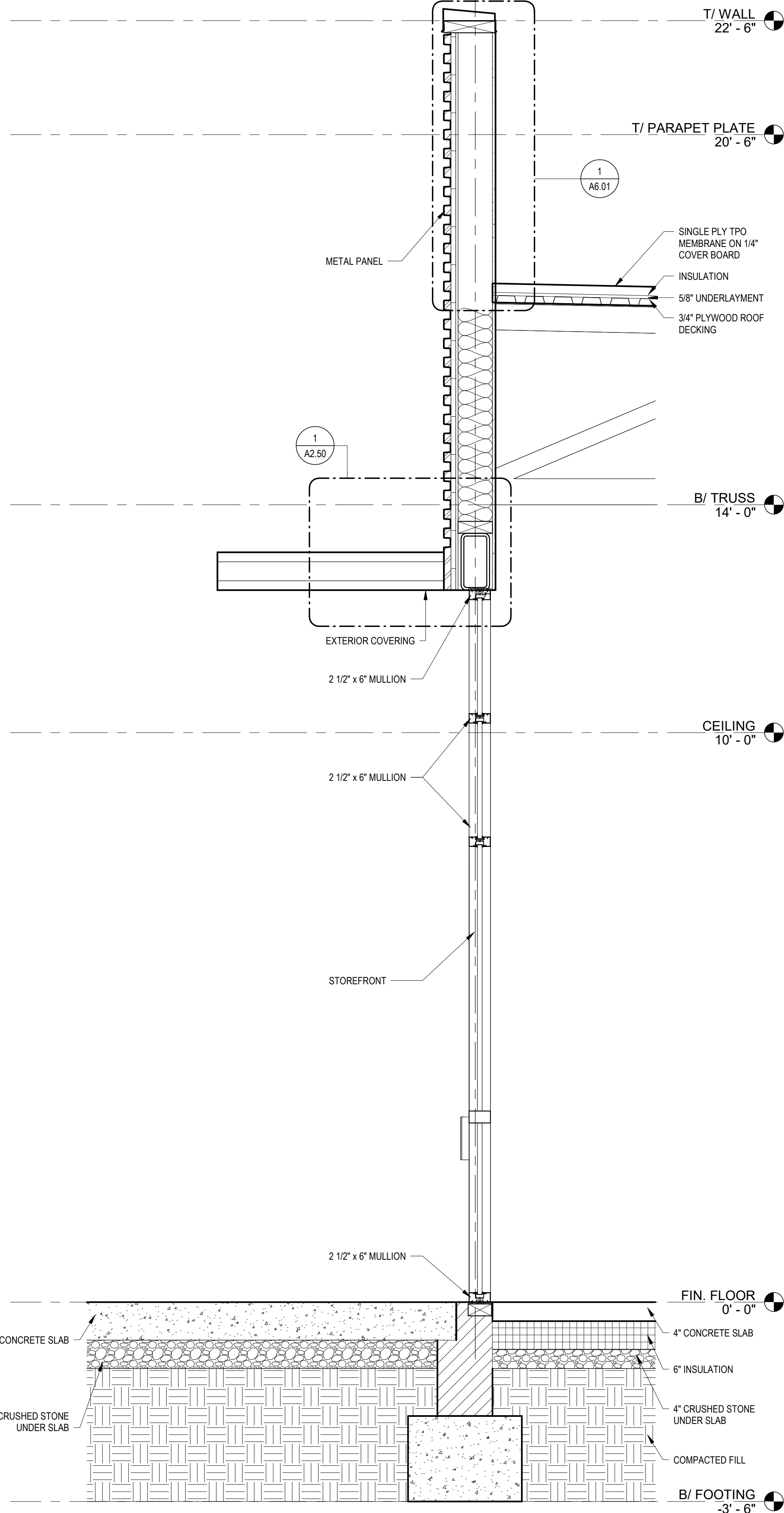


1 | WEST ELEVATION  
1/4" = 1'-0"

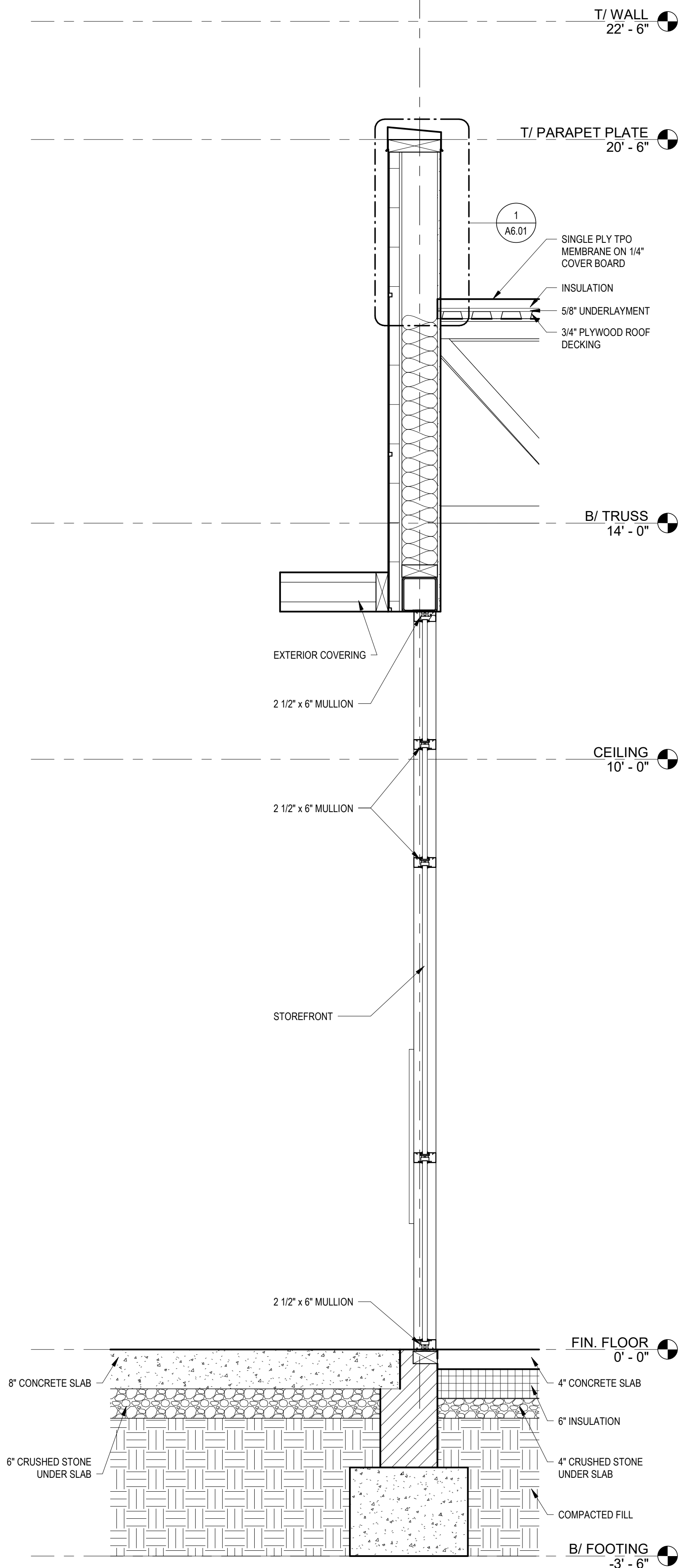




3 EXTERIOR WALL SECTION CORRIDOR  
3/4" = 1'-0"



2 EXTERIOR WALL SECTION WAITING AREA  
ENTRANCE  
3/4" = 1'-0"



1 EXTERIOR WALL SECTION  
STREET ENTRANCE  
3/4" = 1'-0"