

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

## LETTER

Attn: Rocky River Planning Board of Review

Date: 01-07-2026

Re: Submittal for Planning Board of Review Meeting  
– January 22<sup>nd</sup>, 2026

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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**
- **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

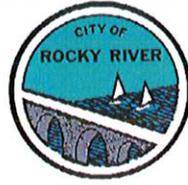
Submit one application per building or structure; All sections must be completed.

APPROVALS DATES:

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

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

Design & Review: \_\_\_\_\_



Application Date: 12/09/2025

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

<b>1 PLAN SUBMISSION:</b> Plan review will commence once all below plan copies are submitted. Have 2 paper and 1 digital plan(s) been submitted for plan review? Yes; ___ No: ___ To be sent by: _____	<b>2 TYPE OF PROJECT:</b> <input checked="" type="checkbox"/> New Building Construction <input type="checkbox"/> Building Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Maintain/Replacement <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Request Existing Bldg C of O	<b>3 PHASED PLAN REVIEW:</b> <input type="checkbox"/> Foundation <input type="checkbox"/> Framing: <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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**4 APPLICATION RELATED INFORMATION:**

- Is this project being submitted as a result of a previous preliminary plan review? \_\_\_ No  Yes
- Is this application being submitted as a result of a Notice of Violation or Adjudication Order that you received?  
 No \_\_\_ Yes, please provide the adjudication order number: \_\_\_\_\_

**5 PROJECT/BUILDING LOCATION: (OBC 107.2.2)**

Building Name UNIVERSITY HOSPITALS URGENT CARE Street Address 20914 CENTER RIDGE RD. ROCKY RIVER, OH, 44116  
 Street Address \_\_\_\_\_ Sublot No. \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Permanent Parcel Number \_\_\_\_\_ Estimated Time of Completion \_\_\_\_\_

Is this project/building located in a flood plain?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has flood plain administrator been contacted for requirements?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**6 BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: (OBC 107.2.1)**

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.

**Total Estimated Cost \$** TBD

**Total Square Footage of all Levels and Areas of Construction** 26,814 **SQ. FT.**

**7 BUILDING OWNER INFORMATION:**

Name of owner UNIVERSITY HOSPITALS URGENT CARE BY WELLSTREET Attention: ERIC PLACEK  
 Street Address 3350 RIVERWOOD PKWY, STE 1550 City ATLANTA State GA Zip 30339  
 Phone No. 216-408-4162 E-mail EPLACEK@WELLSTREET.COM

**8 APPLICANT INFORMATION: (Owner or designated representative) (OBC 107.2)**

Applicant ONYX CREATIVE Attention: CHARLES KILLEBREW  
 Street Address 5553 PEACHTREE RD, STE 135 City ATLANTA State GA Zip 30341  
 Phone No. 678-250-5743 E-mail CKILLEBREW@ONYXCREATIVE.COM

**9 REGISTERED DESIGN PROFESSIONAL INFORMATION:**  Architect  Engineer  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

**10 BUILDING CODE INFORMATION:**  
 (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 \_\_\_\_\_

**11 GENERAL BUILDING INFORMATION:** (The following information applies to the *entire building*, not just construction area.) (OBC 107.2.3.)

▪ Building Information:  
 Use group(s)? A-2, B, S-1 Mixed use groups?  No  Yes  Separated  Non-separated  
 Construction type? VB Building height (FT)? 25 No. of stories? 1  
 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.

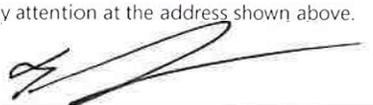
▪ A-2	▪ ASSEMBLY
▪ B	▪ BUSINESS
▪ S-1	▪ STORAGE
▪	▪
▪	▪

▪ Fire Protection Systems: (Enter the type of system such as NFPA 13, NFPA 72, etc., if known. Enter "N/A" if not applicable)  
 Building sprinkler system? \_\_\_\_\_ Sprinkler demand @ base of riser (PSI)? \_\_\_\_\_  
 Limited area sprinkler system? \_\_\_\_\_ Type 1 hood suppression? \_\_\_\_\_ In-Rack sprinkler system? \_\_\_\_\_  
 Building fire alarm system? \_\_\_\_\_ Fire detection system? \_\_\_\_\_ Smoke detection system? \_\_\_\_\_

**12 CERTIFICATION:** (OBC 107.2.5)

I certify that I am the  Owner  Owner Authorized Agent

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.

Signature 

Print Name: DEVAUGHN JACKSON Date 12-09-2025

**13 THE AREA BELOW IS FOR OFFICIAL USE ONLY:**

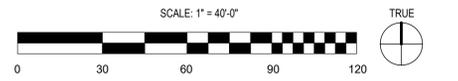
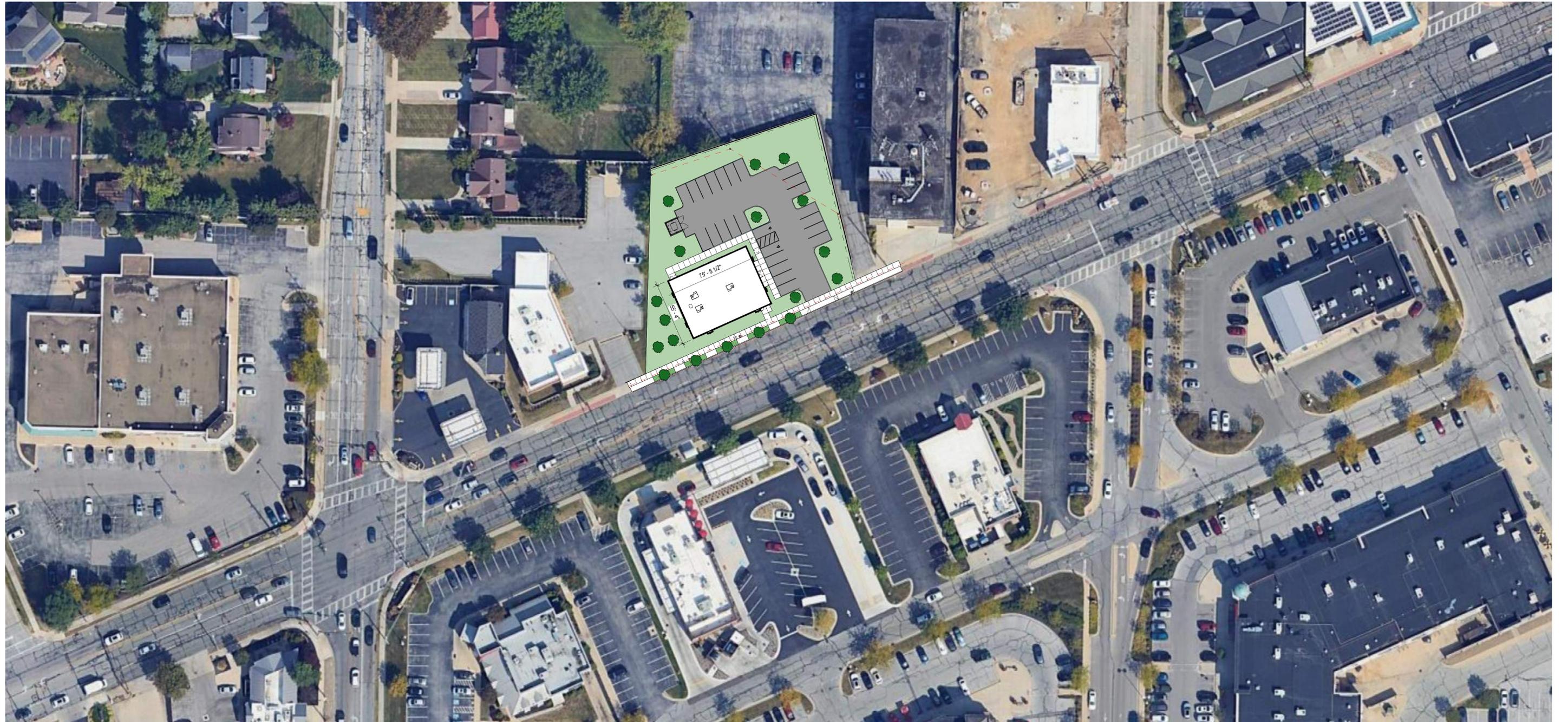
Fee Description	Amount	Deposits
PLAN REVIEW		
Permit Fee		
Other Fees		
Sub-Total	\$	\$
B.B.S. +3%		
Curb Crossing		
Street Cleaning		
Curb Cut		
Sewer Tie In Fee		
Total Fees	\$	

Date Received \_\_\_\_\_ Estimated Cost \_\_\_\_\_

Check Number \_\_\_\_\_ Permit Number \_\_\_\_\_

Processed By \_\_\_\_\_

Notes:





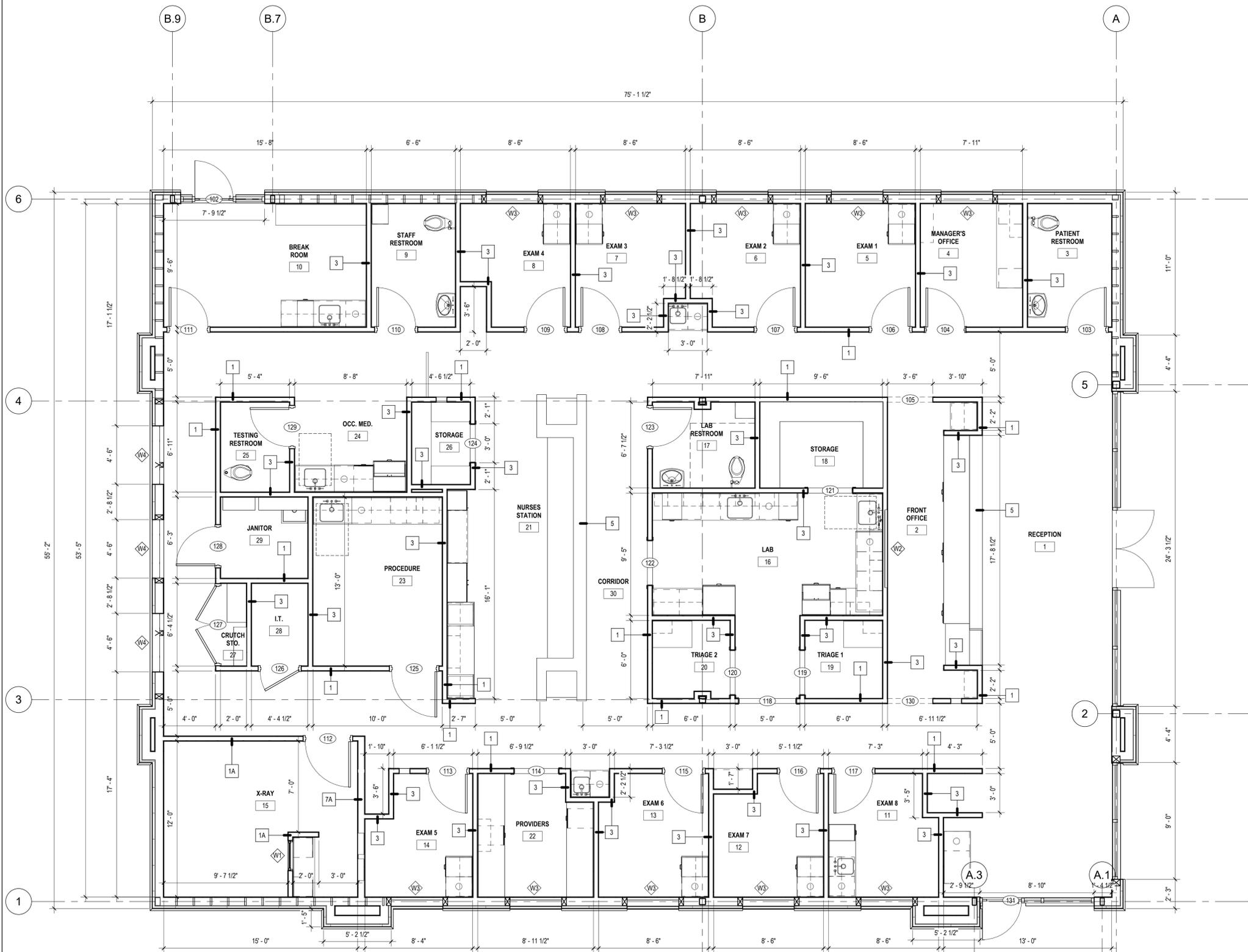












1 FLOOR PLAN  
1/4" = 1'-0"

**PRELIMINARY  
NOT FOR  
CONSTRUCTION**

Design and construction documents are instruments of services as given in confidence and remain the property of Onyx Creative. The use of the design and these construction documents for purposes other than the specific project named herein is strictly prohibited without expressed written consent of Onyx Creative.

**UNIVERSITY HOSPITALS URGENT CARE  
BY WELLSTREET**  
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

PRELIMINARY  
 NOT FOR  
 CONSTRUCTION

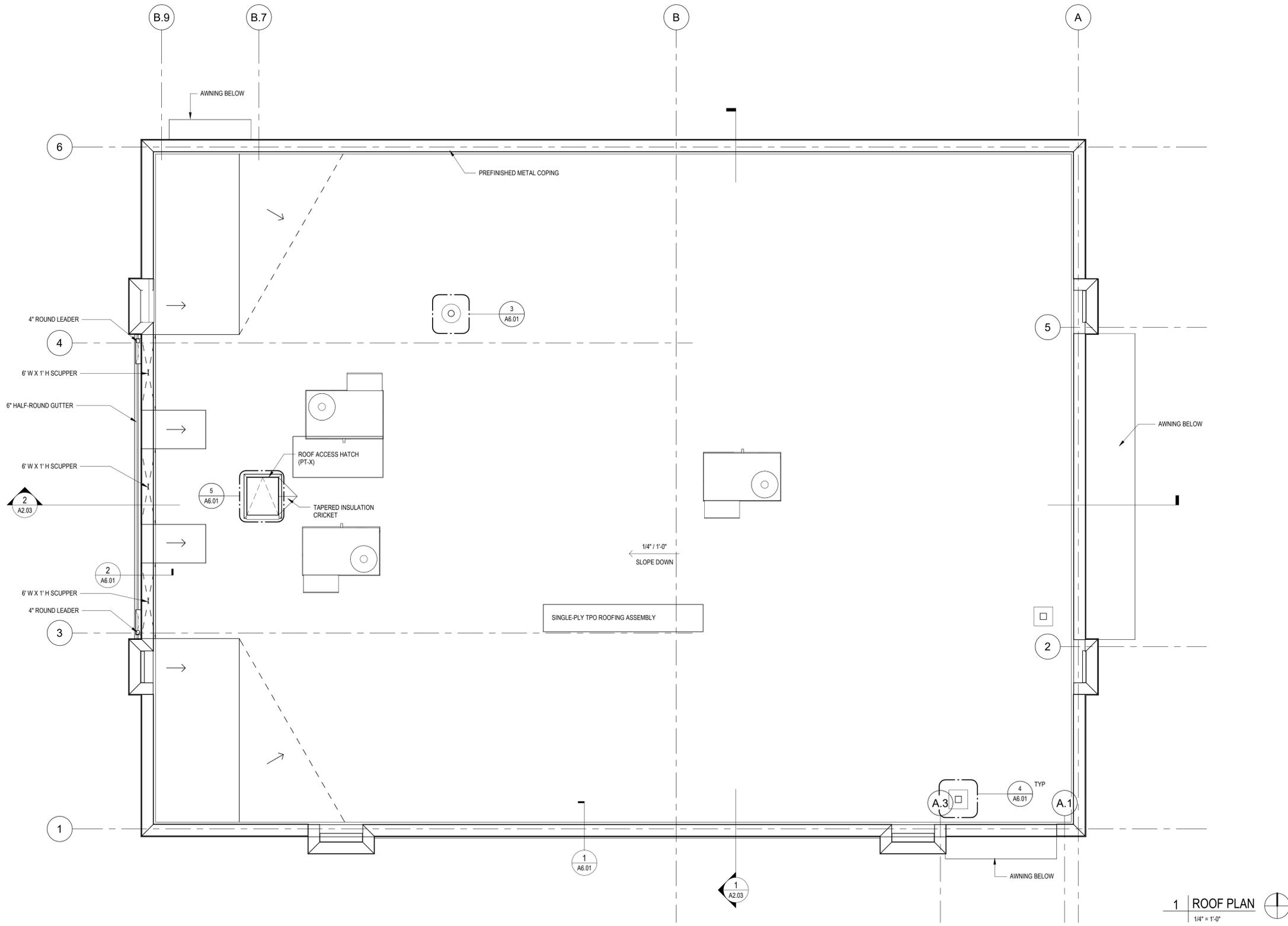
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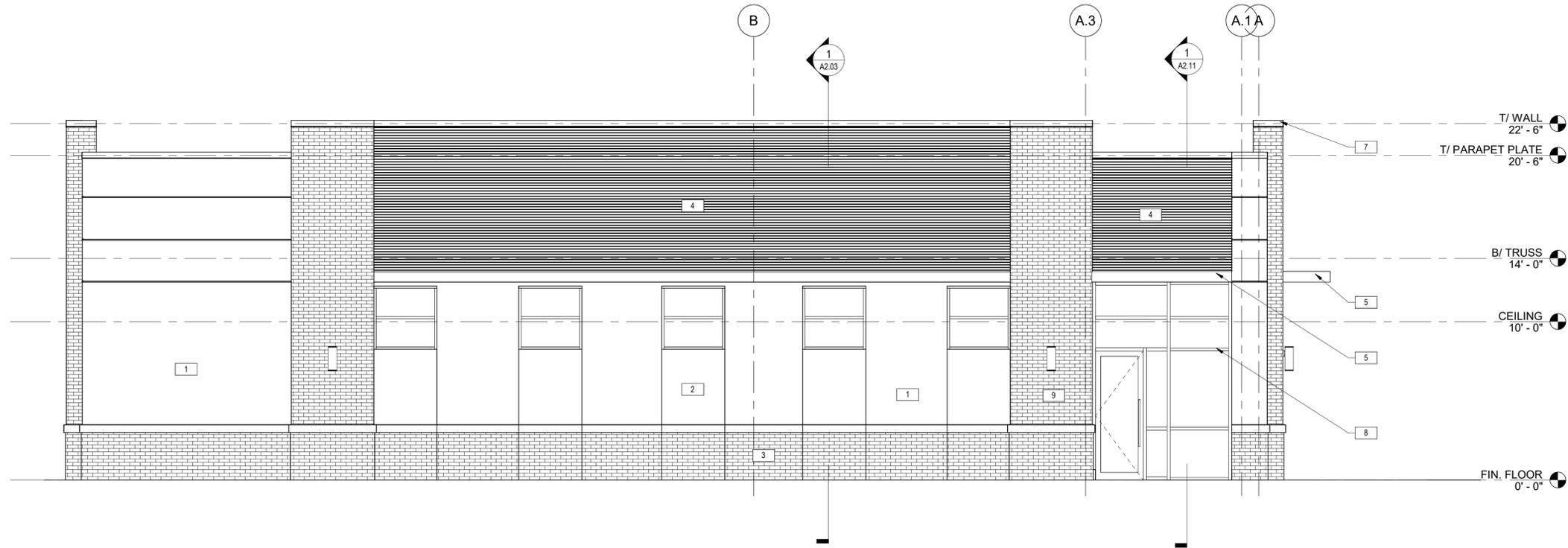
A1.06

ROOF PLAN

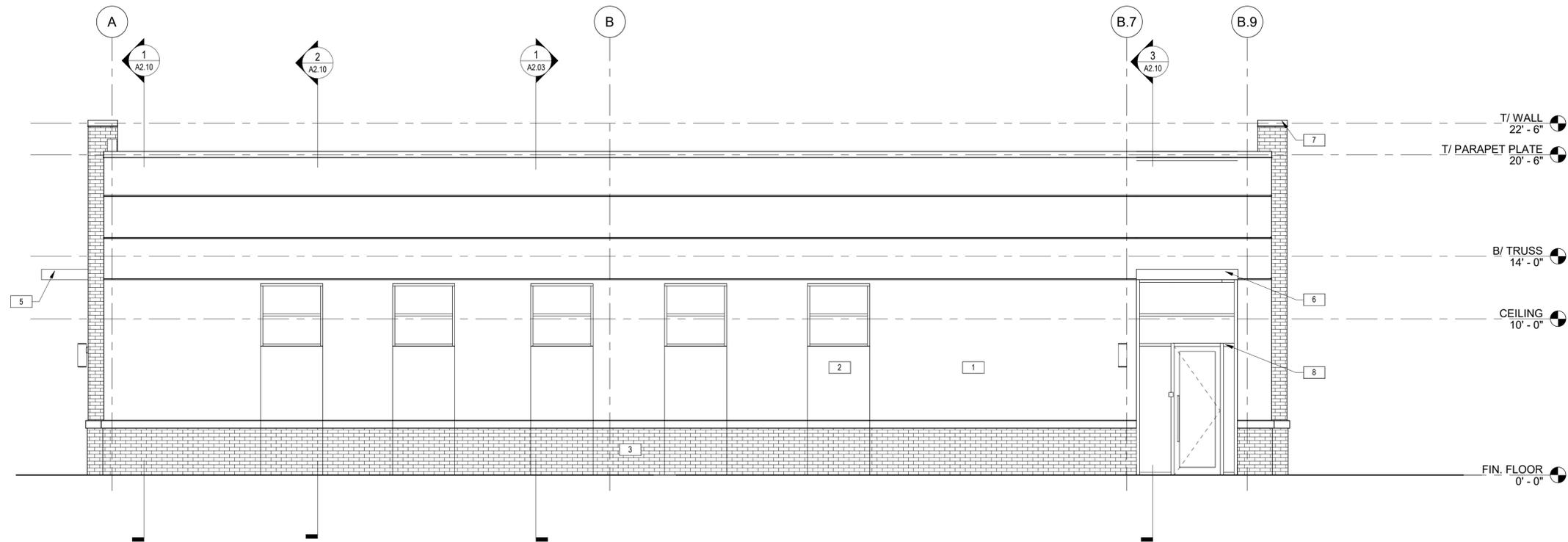


1 | ROOF PLAN  
 1/4" = 1'-0"

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 (SW8868)	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
9	Thin Brick (SW 7006)	GLEN GERY	SHERWIN WILLIAMS SW 7006 'EXTRA WHITE'



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



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

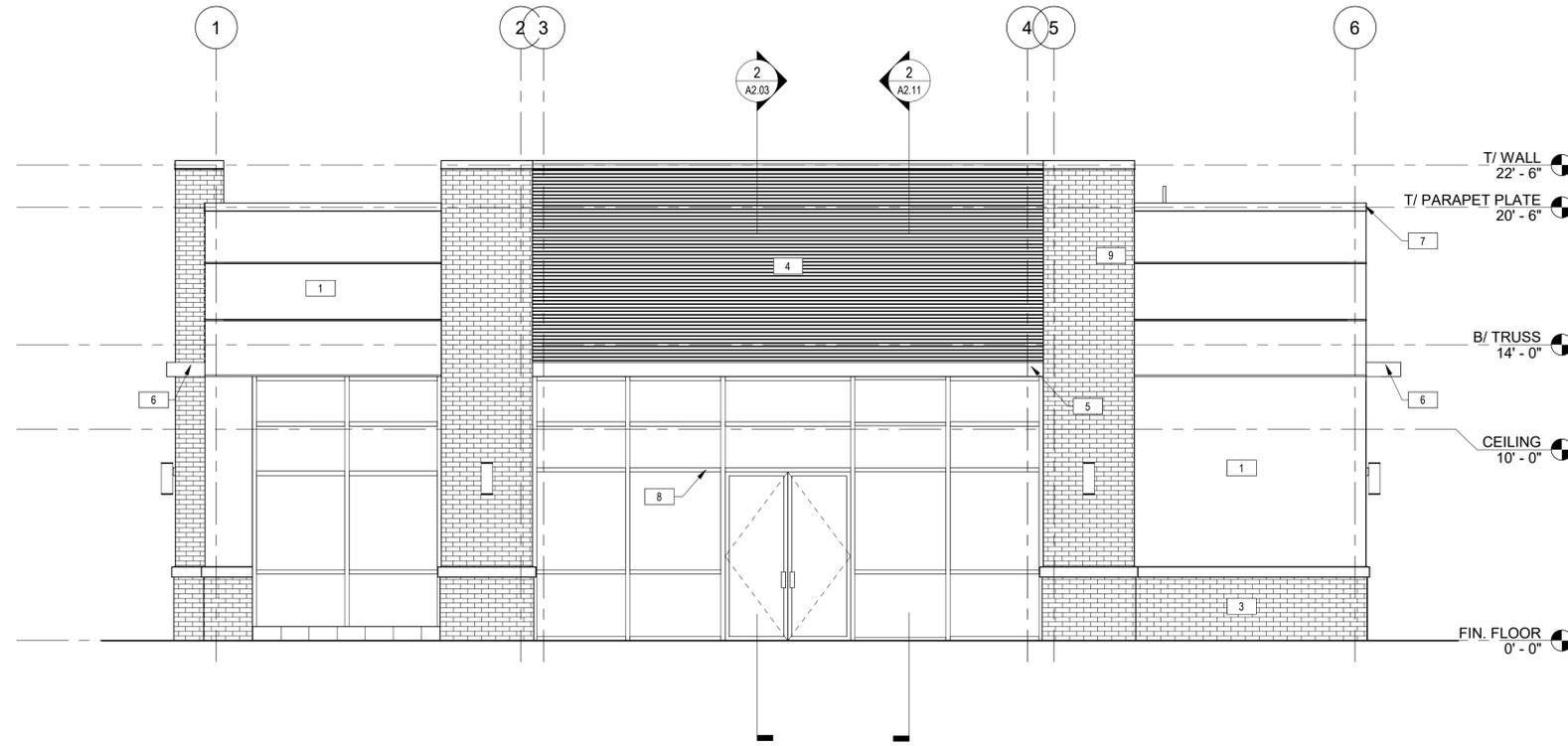
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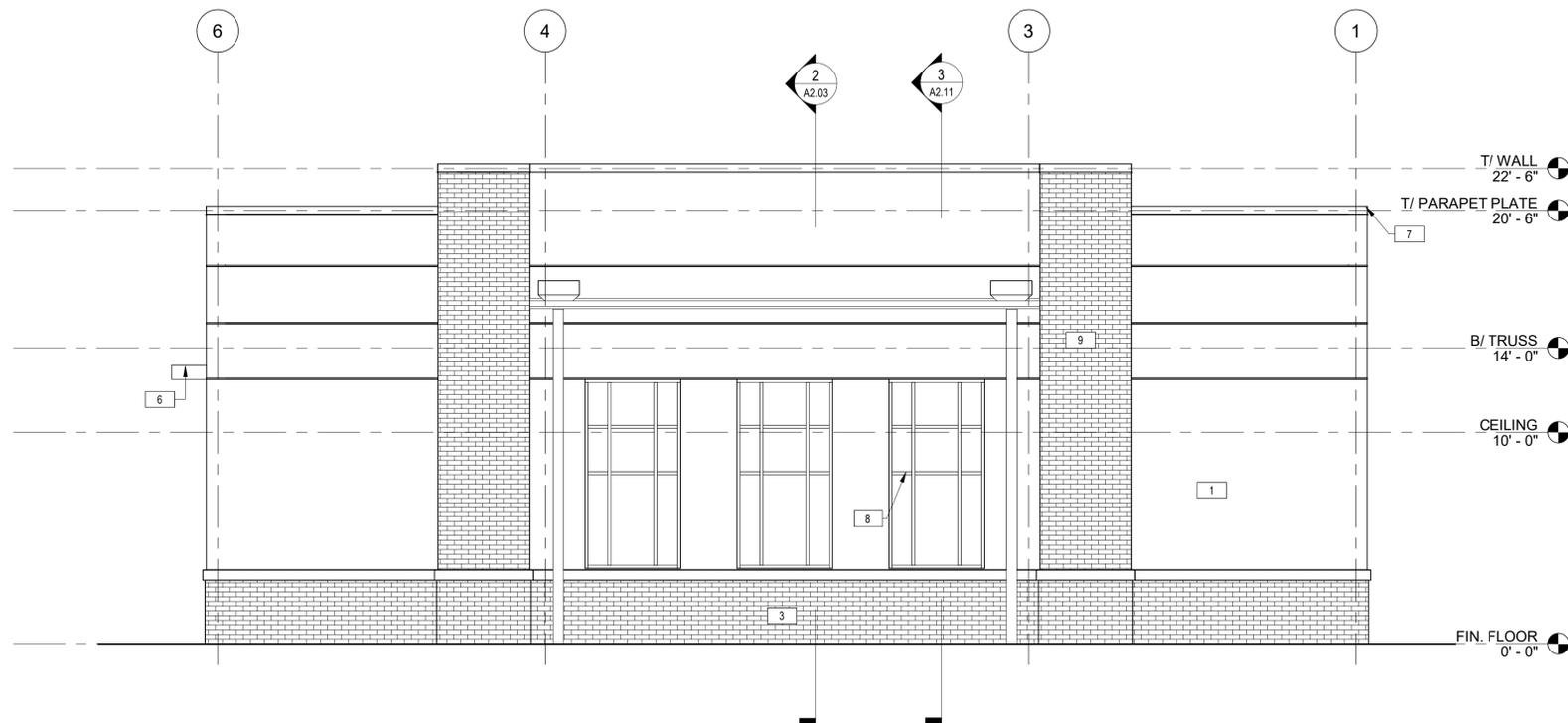
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7	Metal - Parapet Coping, Silversmith (28)	ATAS	SILVERSMITH
8	Aluminum	KAWNEER	ALUMINUM
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2 | EAST ELEVATION  
1/4" = 1'-0"



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

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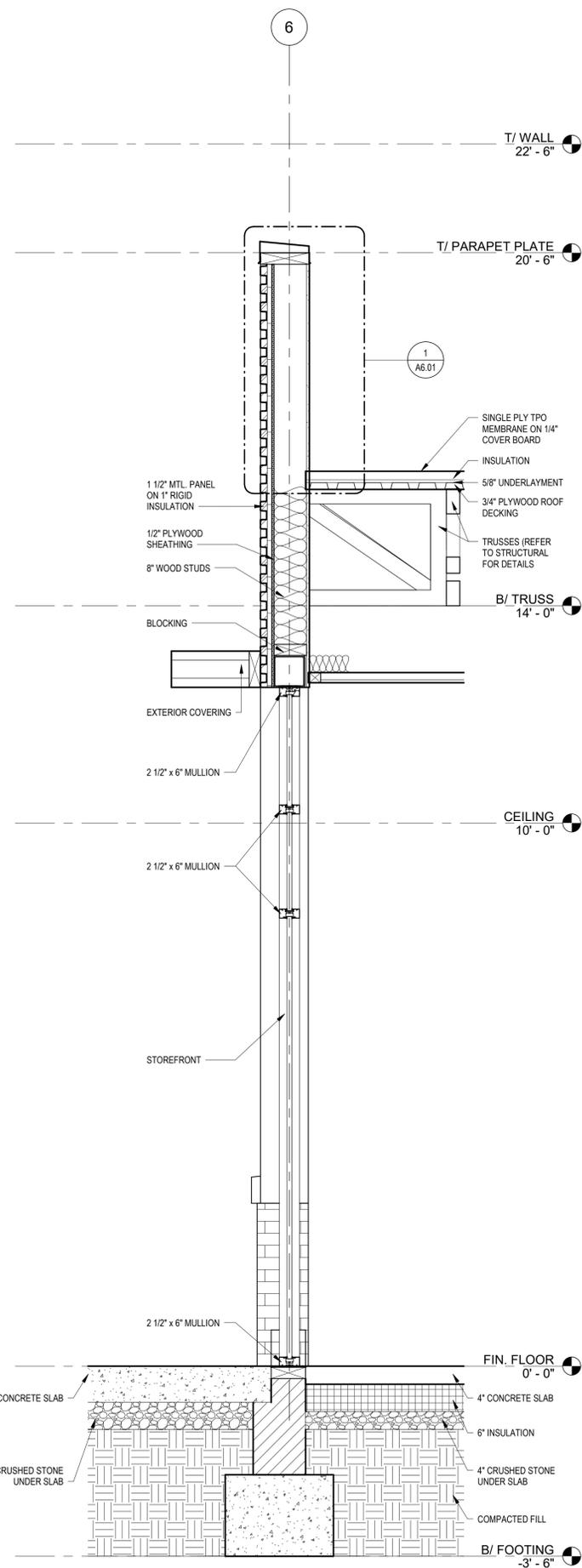
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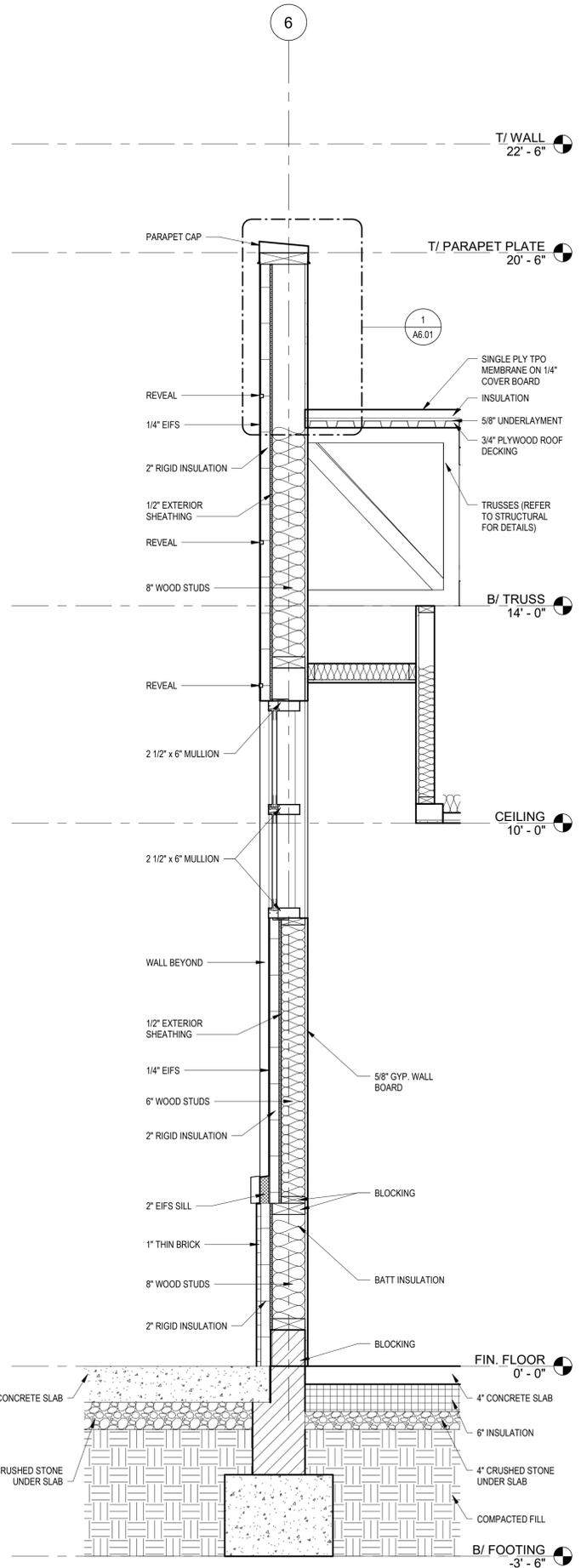
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A2.10

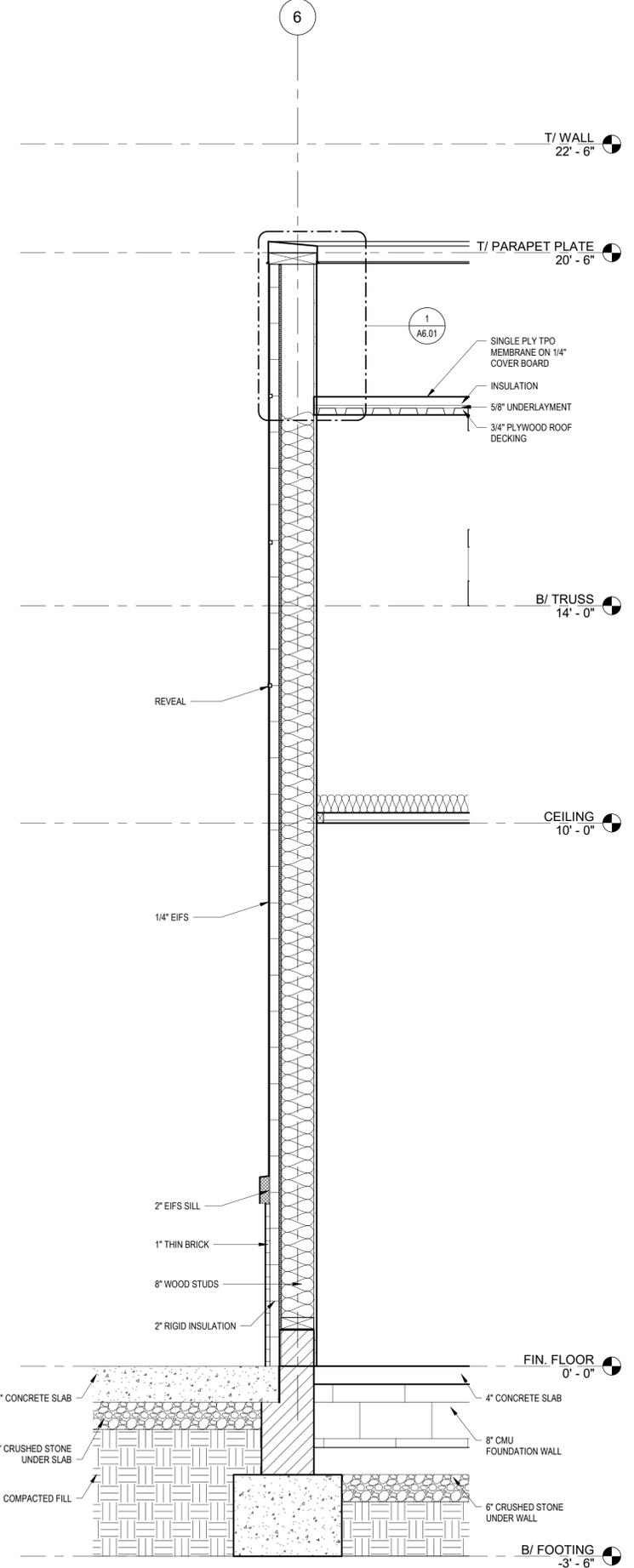
EXTERIOR WALL SECTIONS



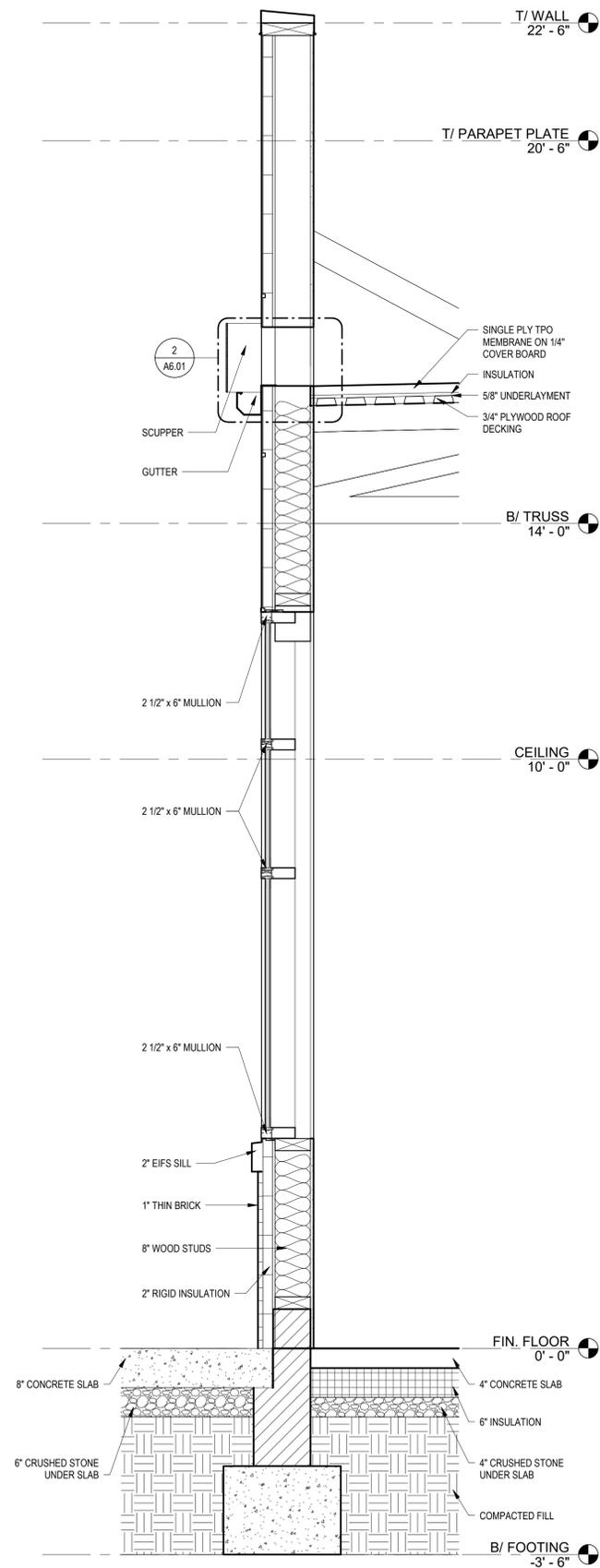
3 EXTERIOR WALL SECTION  
 BREAK ROOM ENTRANCE  
 3/4" = 1'-0"



2 EXTERIOR WALL SECTION  
 TYPICAL EXAM ROOM  
 3/4" = 1'-0"

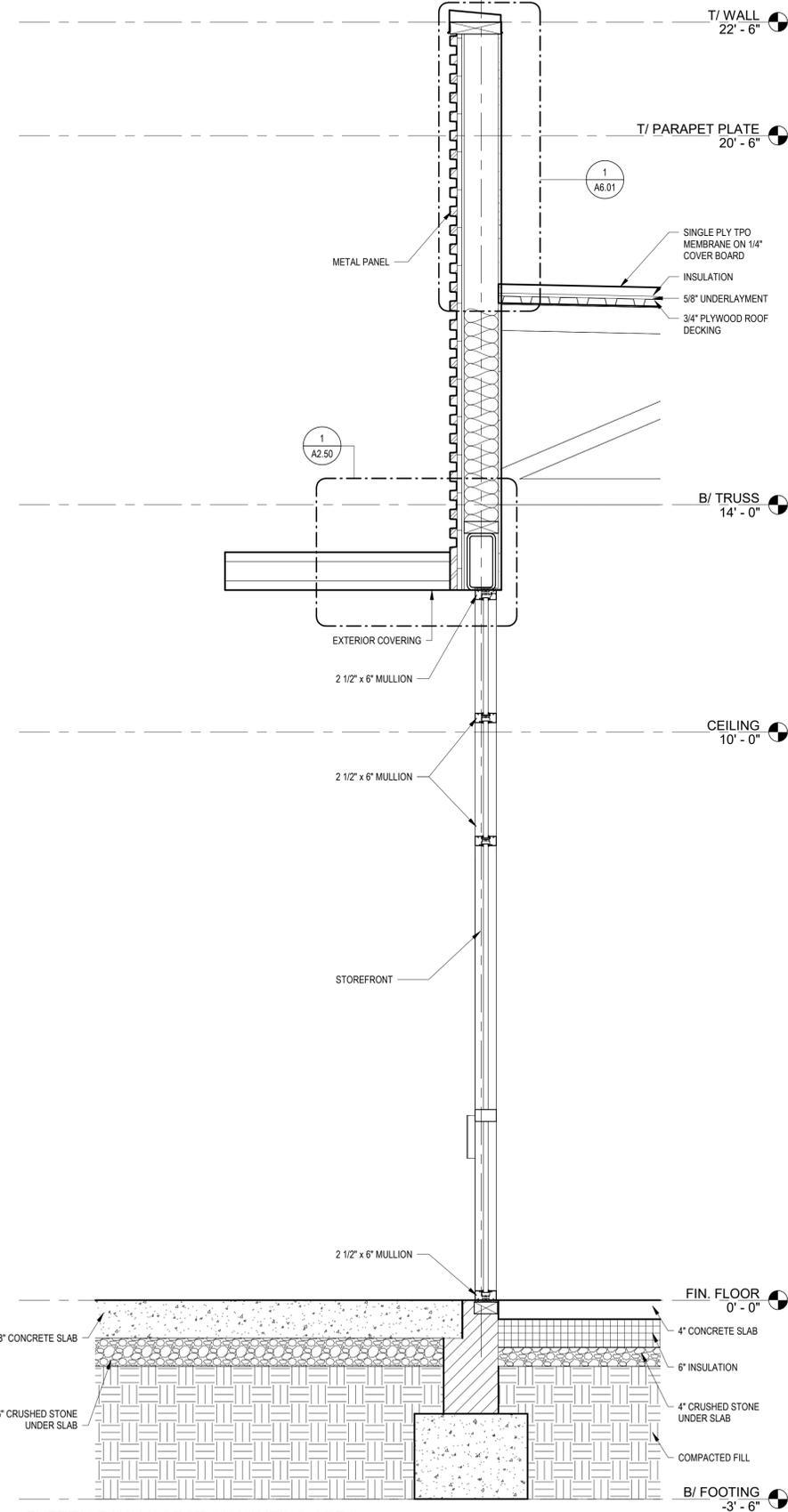


1 EXTERIOR WALL SECTION  
 TYPICAL  
 3/4" = 1'-0"



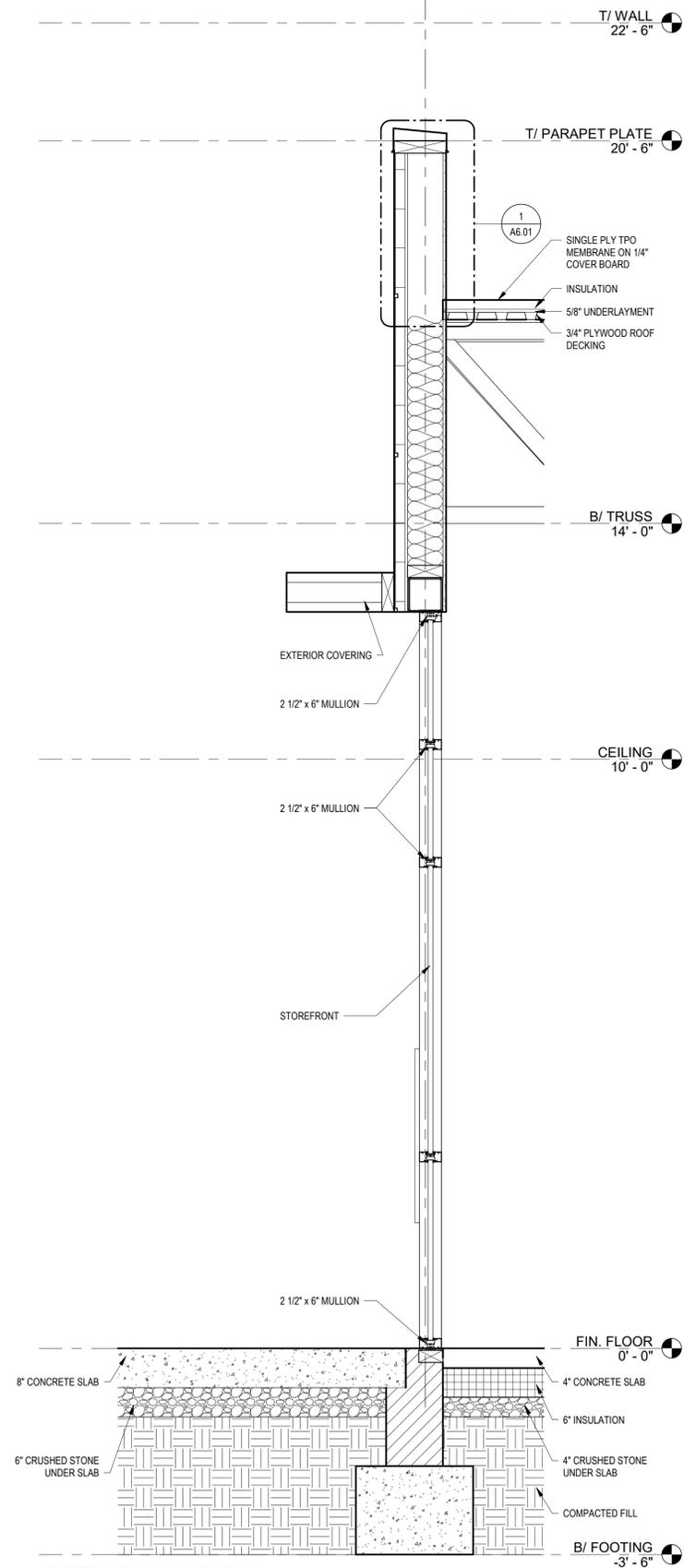
3 EXTERIOR WALL SECTION CORRIDOR

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"