

**APPLICATION FOR ARCHITECTURAL REVIEW**

**REQUIREMENTS: 10 COPIES OF THIS FORM WITH ANY ATTACHMENTS**

**PLEASE PRINT**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PLEASE DESCRIBE IN DETAIL THE REASON FOR REVIEW (STATE DIMENSIONS, COLORS, MATERIALS, ETC.) ALSO, PLEASE ATTACH ANY PICTURES, DRAWINGS OR BROCHURES THAT APPLY TO YOUR CASE.

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**SEE FEES**

**PLEASE CALL 845-469-7000, EXT. 308 WITH ANY QUESTIONS.**