APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 1 ORIGINAL COPY 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.