

ARCHITECTURAL REVIEW BOARD APPLICATION

Date: 4/17/19

Project Address: 493 MAIN STREET (SMALL REAR SPACE TO RIGHT OF BLDG)

Project Architect/Engineer: _____

Owner/Builder: TONI HACKER (STORE OWNER)

Contact Phone No.: 616-331-2611

Approval Requested: ☒ Certificate of Appropriateness ☐ New Single Family House

Color/Materials: 24" W X 30" H BLACK WOODEN SIGN APPLIED TO CURRENT/EXISTING SIGNAGE AREA

Siding: _____

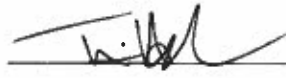
Roofing: _____

Windows: Color: _____ Type: _____

Trim: _____

Garage Door: _____

Stone/Brick: _____



Signature of Owner

FOR OFFICE USE ONLY:

The Architectural Review Board has reviewed the plans submitted for approval for the project listed above and has determined:

Plan Denied _____
(Date)

Plan Approved _____
(Date)

Subject to the following: _____

FEE: \$100.00