



View Towards North from Wolcott Avenue (Route 9D)

Scale: NTS



View from Below Retaining Wall

Scale: NTS



NOTE: RENDERINGS ARE ARTISTIC INTERPRETATIONS OF THE PROPOSED BUILDING DESIGN TO AID IN REVIEWING THE PROPOSED DESIGN OF THE BUILDINGS ONLY; AND ARE NOT INTENDED AS DETAILED REPRESENTATIONS OF SITE CONDITIONS



View from Wolcott Avenue (Route 9D)

Scale: NTS



View from Rombout Avenue

Scale: NTS

PROPOSED MATERIALS

APPROVED BY ARCHITECTURAL REVIEW BOARD

- BRICK: GLEN GARY BRICK; COLOR: 53DD OR APPROVED EQUAL
- WINDOWS: ANDERSEN 400 SERIES DOUBLE HUNG - COLOR: TERRATONE. NOTE THAT WINDOW MULLIONS SHALL BE ON THE EXTERIOR OF THE GLASS.
- SIDING: HARDIE BOARD SIDING - COLOR: IRON GRAY
- ROOFING: CERTAINTED GRAND MANOR ASPHALT SHINGLES. COLOR: GATEHOUSE SLATE
- TRIM COLOR: BENJAMIN MOORE HC-135 LAFAYETTE GREEN
- COLUMNS: BENJAMIN MOORE HC-164 PURITAN GRAY
- DECKING: TREX "TRANSCEND" - COLOR: ISLAND MIST GRAY
- RAILINGS: TREX PG-2 CHARCOAL BLACK RAILS AND ALUMINUM BALUSTERS



South Elevation

Scale: 1/16" = 1'-0"



West Elevation

Scale: 1/16" = 1'-0"



East Elevation

Scale: 1/16" = 1'-0"



North Elevation

Scale: 1/16" = 1'-0"

| REVISIONS: | | | |
|------------|----------|------------------------------------|-----|
| NO. | DATE | DESCRIPTION | BY |
| 1 | 08/29/17 | NO CHANGE | AJS |
| 2 | 09/26/17 | NO CHANGE | AJS |
| 3 | 10/31/17 | REVISE PER PLANNING BOARD COMMENTS | AJS |
| 4 | 11/28/17 | NO CHANGE | AJS |
| 5 | 12/26/17 | REVISE PER PLANNING BOARD COMMENTS | AJS |
| 6 | 01/30/18 | REVISE PER PLANNING BOARD COMMENTS | AJS |
| 7 | 02/27/18 | REVISE PER PLANNING BOARD COMMENTS | AJS |
| 8 | 04/16/18 | FINAL REVIEW | AJS |
| 9 | 06/25/18 | NO CHANGE | AJS |
| 10 | 08/08/18 | REVISE PER PLANNING BOARD COMMENTS | AJS |
| 11 | 12/07/18 | REVISE PER PLANNING BOARD COMMENTS | AJS |
| 12 | 12/21/18 | FOR SIGNATURE | AJS |
| 13 | 6/25/19 | ARB REVIEW - 6 OVER 6 MULLIONS | AJS |

APPROVED BY RESOLUTION OF THE PLANNING BOARD OF THE CITY OF BEACON, NEW YORK, ON THE _____ DAY OF _____, 20____, SUBJECT TO ALL REQUIREMENTS AND CONDITIONS OF SAID RESOLUTION. ANY CHANGE, ERASURE, MODIFICATION OR REVISION OF THIS PLAT, AS APPROVED, SHALL VOID THIS APPROVAL.

SIGNED THIS _____ DAY OF _____, 20____, BY _____ CHAIRMAN _____ SECRETARY

IN ABSENCE OF THE CHAIRMAN OR SECRETARY, THE ACTING CHAIRMAN OR ACTING SECRETARY RESPECTIVELY MAY SIGN IN THIS PLACE.

NOT FOR HEALTH DEPARTMENT
REVIEW & APPROVAL