

**City of Beacon
Planning Board Subcommittee on Architectural Review
Recommendation and Report**

Description: _____

Project Name: _____

Project Address: _____

Date of Meeting(s) of ARB Subcommittee: _____

Attendees: _____

On the above-referenced dates, the Architectural Review Subcommittee reviewed the above-referenced project at which meeting the applicant and its representatives were provided an opportunity to be heard. The sole focus of the Committee was to review the architecture of the proposed building(s). The Committee reviewed the following plans and materials:

The Architectural Review Committee offers the following specific comments, as applicable as indicated:

1) Doors and windows: _____

2) Roof: _____

3) Projections, such as rooftop elevators, stairwells, balconies, beams, etc.:

4) North elevation: _____

5) South elevation: _____

6) West elevation: _____

7) East elevation: _____

8) Signs: _____

9) Color and material type: _____

In addition to the above specific comments, the Architectural Review Subcommittee offers the following general comments/recommendations:

This Report was reviewed and adopted by the Architectural Review Subcommittee by vote of _____ to _____ at its meeting on _____.

****NOTE:** Adoption of this Report does not constitute architectural review approval for the Project. Architectural review approval must be obtained from the Planning Board. It is recommended that any approval resolution by the Planning Board reference the final elevations and any other relevant plans relied upon in the architectural review of the Project.