

ARCHITECTURAL REVIEW BOARD APPLICATION

Date: _____

Project Address: 176 Main St. Beacon NY 12508

Project Architect/Engineer: _____

Owner/Builder: 7215-18 Ave Realty Corp. / Michele Sarto - VP & Secretary

Contact Phone No.: 917-272-3724

Approval Requested: _____ Certificate of Appropriateness . _____ New Single Family House

Color/Materials: _____

Siding: _____

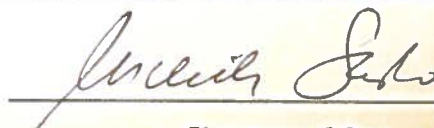
Roofing: _____

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