Project Address: 98 Roun Lout Project Architect/Engineer:_____ Owner/Builder: LASERCRAFT Contact Phone No.: 914 475 5471 Approval Requested: _____Certificate of Appropriateness _____New Single Family House Color/Materials: Siding: Roofing: Asphalt Windows: Color: Brawn Type: Double hung Trim: Garage Door: ____N/A Stone/Brick: __//A 6.6AMBLE By Jul SI 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

ARCHITECTURAL REVIEW BOARD APPLICATION