

APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 10 COPIES OF THIS FORM WITH ANY ATTACHMENTS

PLEASE PRINT

ASROSS, INC.

NAME OF APPLICANT:

ALCANTARA ROSS

DATE:

10/14/16

ADDRESS:

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LOCATION OF PROJECT:

62 Wood Rd Unit D1/2

Sugar Loaf, NY.

SECTION

30

BLOCK

1

LOT

18

PLEASE DESCRIBE IN DETAIL THE REASON FOR REVIEW (STATE DIMENSIONS, COLORS, MATERIALS, ETC.) ALSO, PLEASE ATTACH ANY PICTURES, DRAWINGS OR BROCHURES THAT APPLY TO YOUR CASE.

Frontage Signs
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Attachment

SEE FEES

PLEASE CALL 845-469-7000, EXT. 308 WITH ANY QUESTIONS.

