

## APPLICATION FOR ARCHITECTURAL REVIEW

**REQUIREMENTS: 10 COPIES OF THIS FORM WITH ANY ATTACHMENTS**

**PLEASE PRINT**

NAME OF APPLICANT: RICHEL BERTONI-FINSTAD DATE: 4.4.16

ADDRESS: 1392 KINS HIGHWAY / PO BOX 563

PHONE NUMBER: 845.469.6808 EMAIL: bertoni@optonline.net

LOCATION OF PROJECT: BACK YARD NEXT TO ANOTHER SHED

SECTION 14 BLOCK 4 LOT 2

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.

WOULD LIKE TO PUT SHED IN BACKYARD

**SEE FEES**

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