APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 1 ORIGINAL COPY OF THIS FORM WITH ANY ATTACHMENTS

PLEASE PRINT

NAME OF APPLICANT: Marco Solari DATE: 1/8/18

ADDRESS: 189 Pine Island TPK Warwick NY 10990

PHONE NUMBER 845 986 5739 EMAIL: MarcoHSolari@aol.com

LOCATION OF PROJECT: 1368 Kings Highway

Town of Chester

SECTION 14 BLOCK 4 LOT 10.22

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.

#1 Seeking appraal on sign color, Design and elevation. (See Attached)

#2 Due to damage to previous Windows. We are replacing with new windows to existing windows on the front of the building. And replacing rotted wood on the facade of the building below the windows to Match existing wood Siding.

SEE FEES

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