

APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 10 COPIES OF THIS FORM WITH ANY ATTACHMENTS

PLEASE PRINT

NAME OF APPLICANT: Melissa Paone Somma DATE: 12-28-15

ADDRESS: 41 B Old Route 9W, Tonkins Cove, NY 10986

PHONE NUMBER: (845) 313-9976 EMAIL: paoneso00do@yahoo.com

LOCATION OF PROJECT: 1388 Kings Highway
Sugar Loaf, NY 10981

SECTION 14 BLOCK 4 LOT 4.3

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.

Vinyl lettering for front window not to exceed
42" w x 54" h.

SEE FEES

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