



APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 1 ORIGINAL COPY OF THIS FORM WITH ANY ATTACHMENTS

PLEASE PRINT

NAME OF APPLICANT: Melanie Brown DATE: 03/28/22

ADDRESS: 1373 Kings Hwy Chester NY 10918

PHONE NUMBER: 646.797.6908 EMAIL: melanie.durand10@gmail.com

LOCATION OF PROJECT: 1373 Kings Hwy Chester NY 10918

SECTION 14 BLOCK 6 LOT 8

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.

Store front sign with cream background
and black letters. Sign in two parts with
a small attachment at the bottom.

FEES: SIGNS \$100
ALL OTHER: \$250

PLEASE CALL 845-469-7000, EXT. 338 WITH ANY QUESTIONS.

Check #
3/28/22