APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 1 ORIGINAL COPY OF THIS FORM WITH ANY ATTACHMENTS

PLEASE PRINT

NAME OF APPLICANT: Jeffery Sapanaro			DATE:	
ADDRESS: 280 State	School Road, V	Varwick New	/ York 10990	
PHONE NUMBER: <u>845-9</u>	86-1366	_EMAIL: _	jef@materialproces	sors.com
LOCATION OF PROJECT	:1351 King	gs Highway, S	ugar Loaf, Town of C	Chester
SECTION 13	_ BLOCK	3	LOT _	3.1
PLEASE DESCRIBE IN D DIMENSIONS, COLORS, PICTURES, DRAWINGS (MATERIALS	, ETC.) ALS	O, PLEASE ATTA	ACH ANY
Application for site plan	n approval of 2 f	amily dwelling	in the Hamlet of Su	gar Loaf.
See attached Architect	cural Drawings fo	or colors and r	naterials	

SEE FEES

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