



APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 1 ORIGINAL COPY OF THIS FORM WITH ANY ATTACHMENTS

PLEASE PRINT

NAME OF APPLICANT: Melissa Paone Somma DATE: 9-17-2020
ADDRESS: 1379 Kings Highway Sugar Loaf, NY 10981
PHONE NUMBER: (845) 610-3968 EMAIL: lightclubshoppe@gmail.com
LOCATION OF PROJECT: 1379 Kings Highway
Sugar Loaf, NY 10981
SECTION 14 BLOCK 6 LOT 6

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.

We would like to repaint our house with the
colors indicated in the attached swatches.

replace white (main house color) with maison bleu
replace ~~trim~~/shutters with amethystina
white for trim

SEE FEES

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



