APPLICATION FOR ARCHITECTURAL REVIEW

REQUIREMENTS: 10 COPIES OF THIS FORM WITH ANY ATTACHMENTS

PLEASE PRINT

NAME OF	APPLICANT:_/	Arthur Tolis			_DAT	E: <u>March 16, 20</u> 16
ADDRESS:	70 Ralphie Lane	e Chester, NY	10918			
PHONE NU	JMBER: <u>845-64</u>	9-6727	_EMAIL	: <u>art2214@fro</u>	ontierne	t.net
LOCATION	N OF PROJECT:	70 Ralphie L	ane Chest	ter, NY 10918		
SECTION _	8	BLOCK	1		LOT _	80
DIMENSIO	ESCRIBE IN DE NS, COLORS, I , DRAWINGS C	MATERIALS	, ETC.) A	LSO, PLEAS	E ATT	ACH ANY
	like to install a 15					the back side of
inverter.						

SEE FEES

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