

MAYOR
PAUL V. PONTIERI, JR.
DEPUTY MAYOR
STEPHEN J. MCGIFF
VILLAGE CLERK
PATRICIA M. SEAL



INCORPORATED
VILLAGE OF PATCHOGUE

TRUSTEES
GERARD J. CREAN
JOSEPH E. KEYES, JR.
LORI B. DEVLIN
WILLIAM HILTON
JOHN A. KRIEGER

ARCHITECTURAL REVIEW BOARD

- Meets 2nd Tuesday of each month.
- Application must be submitted at least two weeks prior to hearing.

Application to Board: Nine (9) packets to be submitted (*1 original, 8 Copies*) of the following:

1. Application
2. Current survey indicating proposed activity (*if applicable*)
3. Color renderings indicating sizes, materials, etc.

Filing Fee For Application	
Residential	\$75.00
Commercial	\$125.00

APPLICATION FOR ARCHITECTURAL REVIEW BOARD

OFFICIAL USE ONLY: _____

Filing Fee : _____ Application Received By: _____

Date Received: _____ Permit Requested: Building Permit _____ Certificate of Occupancy _____

Certificate of Appropriateness _____ Sign Permit _____

Comments: _____

A.R.B Approved Disapproved

1. Applicant:

Name: _____

Address: _____

Telephone No.: _____

2. Owner: (if different)

Name: _____

Address: _____

Telephone No.: _____

3. Plans Prepared By:

Name: _____

Address: _____

Telephone No.: _____

4. If the applicant is a corporation, give the name and title of responsible officer:

Name: _____

Address: _____

5. Name of Proposed Development: _____

6. Address: _____

7. Tax Map Section _____ **Block** _____ **Lot** _____ **Zoning Classification** _____

8. Total Site Area (Sq. Ft./Acres) _____

9. Total Building Area _____

10. Current Site Use _____

11. Are there any covenants or restrictions affecting the premises for which site plan approval is sought? _____
If so, attach a copy certified by the Suffolk County Clerk.

12. Has applicant secured a Special Permit and/or Variance from the Zoning Board of Appeals? _____

If so, state date and case Number _____ Attach a copy of Board of Appeals decision letter.

13. List any state, county or federal permits/approvals needed and attach copies of same:

I HEREBY DEPOSE AND STATE THAT ALL THE ABOVE STATEMENTS AND INFORMATION ARE TRUE

Sworn to before me this

_____ Day of _____, 20 _____

Notary Public

Signature of Legally Responsible Person
(Owner or Authorized Agent)

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WALL SIGNAGE:

1. Number of Wall Signs being Proposed: _____
 2. Location of Wall Signs: _____ East elevation _____ West elevation _____ South Elevation _____ North elevation
 3. Dimensions of Wall Signs: _____ x _____ x _____ x _____ x _____
 4. Square Footage of Wall: _____ 5. Percentage of Wall Coverage for Signage: _____
 6. Materials of Proposed Signage: _____
-

7. Lighting Proposed: _____
-

DETACHED SIGNAGE:

1. Number of Detached Signs being Proposed: _____
 2. Location of Detached Signage: _____ East Side _____ West Side _____ South Side _____ North Side _____
 3. Number of Feet Setback from Property Line for location of detached signage: _____
 4. Dimensions of Detached Signs: _____ x _____ x _____ x _____ x _____
 5. Total Square Footage of Detached Signs: _____
 6. Height of Detached Signs: _____
 7. Materials of Proposed Detached Signs: _____
-

8. Type of Proposed Lighting: _____
 9. Landscaping surrounding proposed detached signage: _____
-

EACH APPLICATION MUST BE ACCOMPANIED BY COLOR RENDERINGS FOR ALL SIGNAGE & PHOTOGRAPHS OF ELEVATIONS FOR PROPOSED SIGNAGE.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS PROPERLY SUPPLIED.