

ARCHITECTURAL REVIEW –WINDOW DOOR REPLACEMENT

Incorporated Village of Plandome Heights
37 Orchard Street Manhasset, N.Y. 11030
(516) 627-1136

Application fee of \$50 required at time of submission.
Submission Date: _____ PAID: _____(date)

A catalogue picture of the proposed window/door replacement should accompany this form.

Homeowner's name (please print) _____

Homeowner's signature _____ Date: _____

Homeowner's address _____

Section____ Block____ Lot _____ Telephone # _____



WINDOWS:

Existing window type/style _____

Replacement window type/style _____

Number of windows to be replaced _____

Location of windows to be replaced _____

Approval by ARB _____ Date: _____



DOORS:

Location of door (s) to be replaced _____

Existing door Type/style _____

Replacement door/style _____

Approval by ARB _____ Date: _____