

**VILLAGE OF PLANDOME HEIGHTS
ARCHITECTURAL REVIEW BOARD APPLICATION**

<p><i>Date of Submission:</i> _____</p> <p><i>Application fee of \$350 is required at time of submission. PAID: _____ (date)</i></p>
--

Homeowner's name (please print) _____

Homeowner's address _____

Section ___ **Block** ___ **Lot** ___ **Phone #:** _____ **Cell#:** _____

Homeowner's signature _____ **Date:** _____



Brief description of work: _____

Architect Name: _____

Contact Information: Phone #: _____ **Email:** _____



ARB MEETING INFORMATION:

**The Architectural Review Board meets on the second Tuesday of the month as needed.
Please obtain detailed requirements from the Building Department.**

Approval by ARB _____

Date: _____