

**ARCHITECTURAL REVIEW BOARD APPLICATION**

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

*Date of Submission:* \_\_\_\_\_

*Application fee of \$500 is required at time of submission.*

*PAID:* \_\_\_\_\_ *(date)*

**Homeowner's name (please print)** \_\_\_\_\_

**Homeowner's address** \_\_\_\_\_

**Homeowner's email** \_\_\_\_\_

**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 see attached detailed requirements.

**Approval by ARB** \_\_\_\_\_

**Date:** \_\_\_\_\_