## ARCHITECTURAL REVIEW BOARD QUICK FORM

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

Submission Date	:	_	
Application fee of \$	100 required at time of sub	mission.	
PAID: (	(date)		
PLEASE SUBMIT	A PHOTO OF YOUR HOUS	SE WITH THE APPLICATION.	
Owner's Name:			
Owner's Address: _			
Section No.:	Block No.:	Lot No.:	
Owner's Phone No.:	ner's Phone No.: Owner's Cell:		
Owner's Email Addr	ess:		
Contractor's Name:		Phone Number:	
Contractor's Email 4	Address:		
	DETAILS OF WORK		
-	•	■ <b>**************</b> **********************	
Miscellaneous:			
	uts and samples with applic	ation.	
*****	*********	*******	
FENCE:  (Finishe	ed surface must face out)		
Material: 🗆 Wood		Wrought Iron	
	(maximum height 4ft.)	5	
-	_ ( 5 )		
Style:	(attach catalogues/bro	ochure with picture)	
******	***********************	**********	
SHED:			
Structure: 🗆 New	□ Modified Shed	Rebuilt/replacement	

Height: (maximum	height 9 ft. to highest point of roof)		
Dimensions/Floor area:x= (not to exceed 80 ft.)			
(Shed continued)			
Rear Yard Calculation: Length of rear yard:			
Width of rear yard:	X		
Rear yard total			
Maximum Shed Floor Area	=======		
(Floor area of shed cannot exceed 3.20% of rear yard or 80 sf whichever is less)			
Roof pitch: in (Gabled re	oof minimum pitch 1 in 3)		
Distance from rear and side lot line:			
Rear:, Side: (rear/side no less than 3ft and no more than 5 ft)			
Note: shed has to be a minimum of 10 ft from rear wall of main building.			
Planting buffer Zone: No. of evergreens:			
Height:	(min. 4 ft)		
Note: Building Permit application to be at	tached to this form.		
Approved by ARB:	(Name and Title)		
Date:			
Rev. 04.03.2023			