

# TOWN OF EAST HAMPTON ARCHITECTURAL REVIEW BOARD

## Berm, Fence, Wall, or Gate Application Form



Review East Hampton Town Code Section 255-11-30 - 38 "Berms, fences and walls or gate". This application must be fully completed and submitted to the Architectural Review Board, along with the following information:

1. **Fees:** An application fee in the form of certified check, money order or Attorney's check made payable to the "Town of East Hampton" must be submitted in accordance with the fee schedule below. Fees are entirely nonrefundable once review of the particular application has commenced.
  - \$125 for a new Berm, Fence, Wall or Gate.
  - \$200 for an existing Berm, Fence, Wall or Gate.
2. **Four (4) copies (original plus two copies) of the completed application.**
3. **Four (4) copies of a CURRENT scaled survey** prepared by a licensed surveyor, accurately showing the location(s) of:
  - Proposed or existing berm, fence, wall or gate area distinctly highlighted.
  - All existing structure(s) on the property.
4. **Four (4) copies of complete drawings & elevations. Include on the plans a description of all exterior materials and colors.**
5. All paper copies of documents, plans, maps & photos submitted to the file **must also be submitted in digital form.** This may be in the form of (1) a flashdrive, (2) an email with pdfs or (3) a link to your Dropbox

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*\*Due to COVID-19, the Board will be meeting via Zoom with applicants participating via phone conference. A call-on number will be provided to the applicant prior to the meeting.\**

### I. APPLICANT INFORMATION

Applicant or Applicant's agent is required to attend Architectural Review Board meeting for review of application  
Deadline for submission of Application is the first and third Thursday by Noon

- A. Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
- B. Applicant (if other than Property Owner): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
- C. Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
- D. Applicant is the: (check one)  Property Owner  Other: \_\_\_\_\_
- E. CORRESPONDENCE TO BE SENT TO: (check one)  A  B  C
- F. Is this application subject to Site Plan Review? (check one)  Yes  No
- G. Are there any open code violations on the property? (check one)  Yes  No

H. Were you referred to ARB by the Building Department?  Yes  No

If yes, please explain why: \_\_\_\_\_  
\_\_\_\_\_

## II. PROPERTY IDENTIFICATION AND LOCATION

A. Street, House Number & Hamlet: \_\_\_\_\_

B. Suffolk County Tax Map Number: 300- \_\_\_\_\_

C. Zoning District (circle one): B A A2 A3 A5 MF Other: \_\_\_\_\_

### I. PROJECT INFORMATION

#### **For Fence, Wall, Gate, or Berm:**

Type of structure (select all that apply):  Fence  Wall  Gate  Berm

Is the structure proposed or existing:  Proposed  Existing

Material: \_\_\_\_\_ Maximum Height: \_\_\_\_\_

Finish (natural, paint, stain, etc.): \_\_\_\_\_ Total Length: \_\_\_\_\_

#### **For Berm:**

Maximum Height: \_\_\_\_\_ Total Length: \_\_\_\_\_

#### **Lighting:**

Please indicate if there is proposed or existing lighting:  Proposed  Existing

Quantity: \_\_\_\_\_ Wattage: \_\_\_\_\_

Location: \_\_\_\_\_ Type: \_\_\_\_\_

A. What is the proposed (or existing) structure? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the proposed (or existing) structure located on the property?

Front Yard  Side Yard  Rear Yard

B. Is there fencing located off of the property?  Yes  No

C. Is there fencing located on your property that does not belong to you?  Yes  No

I attest that the above information is complete and accurate to the best of my knowledge.

I, the owner, hereby authorize the Architectural Review Board to enter the subject parcel to review the pending application for ARB approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_