

TOWN OF EAST HAMPTON ARCHITECTURAL REVIEW BOARD

Additional Roof Height Approval Application



Please consult with Town Code Section 255-3-35 (C). This application must be fully completed and submitted to the Architectural Review Board, along with the following information:

- 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.
 - \$175 for a new residence, new accessory structure or proposed changes to an existing building
 - \$300 for work that has commenced prior to obtaining proper approval
- Four (4) copies (original plus 2 copies)** of the completed application form
- Four (4) copies** of a scaled survey accurately showing the location(s) of
 - Proposed improvement drawn to scale
 - Existing structure(s) on the property
 - Proposed landscaping
- Four (4) copies** of complete working drawings, including floor plans and elevations drawn to scale; ¼" = 1' 0". **Note: include on the plans a description of all exterior materials and color. These include roofing, millwork, doors, railings, masonry, etc.**
- If Applicable – **Four (4) 11"x17"** photorealistic 3D Architectural Renderings
- 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.

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

NOTE: The Board meets the second & fourth Thursday of every month at 6:00 pm in the Court Room of 159 Pantigo Road, East Hampton, N.Y. 11937

I. 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: _____

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: _____

D. Description of proposed improvements or changes: _____

List each structure or activity proposed including dimensions, number of stories and square footage:

	Structure	Dimensions	No. of Stories	Total Sq. Ft.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

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: _____