



Town of East Hampton  
300 Pantigo Place – Suite 105  
East Hampton, NY 11937

**ARCHITECTURAL REVIEW BOARD**  
**CONDITIONS OF APPROVAL SATISFIED & INSPECTION**  
**REQUEST FORM**

Name on Architectural Review Board Determination

\_\_\_\_\_  
Tax Map Number 300 -

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Contact Information/Telephone – E-mail address

\_\_\_\_\_  
Project Approval Date

I have reviewed and fulfilled all of the Conditions of Approval as per a Architectural Review Board Resolution. I have attached a copy of said Resolution to this form.

Please certify that said conditions of approval have been met for the purposes of obtaining a:

a) Certificate of Occupancy ( )

**If an on-site inspection is required, an inspection fee in the form of a certified check or money order made payable to the Town of East Hampton is enclosed in the amount of \$175.00**

Signature (Agent or Applicant)

\_\_\_\_\_  
DATE: \_\_\_\_\_