



TOWN OF EAST HAMPTON ARCHITECTURAL REVIEW BOARD

BUSINESS SIGN APPROVAL APPLICATION

Please consult with Town Code Section 255-7-30 and 255-1-20 "Sign". 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.
 - \$75 for a new residence
 - \$100 for addition to residence, new accessory structure, or exterior change to existing building (this will be doubled if work has commenced prior to obtaining proper approval)
2. **Two (2) copies (original plus 1 copy)** of the completed application form
3. **Two (2) copies** of a survey or site plan, accurately showing the location(s) of
 - Proposed improvement drawn to scale
 - Existing structure(s) on the property
 - Proposed landscaping
4. **Two (2) copies** of complete working drawings, including floor plans and elevations drawn to scale. **Note: include on the plans a description of all exterior materials and color. These include roofing, millwork, doors, railings, masonry, etc.**
5. If a sign is to be mounted on a building, provide either scale drawing of building front, showing sign location, or snapshot photo(s) of building, marked to show sign location.

DATE: _____

I. APPLICANT INFORMATION:

- A. Landowner:** _____
 Address: _____
 Telephone _____ Facsimile: _____
- B. Applicant (if other than landowner):** _____
 Address: _____
 Telephone _____ Facsimile: _____

C. CORRESPONDENCE TO BE SENT TO: (please check one) **A** **B**

NOTE: the party identified above will be notified the Monday prior to the ARB meeting when the application will be reviewed. The Board meets the first & third Thursday of every month at 7:00 pm in the Conference Room of 300 Pantigo Place, Suite 107.

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: _____

III. PROJECT INFORMATION

EXISTING SIGNS(S):
 Number of signs _____
 Single or Double Sided _____
 Will any of the above be removed? _____ Which? _____
 Are you changing the design, lettering, colors, location, or lighting? _____

PROPOSED SIGN(S):
 Number and size? _____
 Sq. feet of each proposed? _____ Single or double sided? _____
 If sign will be illuminated, describe number, type, placement and wattage of lights: _____

 Total Sq. feet of all signs _____

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: _____