



TOWN OF EAST HAMPTON ARCHITECTURAL REVIEW BOARD

HISTORIC DISTRICT AND LANDMARKS APPROVAL APPLICATION

Please consult the guidelines for the historic district or landmark. The guidelines are in the Appendix of the Zoning chapter of the Code of the Town of East Hampton. Copies of guidelines may also be obtained from the Building Dept. Do not use this application if any other Architectural Review Board Application can be applied to your proposed work. If a different application does apply, use only that application and not the historic district or landmark in the entry for "Zoning." 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.

- \$300 for a new residence
- \$175 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.

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

New Residence Addition to Residence New Accessory Structure Exterior Change to Existing Building

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 about 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: _____