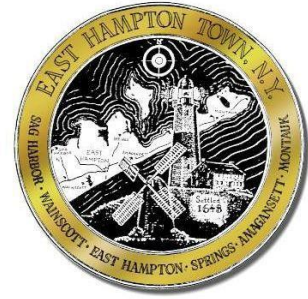


# TOWN OF EAST HAMPTON ARCHITECTURAL REVIEW BOARD

## Agricultural Overlay District 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:

- 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.
  - \$200 for a new residence, new accessory structure or proposed changes to an existing building
  - \$350 for work that has commenced prior to obtaining proper approval
- 2. Four (4) copies** (original plus 3 copies) of the completed **application form**
- 3. Four (4) copies** of a **CURRENT scaled survey** prepared by a licensed surveyor, accurately showing the location(s) of
  - All existing structure(s) on the property
  - Proposed improvements drawn to scale
  - Proposed landscaping
- 4. One (1) copy** of complete **architectural site drawings** and **four (4) 11" x 17" copies**, with elevations drawn to the scale:  $\frac{1}{4}" = 1'$ . Note: Include on the plans a description of all exterior materials and color. These include roofing, millwork, doors, railings, masonry, lighting, etc. If applicable – four (4) 11"x17" color photorealistic 3D architectural renderings.
- 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.

**Email:** [ARB@eamptonny.gov](mailto:ARB@eamptonny.gov)

*\*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 and supporting documents is the first and third Thursday by noon

**Please Note:** The submission of an application prior to the deadline does not guarantee a place on the next agenda.

**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

## 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:

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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: \_\_\_\_\_