

*Town of Stony Point*  
ARCHITECTURAL REVIEW BOARD  
74 EAST MAIN STREET  
STONY POINT, NEW YORK 10980

Tel: (845) 786-2716 ext. 113

arb@townofstonypoint.org

Fax: (845) 786-5138

**ARCHITECTURAL REVIEW BOARD FEE SCHEDULE**

**Architectural Review Board Fee . . . . . \$100.00**

**Check made of to Town of Stony Point**

**DEADLINE is Second Wednesday of the Month.**

**MEETINGS are held on the Third Wednesday of the month at  
6:00 P.M. at the Building Department, 74 East Main Street,  
Stony Point, New York 10980**

## A.R.B. APPLICATION INSTRUCTION SHEET

PROJECT NAME \_\_\_\_\_  
SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**SUBMIT THE FOLLOWING APPLICATION BY THE SECOND WEDNESDAY OF THE MONTH YOU ARE REQUESTING TO BE PLACED ON THE AGENDA.**

1. Six (6) copies of the application.
2. Six (6) sets of final architectural plans for the exterior of the buildings showing all color and materials to be used. Sample board of all materials, colors and name of manufacturer of said materials. Architectural plans shall be at a scale of 1/8 inch = 1' - 0": for large structures over 100' in a major dimension; or 1/4 inch = 1' - 0" for smaller structures; they shall be prepared and certified/sealed by an Architect or Engineer registered in the State of New York
  - a. Plans and dimensions of all levels
  - b. All exterior elevations, cross and long sections as required
  - c. Materials to be used on all exterior surfaces
3. Six (6) copies of most recent site plan before the Planning Board, including lighting and landscaping plans. Landscaping plans shall be certified/sealed copies as required, and include detailed drawings indicating plantings, etc., that will constitute a visual and/or noise buffer between applicants' and adjoining properties. Show location of planting materials; species, maximum spread, maximum height, bed materials, etc. Also, indicate all existing vegetation to be retained. Show cross section of landscaping with grades and berms. Lighting plans shall include detailed drawings indicating location, size type, coverage direction, exterior luminaries, lighting fixtures or other form of illumination.
4. Photographs or diagrammatic sketches of project.

### **SIGNS**

For sign installation or replacement of sign a separate SIGN APPLICATION must be completed. This application can be obtained from Architectural Review Board Clerk.

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**ARCHITECTURAL REVIEW BOARD APPLICATION**

**Project Name:** \_\_\_\_\_

**Section** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Zone** \_\_\_\_\_

Property location-distance from nearest cross street. \_\_\_\_\_

\_\_\_\_\_

**Applicant: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Owners: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Architect: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Engineer: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Attorney: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Contact Person: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

ARCHITECTURAL REVIEW BOARD APPLICATION

Application is hereby made to the Architectural Review Board, acting for the General Welfare of the Residents of the Town, for approval by review and advisory report: such review to consider appearance of property with improvements, architectural features, safety of ingress and egress, type and location of mechanical equipment as indicated on the submitted architectural plans, exterior design and materials, visual compatibility with surroundings, landscaping and exterior lighting.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Phone Number of Applicant

If owner or applicant is a corporation: names and titles of two officers and signature of duly authorized officer.

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

1. Use and occupancy of property: (if mixed, state which)

Existing \_\_\_\_\_

Intended after improvements \_\_\_\_\_

2. Nature of work proposed: Check which is applicable

New Building ( )      Repair ( )      Alteration ( )

Addition ( )      Removal ( )

Demolition ( )      Other ( )

**ARCHITECTURAL REVIEW BOARD**

**AFFIDAVIT OF OWNERSHIP**

State of New York  
County of Rockland  
Town of Stony Point

\_\_\_\_\_ duly sworn, deposes and says that he/she

Resides at \_\_\_\_\_

In \_\_\_\_\_, County of \_\_\_\_\_,

In the State of \_\_\_\_\_, that he/she is the owner in fee of all that

certain lot, piece or parcel of land situated, lying and being in the Town of Stony

Point aforesaid and designated as Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Of the Town of Stony Point Tax Map and that hereby authorizes in his behalf and

that the statements of fact contained in said application are true.

Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public