



## ARCHITECTURAL REVIEW BOARD SUBMISSION REQUIREMENTS

The following are minimum presentation requirements.  
Additional supporting items may be requested by the reviewing Board.

### Incomplete application packages may not be accepted / reviewed

#### Application

Application Form must be 100% complete – No Blank Spaces Please.

Six (6) Packets – Each to include

#### Survey

Official stamped survey, (not older than 3 years)

Survey must show existing structures, setbacks, and property lines

#### Site Plan

Show area of new work

Proposed landscaping

Site changes

Setbacks and projections

Adjacent structures

#### Photographs

Photos of existing building elevations and any other relevant data such as neighboring architecture, or precedents supporting design

#### Existing Plans and Elevations

Not less than 1/8" scale

Complete building must be included

#### Proposed Plans and Elevations

Not less than 1/4" scale

Complete building must be included, no partial elevations, all sides must be included

Areas of new construction should be clearly identified from the existing structure

Dimensions must include and identify major walls and features

Elevations should identify significant materials, floor-to-floor and roof heights

#### Details

Applicable section and plan details

Show material profiles and transitions of key elements such as foundations, windows, doors, eaves, and decorative features

#### Material Samples

Applicants are encouraged to bring to the public meeting applicable material samples

*These are minimum presentation requirements; the Board reserves the right to request additional material on a case-by-case basis.*

*(2) per Bldg Dept due to Zoom mtg.*



Village of Larchmont [villageoflarchmont.org](http://villageoflarchmont.org)  
 Building Department Architectural Review Board Application  
 120 Larchmont Avenue, Larchmont, New York 10538 Phone (914) 834-4349  
**ARCHITECTURAL REVIEW BOARD**  
**APPLICATION**

**TO BE COMPLETED BY APPLICANT**

|   |  |
|---|--|
| Application date:<br><u>09-15-21</u>  | Application Fee: \$150.00<br><u>\$150.00</u>   |
| Please fill in dates or N/A (Not Applicable)<br>Note: Dates must be on plans submitted<br>Board Approval Date:<br><input type="checkbox"/> Zoning <u>07-07-21</u> | Please fill in dates or N/A (Not Applicable)<br>Note: Dates must be on plans submitted<br>Board Approval DATE:<br><input checked="" type="checkbox"/> Planning <u>07-20-21</u> |
| Please fill in dates or N/A (Not Applicable)<br>Note: Dates must be on plans submitted<br>Board Approval DATE:<br><input type="checkbox"/> ARB                    |  |

**SITE IDENTIFICATION INFORMATION**

Project Address:  
 No. 65 Street KANE AVENUE LARCHMONT, NY  
 Village of Larchmont Tax Map Designation:  
 Section Block 703 Lot(s) 346  
 Business Name: N/A  
 Description of Project:  
NEW PORCHCO RELOCATED TO JOCHUM AVE. NEW REPLACEMENT WINDOWS.

**APPLICANT/OWNER INFORMATION**

|   |                                |                                    |
|---|--------------------------------|------------------------------------|
| Contractor (Signage Company): <u>N/A</u>                    | Phone #: <u>N/A</u>            | Email: <u>N/A</u>                  |
| Owners Address:<br>No. <u>65</u> Street: <u>KANE AVE</u>    | Town: <u>LARCHMONT</u>         | State: <u>NY</u> Zip: <u>10538</u> |
| Applicant (if different than owner):<br><u>SAL ALINE RA</u> | Phone #: <u>(301) 776-8200</u> | Email: <u>SALALINE@HOTMAIL.CO</u>  |
| Applicant Address (if different than owner):<br>No. Street: | Town: <u>LARCHMONT</u>         | State: <u>NY</u> Zip: <u>10538</u> |
| Representatives & Title:<br><u>N/A</u>                      | Phone #: <u>N/A</u>            | Email: <u>N/A</u>                  |
| Address:<br>No. Street: <u>N/A</u>                          | Town: <u>N/A</u>               | State: Zip:                        |

**AFFIDAVIT OF OWNERSHIP**

State of New York  
County of Westchester

Angela Best being duly sworn;  
 I depose and states; that Angela Best is the Owner in fee of the premises to which this Application applies; that the Applicant is duly authorized to make this Application; and that the statements made here are true to the best of the Applicant's knowledge and belief, and that the work will be performed in the manner set forth in the Application filled therewith, and in accordance with applicable laws, ordinances and regulations.

Signature Helen J. Tornese  
 sworn to before me this Sept day of 16 2021

NOTARY SEAL  
 HELEN J. TORNESE  
 Notary Public, State of New York  
 No. 02T06346436  
 Qualified in Westchester County  
 Commission Expires August 15, 2021

NOTARY