



# VILLAGE OF EAST HILLS

INCORPORATED JUNE 24, 1931

209 Harbor Hill Road, East Hills, New York 11576  
Telephone (516) 621-5600 • Fax (516) 625-8736

## APPLICATION FOR THE ARCHITECTURAL REVIEW BOARD

**Project Location:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_ **Zone:** \_\_\_\_\_

1. Project Type:     Tree Removal/Misc.     Minor     Major     New Home     Commercial

2. State proposed work in detail: \_\_\_\_\_  
\_\_\_\_\_

3. Does this project include the removal of any trees?     Yes     No    # of trees proposed to be removed: \_\_\_\_\_

*If yes, please include a tree removal application and landscaping plan with your submission.*

4. Does this project include any changes to landscaping or driveways?     Yes     No

*If yes, please include a landscaping plan with your submission.*

5. Did this project require approval from the Zoning Board of Appeals?     Yes     No    Approval Date: \_\_\_\_\_

*If yes, please include a copy of the decision if available.*

6. Does this address have any prior ARB decisions?     Yes     No

*If yes, provide approval date(s) & project information and attach a copy of any prior decisions:* \_\_\_\_\_  
\_\_\_\_\_

7. Owner(s): \_\_\_\_\_

*If owner is a corporation, state name of officer authorized to make this application:* \_\_\_\_\_

Phone #: \_\_\_\_\_ Email(s): \_\_\_\_\_

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

*(Any applications for new houses or major renovations **must** have an alternate mailing address for communication)*

8. Architect/Engineer: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

9. Landscape Designer: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

10. Other Representative: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

11. Fee:     \$100 (Tree Removal/Misc.)     \$300 (Minor)     \$600 (Major)     \$2,000 (New Home)

\$250 (Changes to existing decision/amendment)  \$1,000 (Commercial)

**FOR BUILDING DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Arborist Report Required

Prior ARB Decision: Date(s) \_\_\_\_\_

ZBA Approval Received: Date \_\_\_\_\_

Scheduled Meeting Date(s): \_\_\_\_\_

**Application Fee \$** \_\_\_\_\_

**Arborist Fee \$** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_     With Conditions

**Total \$** \_\_\_\_\_



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12. List of Proposed Materials: *(Fill in all that apply)*

a. **Siding/Stone Material (1):** \_\_\_\_\_

Size/Exposure/Pattern: \_\_\_\_\_ Color: \_\_\_\_\_

Location(s): \_\_\_\_\_

Will all sides of the house have the same siding?  Yes  No

**Siding/Stone Material (2):** \_\_\_\_\_

Size/Exposure/Pattern: \_\_\_\_\_ Color: \_\_\_\_\_

Location(s): \_\_\_\_\_

**Siding/Stone Material (3):** \_\_\_\_\_

Size/Exposure/Pattern: \_\_\_\_\_ Color: \_\_\_\_\_

Location(s): \_\_\_\_\_

b. **Roofing Material (1):** \_\_\_\_\_ Color: \_\_\_\_\_

Location(s): \_\_\_\_\_

**Roofing Material (2):** \_\_\_\_\_ Color: \_\_\_\_\_

Location(s): \_\_\_\_\_

c. **Railings:** Type: \_\_\_\_\_ Height: \_\_\_\_\_ Color: \_\_\_\_\_

Location(s): \_\_\_\_\_

d. **Windows:** Type: \_\_\_\_\_ Color: \_\_\_\_\_

Will windows be replaced in kind (same locations and sizes)?  Yes  No

Total # of windows to be replaced - Basement: \_\_\_\_\_ 1<sup>st</sup> Flr: \_\_\_\_\_ 2<sup>nd</sup> Flr: \_\_\_\_\_

Will windows have grilles?  Yes  No # of grilles: \_\_\_\_/\_\_\_\_

Will windows have shutters?  Yes, new  Yes, to match existing  No

e. **Doors:** Front Door: \_\_\_\_\_ Color: \_\_\_\_\_

Garage Door: \_\_\_\_\_ Color: \_\_\_\_\_

Other Door(s): \_\_\_\_\_ Color: \_\_\_\_\_

f. **Window & Door Trim:** Type: \_\_\_\_\_ Size: \_\_\_\_\_ Color: \_\_\_\_\_

g. **Rakes, Fascia's & Soffits:** Type: \_\_\_\_\_ Size: \_\_\_\_\_ Color: \_\_\_\_\_

h. **Leaders & Gutters:** Type: \_\_\_\_\_ Size: \_\_\_\_\_ Color: \_\_\_\_\_

i. **Columns:** Type: \_\_\_\_\_ Color: \_\_\_\_\_

Size: \_\_\_\_\_ Cap & Base Style: \_\_\_\_\_

j. **Driveway:** Material: \_\_\_\_\_ Apron Material: \_\_\_\_\_

Will the size of the driveway change?  Yes  No If yes, by how many sf? \_\_\_\_\_

k. **Lighting:** Type: \_\_\_\_\_ Color: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Color: \_\_\_\_\_ Location: \_\_\_\_\_

Total # of fixtures to be added: \_\_\_\_\_ Total # of fixtures to be replaced: \_\_\_\_\_

l. **Other:** \_\_\_\_\_

\_\_\_\_\_



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## APPLICATION FOR THE ARCHITECTURAL REVIEW BOARD

**Project Location:** \_\_\_\_\_

### AFFIDAVIT AND CERTIFICATIONS OF PROPERTY OWNER OR OWNERS

**STATE OF NEW YORK, COUNTY OF NASSAU, ss.:** I state that I am the property owner or one of the property owners named in the application, and I certify that the information provided on the application is accurate and the statements are true to the best of my knowledge and belief. If there is more than one property owner, I further certify that I am authorized to act on behalf of all owners with respect to the submission of this application, and that they have been informed of all information included in this application as well as its terms and conditions. To the extent any statement found below refers to "I", it is understood that if there is more than one owner each owner agrees with each statement and has reviewed it.

I have personally approved of all designs, plans, materials, landscaping and tree removals being proposed as part of this application. I understand that pursuant to the Village Code section 271-195, no required permit or certificate of occupancy shall be issued for any building unless it and the entire premises upon which it is located conform to the resolution adopted by the Architectural Review Board (ARB) approving the application. If any changes are made during the course of construction with respect to any aspect of the project reviewed by the ARB, including but not limited to major landscaping work other than what was approved, I understand that I may have to return to the ARB for approval. I further certify that the application I am submitting includes all of the work I am proposing to conduct on the premises. Should I return before the ARB seeking approval for additional work in the future, I understand that the ARB will take into consideration the length of time between applications and the nature of the newly proposed work in assessing whether the grant of any further relief is appropriate under the Village Code.

I acknowledge and agree that the plans for proposed improvements and all application documents submitted will be addressed in a public forum, and that in accordance with New York's Freedom of Information Law, the public is to be provided access to all documents concerning the application including by internet or web access as well as review of documents maintained at Village Hall. I agree to reimburse the Village for any expenses, arborist fees or other costs incurred by the Village in the review and evaluation of this application, as set forth in the Village Code.

I hereby authorize any agents listed on this application to present on my behalf at any scheduled ARB meetings. I agree that if I am not present at a scheduled meeting, my representatives are authorized to proceed in my absence, to negotiate with the Board regarding materials or design, and recognize that if they are not able to do so, my case may be delayed to a subsequent meeting.

Furthermore, I authorize the members of the Architectural Review Board, the Building Inspector of the Village of East Hills and legal counsel, consultants or agents to the Architectural Review Board to enter my property and inspect it in order to render a determination with regard to this application.

Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me came the undersigned known to me to be the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that they executed same

\_\_\_\_\_  
Notary Public, Nassau County, New York



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### AFFIDAVIT AND CERTIFICATION OF ARCHITECT OR ENGINEER

**STATE OF NEW YORK, COUNTY OF NASSAU, ss.:** I state that I am the Architect/Engineer of the plans submitted with the application for \_\_\_\_\_ and that I have been authorized to submit the provided plans by the owner of the above referred to property. I certify that the plans submitted comply with all applicable local laws, ordinances, and regulations of the Village of East Hills and the State of New York. I further acknowledge that I am authorized to present the plans and proposals at scheduled meetings of the Architectural Review Board on behalf of this application. I acknowledge that if I am not present at scheduled meetings of the Architectural Review Board to answer questions from the Board, the application may be delayed.

Architect/Engineer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Seal or stamp here:

\_\_\_\_\_  
Notary Public, Nassau County, New York