



ARCHITECTURAL REVIEW BOARD
TOWN OF SOUTHAMPTON
 116 HAMPTON ROAD, SOUTHAMPTON, NY 11968
 Phone: (631) 287-5700 Fax: (631) 287-5754
www.southamptontownny.gov
 Email: arbreview@southamptontownny.gov

DEPT. USE ONLY

- Expedited Review _____
- Date Filed _____
- Date Rec'd _____
- Lead Member _____

Owner's Name:	SCTM# 900 -
Property Address:	APPLICATION/RECEIPT #:
Phone Number:	<input type="checkbox"/> New Dwelling <input type="checkbox"/> Addition <input type="checkbox"/> Commercial Construction
Email:	<input type="checkbox"/> Accessory Structure/Pool House
	<input type="checkbox"/> Expedited Review (Additional \$1000 Fee, See Expedited Review Submission Guidelines for Details) www.southamptontownny.gov/ARB-Submission-Guidelines

ALL APPLICATIONS TO THE ARCHITECTURAL REVIEW BOARD MUST INCLUDE THE FOLLOWING INFORMATION:

<input type="checkbox"/> Roofing Material	Color
<input type="checkbox"/> Siding Material	Color
<input type="checkbox"/> Trim Material	Color
<input type="checkbox"/> Gutter Material	Color
<input type="checkbox"/> Main Entry Door Style	Color
<input type="checkbox"/> Exterior Hardware Material	Color
<input type="checkbox"/> Garage Door Style	Color
Foundation Material <input type="checkbox"/> Plain <input type="checkbox"/> Concrete <input type="checkbox"/> Stucco	Color
<input type="checkbox"/> Window type, frame and mullion color. Include type of glazing <input type="checkbox"/> Mirrored <input type="checkbox"/> Not Mirrored	
If more than one type, specify each by type and color Window type <input type="checkbox"/> Double Hung <input type="checkbox"/> Awning <input type="checkbox"/> Crescent <input type="checkbox"/> Other	Color
Exterior Lighting Type _____ State whether <input type="checkbox"/> On ground <input type="checkbox"/> Above ground	Color
Shutter Material	Color

BOARD USE ONLY

<input type="checkbox"/> SUBSTANTIAL (FULL BOARD REVIEW)					<input type="checkbox"/> NON-SUBSTANTIAL (SINGLE MEMBER REVIEW)	
	CHARRIER	RUMPH	BURKE	JANKOWSKI	KEYES	DECISION DATE:
PROPOSED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEAD MEMBER:
SECOND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> APPROVED
VOTE FOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DENIED (SEE COMMENTS BELOW)
AGAINST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RE-SUBMIT (SEE COMMENTS BELOW)
COMMENTS:						