## Architecture and Community Appearance Review Council Application Procedures

Applications to ACARC are reviewed on a first come, first serve basis on receipt of the following:

- 1. Completed application form with property owner's signature.
- 2. Application fee made payable to the "Town of Lewisboro" as follows:
  - a. Cosmetic Changes (incl. signs): \$27
  - b. Fence Review: \$52
  - c. Construction, Addition, Renovations: \$102.
- 3. Four (4) copies of appropriate accompanying plans, survey, elevations, landscaping plans, colors, materials, etc. Plans must be collated, stapled and folded in a manner that fits easily within a standard legal file folder.
- 4. PDFs of all submitted materials.

Failure to supply this information may result in the unnecessary delay or denial of your application.

ACARC generally meets the second Wednesday of each month except when holidays, inclement weather or lack of quorum force rescheduling. This office must be in receipt of the applications and all accompanying paperwork with the application fee no later than twenty (20) days prior to the meeting date to schedule the matter on that agenda unless arrangements have been made at the request of a Town body.

Please note that a letter of authorization is required for ACARC's file from the Applicant(s) if a representative will be acting on their behalf.

Applications that are referred to ACARC by another Town body, must be noted in the section "Referred to ACARC section" indicating the reason for referral.

Any questions regarding this procedure may be addressed to Ciorsdan Conran at (914) 763-5592 or email at acarc@lewisborogov.com

Mailing address is Town of Lewisboro, ACARC, 79 Bouton Road, South Salem, NY 10590.

## ARCHITECTURE AND COMMUNITY APPEARANCE REVIEW COUNCIL TOWN OF LEWISBORO Application Form

Date:			C	al. #	ACARC	, 
Property Address:						
Tax ID: Sheet	_ Block	Lot	Zo	ne		_
Description for proposa						
APPLICANT(S):						
, ,						
Name:						
Address: Phone # (h):						
Email:						
Signature of applicant:						
OWNER(S) OF RECORD						
Name:						
Address:						
Phone # (h):		(w)		(c)		
Email:			please ci	rcle preferred	contact: en	nail or phone (h) (w) (d
Signature of Owner(s) of	Record:					
Referred to ACARC by:	(check one)					
Bldg Inspector: Town Boar	d: Planning	Board: Zo	ning Board o	f Appeals: O	ther:	
Reason for Referral: (ch	eck one)					
Special Character Overlay	Commercial L	ot Fence	Sign	Multi Family	Other	(specify)
A complete submittal is for pertinent information, including this information may resu	uding propos	ed colors, m	aterials, di	mensions, lar	ndscaping, e	
Fees: Cosmetic Changes (check payable to the			eview \$52	Construction	n, Addition,	Renovations \$102
Application Fee Received: Application	Amt:	Check#		or Cash	Recei	ot#

Materials Received: Digital \_\_\_ Drawings \_\_\_ Site Map \_\_ Mat'l Board \_\_ Photos \_\_ Other \_\_\_\_