

Village of North Hills

Marvin Natiss
Mayor

Dennis Sgambati
Deputy Mayor

Elliott Arnold
Phyllis Lentini
Gail J. Cohen
Trustees

(516) 627-3451
Fax (516) 627-0703



Marianne C. Lobaccaro
Village Administrator

A. Thomas Levin
Village Attorney

Peter A. Cinquemani, R.A.
Superintendent of
Building Department

One Shelter Rock Road, North Hills, N.Y. 11576

www.villagenorthhills.com

APPLICANT CHECKLIST FOR APPEARANCE BEFORE THE ARCHITECTURAL REVIEW BOARD

The Architectural Review Board usually meets on the first Tuesday of each month. Requests for inclusion on the agenda must be made at least 10 business days before a scheduled meeting.

Please **use this checklist** to provide nine (9) collated sets and three (3) electronic sets of the following:

1. **Letter** requesting meeting to Chair John Hirsch and members of the Architectural Review Board. Information to be included:
 - (a) Owners Name
 - (b) Architect or Engineers name
 - (c) Location of project
 - (d) Description of project
2. **Architectural plans** including:
 - (a) Site plans
 - (b) Floor plans
 - (c) All affected elevations
 - (d) Landscape plan
3. **Color Photos** and/ or Color renderings (existing and proposed)
4. **Color Photos** of subject property and house to each side and houses across the street from subject property within a 250' radius. Google Earth (or other) aerial photo of subject property and adjoining properties.

5. Proposed **materials list** to include:
 - (a) Name of manufacturer
 - (b) Type of material
 - (c) Style or model number
 - (d) Color
 - (e) Landscape plan including schedule of plants and all lighting.
6. Building **material samples** and color samples (to be brought to the meeting)
7. **Notification** to the Board of Managers, NOT the managing agent (Complete Proof of HOA Notification Affidavit)
8. For any applicant residing in a development governed by an HOA or Board, a letter signed by the Board President (NOT the managing agent) acknowledging the detail and scope of the project.

**PROVIDE ALL ITEMS ON THIS CHECKLIST
PRIOR TO APPEARING BEFORE THE ARB**

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ARCHITECTURAL REVIEW BOARD REQUEST FORM

DATE RECEIVED: _____

MEETING DATE: _____

APPLICANT: _____

PHONE: _____

E-MAIL: _____

HOMEOWNER: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____