

Village/Town of Mount Kisco
Building Department
104 Main Street
Mount Kisco, New York 10549
(914) 864-0019 FAX (914) 864-1085

**APPLICATION FOR ARB REVIEW FOR
BUILDING ALTERATIONS AND NEW CONSTRUCTION**

Application #: _____ Date Rec'd: _____
Permit #: _____ Date Issued: _____

Applicant's Name: _____
Applicant's Address: _____
Applicant's Telephone #: _____ Fax #: _____ E-mail: _____

Owner's Name: (If different) _____
Owner's Address: _____
Owner's Telephone #: _____ Fax #: _____ E-mail: _____

Project Name: _____

Address/Location of Subject Property: _____

Section/Block/Lot(s): _____ Zoning District _____

Description of Proposed Project: _____

Primary exterior material description: _____

Color: _____

Secondary exterior material description: _____

Color: _____

Roof material : _____
_____ Color: _____

Exterior Window Description: _____
_____ Color: _____

Exterior Door Description: _____
_____ Color: _____

LIGHTING:

Is exterior lighting proposed on building? _____ Describe: _____

EQUIPMENT:

Will exterior equipment be visible from street? _____ Color and type of equipment unit(s):

Will equipment be screened? _____ Color and type of screening: _____

Is there any additional information that you wish to add to this application?

The undersigned applicant hereby agrees with all applicable provisions of the Code of the Village/Town of Mount Kisco and all other laws, codes, rules and requirements applicable to the proposed construction and that statements contained herein are true to the best of his/her knowledge.

Applicant's Signature

PROPERTY OWNER AUTHORIZATION:

The undersigned, property owner, being duly sworn, deposes and says:

1. that he/she (or the identified corporation) is the owner of the premises described in this application;
2. that the applicant identified in the application is duly authorized by the undersigned to submit and upon approval by the Village/Town of Mount Kisco, execute said application, including any design revisions deemed feasible and necessary by the applicant together with the Village/Town of Mount Kisco in order to obtain said approval;
3. that the applicant is hereby designated as the owner's additional representative with whom the Village/Town of Mount Kisco may deal in all respects to the subject work
4. that this owner's authorization shall continue without interruption until the completion and final approval by the Village/Town of Mount Kisco of all work approved as a result of this application;
5. that revocation of said authorization by the undersigned must be accompanied by a written notice of such revocation to the Village/Town of Mount Kisco
6. that the receipt of such notice of the owner's authorization revocation by the Village/Town of Mount Kisco shall cause any permit as a result of this application to be suspended until further notice.

Owner's Name: _____

(Please print clearly)

Owner's Signature: _____ Date: _____

Owner's Current Address: _____

Owner's Telephone #: _____ Fax #: _____ Email: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public: _____

OFFICE USE ONLY

Fee Amount Paid: _____

Check Number: _____

Received by: _____

Receipt Number: _____

Sign Application Review : Refer to ARB

Approved: _____
Date

Denied: _____
Date

Building Inspector Signature

ARB Case No. _____

Approved: _____
Date

Meeting Date: _____

Denied: _____
Date

ARB Chairperson Signature

ZBA Case No. _____

Approved: _____
Date

Meeting Date: _____

Denied: _____
Date

ZBA Chairperson Signature

Issue Building Permit:

Approved: _____
Date

Denied: _____
Date

Building Inspector Signature