



# Architectural Advisory Committee

## MEETING INFORMATION

- Meetings are the **FOURTH** Tuesday of each month at 6pm. (work session)
- Application must be submitted at least **FOUR (4)** weeks prior to hearing.

## APPLICATION REQUIREMENTS

- Applications to the Board must include **FOUR (4)** packets (one original and three copies) that include the following documents:
  1. Application
  2. Color renderings indicating sizes and materials
  3. Photographs of elevations for proposed signage

## FILING FEE FOR APPLICATION

Residential	\$150.00
Commercial	\$200.00

Double Penalty Fee for Signage Without Approval from The Architectural Advisory Committee

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION  
IS PROPERLY SUPPLIED**



# Architectural Advisory Committee

**FOR OFFICE USE ONLY**

Date of Hearing: \_\_\_\_\_ Approved: \_\_\_\_\_ Approved w/Stip: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**APPLICANT INFORMATION**

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

Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

OFFICE USE ONLY

**OWNER INFORMATION**

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

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLANS PREPARED BY**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



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**IF APPLICANT IS A CORPORATION, GIVE THE NAME AND TITLE OF RESPONSIBLE OWNER**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Site Area (Sq. Ft./Acres): \_\_\_\_\_ Total Building Area: \_\_\_\_\_

Current Site Use:

\_\_\_\_\_  
\_\_\_\_\_

Are there any covenants or restrictions affecting the premises for which site plan approval is sought? \_\_\_\_

If so, attach a copy of certified by the Suffolk County Clerk.

Has applicant secured a Special Permit and/or variance from the Zoning Board of Appeals? \_\_\_\_

If so, Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

***(Attach copy of Board of Appeals decision letter)***

List and state, County or Federal permits/approvals needed and attach copies of same:

\_\_\_\_\_  
\_\_\_\_\_

**I HEREBY DEPOSE AND STATE THAT ALL THE ABOVE STATEMENTS AND INFORMATION ARE TRUE.**

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

\_\_\_\_\_  
Signature of Legally Responsible Person  
(Owner or Authorized Agent)

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



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## WALL SIGNAGE

Number of Wall Signs being proposed: \_\_\_\_\_

Location of Wall Signs: \_\_\_ East Elevation \_\_\_ West Elevation \_\_\_ South Elevation \_\_\_ North Elevation

Dimensions of Wall Signs: \_\_\_ X \_\_\_ \_\_\_ X \_\_\_ \_\_\_ X \_\_\_ \_\_\_ X \_\_\_

Square Footage of Wall: \_\_\_\_\_ Percentage of Wall Coverage for Signage: \_\_\_\_\_

Materials of Proposed Signage:

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Lighting Proposed:

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## DETACHED SIGNAGE:

Number of Detached Signs being proposed: \_\_\_\_\_

Location of Detached Sign(S): \_\_\_ East Elevation \_\_\_ West Elevation \_\_\_ South Elevation \_\_\_ North Elevation

Dimensions of Detached Signs: \_\_\_ X \_\_\_ \_\_\_ X \_\_\_ \_\_\_ X \_\_\_ \_\_\_ X \_\_\_

Square Footage of Detached Signs: \_\_\_\_\_ Height of Detached Signs: \_\_\_\_\_

Material of Proposed Detached Signs:

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Type of Lighting Proposed:

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Landscaping surrounding proposed detached signage:

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