

*Town of Stony Point*  
ARCHITECTURAL REVIEW BOARD  
74 EAST MAIN STREET  
STONY POINT, NEW YORK 10980

Tel: (845) 786-2716 ext. 113

[arb@townofstonypoint.org](mailto:arb@townofstonypoint.org)

Fax: (845) 786-5138

## **ARB Submittal Instructions**

### **APPLICATION FEE FOR SOLAR PANELS AND SITE PLANS: \$100.00**

#### **Solar Panels**

1. Two copies of the application
2. Two copies of pictures of Solar Panels superimposed on roof.

#### **Site Plans**

1. Six (6) copies of the application.
2. Six (6) copies of site drawings
3. Six (6) copies of final architectural plans for the exterior of buildings showing all colors and materials to be used.
4. One (1) Sample board of all building materials, colors and name of manufacturer of said materials.
5. Six (6) copies of lighting and landscaping plans. Show location of planting materials, species, maximum spread, maximum height, bed materials, etc. Also, indicated all existing vegetation to be retained. Lighting plans shall include detailed drawings indicating location, size type, coverage direction, exterior luminaries, lighting fixtures or other form of illumination.
6. Photographs or diagrammatic sketches of project.
7. At conclusion of ARB review submit PDF Digital version of approved site drawings and exterior building drawings and Lighting, Landscaping plans for filing with the Planning Board

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**ARCHITECTURAL REVIEW BOARD APPLICATION**

**Project Name:** \_\_\_\_\_

**Section** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Zone** \_\_\_\_\_

Property location-distance from nearest cross street. \_\_\_\_\_

\_\_\_\_\_

**Applicant: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Owners: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Architect: Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Engineer: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Attorney: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Contact Person: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

ARCHITECTURAL REVIEW BOARD APPLICATION

Application is hereby made to the Architectural Review Board, acting for the General Welfare of the Residents of the Town, for approval by review and advisory report: such review to consider appearance of property with improvements, architectural features, safety of ingress and egress, type and location of mechanical equipment as indicated on the submitted architectural plans, exterior design and materials, visual compatibility with surroundings, landscaping and exterior lighting.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Phone Number of Applicant

If owner or applicant is a corporation: names and titles of two officers and signature of duly authorized officer.

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

1. Use and occupancy of property: (if mixed, state which)  
Existing \_\_\_\_\_

Intended after improvements \_\_\_\_\_

2. Nature of work proposed: Check which is applicable

- |                  |             |                |
|------------------|-------------|----------------|
| New Building ( ) | Repair ( )  | Alteration ( ) |
| Addition ( )     | Removal ( ) |                |
| Demolition ( )   | Other ( )   |                |

**ARCHITECTURAL REVIEW BOARD**

**AFFIDAVIT OF OWNERSHIP**

**State of New York  
County of Rockland  
Town of Stony Point**

\_\_\_\_\_ duly sworn, deposes and says that he/she

Resides at \_\_\_\_\_

In \_\_\_\_\_, County of \_\_\_\_\_,

In the State of \_\_\_\_\_, that he/she is the owner in fee of all that

certain lot, piece or parcel of land situated, lying and being in the Town of Stony

Point aforesaid and designated as Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Of the Town of Stony Point Tax Map and that hereby authorizes in his behalf and

that the statements of fact contained in said application are true.

Owner: \_\_\_\_\_

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

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public