

Case Number: _____
(Staff Use Only)



Architectural Review Board
Department of Planning & Community Development
City Hall - Roosevelt Square
Mount Vernon, New York 10550-2060
(914) 699-7230 • FAX (914) 699-1435

Richard Thomas
Mayor

John Humbach
Chair

CERTIFICATE OF APPROPRIATENESS APPLICATION
(Please type or print clearly)

Property Identification:

Address: _____

Map page: _____ Block: _____ Lot (s): _____

Owner Information:

Name: _____

Address: _____

Telephone #: _____

E-mail Address: _____

Applicant Information:

(Provide if someone other than the property owner is the applicant)

Name: _____

Address: _____

Telephone #: _____

E-mail Address: _____

Application Classification:

(Check box that applies)

- Minor Major Amendment to previously approved application

Type of Work:

(Check all boxes that apply)

- New Construction Addition/Expansion In-Kind Replacement
 Total Replacement Other (Please specify on the lines below)
-
-

Does the application consist of construction or the expansion of primary or accessory/appurtenant, non-residential structure(s) or facility(ies) involving less than 4,000 square feet of gross floor area?

- Yes No

Building Permit Application Number: _____

Lead Design Professional Information:

(Indicate the primary design professional associated with this application)

Name: _____

Title:

(Check all boxes that apply)

- Architect Engineer Contractor Other (Specify): _____

Company: _____

Address: _____

Telephone #: _____

E-mail Address: _____

Project Description:

(Describe the project in detail indicating all areas or work, type(s) of improvement and materials to be used as a part of the proposed improvements. Use additional sheets if necessary.)
