

City of Mount Vernon Architectural Review Board Application Materials Checklist and Submission Review



Development Name: _____

Application Type: New Amended Extension of Time

Location: _____

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

Applicant Representative: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ E-Mail: _____

| REQUIRED ITEMS | ITEM PROVIDED (Applicant to Check) | STAFF REVIEW (Staff Use Only) |
|--|--|---|
| 1. Certification of Appropriateness Application Form | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 2. Plan Examiner's Report | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 3. Information/Violation Search Form | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 4. Certificates of Occupancy | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 5. Environmental Assessment Form | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 6. Past Zoning Board Findings of Fact, Planning Board Resolutions, Architectural Review Board Decisions, or City Council Resolutions | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 7. Current Zoning Board Findings of Fact, Planning Board Resolutions, or City Council Resolutions | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 8. Color Photographs | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 9. Survey or Plot Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 10. Modified Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 11. Site Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 12. Floor Plans | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 13. Elevations | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 14. Street Façade Drawing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 15. Rendering | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |
| 16. Catalogue Cuts of Exterior Materials | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision |

(Below to be complete by Staff only)

Reviewed by: _____ Date: _____

Case Number Assigned: _____