

Architecture and Community Appearance Review Council

Application Procedures

Applications to ACARC are reviewed on a first-come, first serve basis on receipt of the following:

1. Completed application form with property owner's signature
2. Application fee made payable to the "Town of Lewisboro" as follows:
 - a. Cosmetic Changes (incl. signs): \$27
 - b. Fence Review: \$52
 - c. Construction, Addition, Renovations: \$102
3. Six (6) copies of appropriate accompanying plans, survey, elevations, landscaping plans, colors, materials, etc. Plans must be collated, stapled and folded in a manner that fits easily within a standard legal file folder.

Failure to supply this information may result in the unnecessary delay or denial of your application.

ACARC generally meets the second Wednesday of each month except when holidays, inclement weather or lack of quorum force rescheduling. This office must be in receipt of the applications and all accompanying paperwork with the application fee no later than twenty (20) days prior to the meeting date to schedule the matter on that agenda unless arrangements have been made at the request of a Town body.

Please note that a letter of authorization is required for ACARC's file from the Applicant(s) if a representative will be acting on their behalf.

Applications that are referred to ACARC by another Town body, must be noted in the section "Referred to ACARC section" indicating the reason for referral.

Any questions regarding this procedure may be addressed to Ciorsdan Conran at (914) 763-5592 or email at lewplan2@westnet.com

Mailing address is Town of Lewisboro, ACARC, PO Box 725, Cross River, NY 10518. For courier services use 20 North Salem Rd, Orchard Square Plaza, Cross River, NY 10518.

ARCHITECTURE AND COMMUNITY APPEARANCE
REVIEW COUNCIL
TOWN OF LEWISBORO
Application Form

Date: _____ Cal. #. ____ - ____ ACARC/_____

Property Address: _____

Tax ID: Sheet _____ Block _____ Lot _____ Zone _____

Description for proposal: _____

APPLICANT(S):

Name: _____

Address: _____

Phone # (h): _____ (w) _____ (c) _____

Email: _____ please circle preferred contact: email or phone (h) (w) (c)

Signature of applicant: _____

OWNERS OF RECORD (if different from applicant)

Name: _____

Address: _____

Phone # (h): _____ (w) _____ (c) _____

Email: _____ please circle preferred contact: email or phone (h) (w) (c)

Signature of Owner(s) of Record: _____

Referred to ACARC by: (check one)

Bldg Inspector: ___ Town Board: ___ Planning Board: ___ Zoning Board of Appeals: ___ Other: _____

Reason for Referral: (check one)

Special Character Overlay ___ Commercial Lot ___ Fence ___ Sign ___ Multi Family ___ Other ___ (specify) _____

Application to be accompanied by six (6) copies of survey, plans, drawings, or any other pertinent information, including proposed colors, materials, dimensions, landscaping, etc. Failure to supply this information may result in the unnecessary delay or denial of this application.

Fees: **Cosmetic Changes (incl signs) \$27** **Fence Review \$52** **Construction, Addition, Renovations \$102**

Application Fee Received: Amt: _____ Check# _____ or Cash _____ Receipt# _____

Materials Received: Digital ___ Drawings ___ Site Map ___ Mat'l Board ___ Photos ___ Other _____