



Village of Southampton

BUILDING DEPARTMENT

23 Main Street
Southampton, NY 11968

631-283-0247 Ext: 146

631-283-0247 Ext: 147

ARB APPLICATION CHECKLIST

Please complete and include the following information so that your application can be processed. Applications must be complete and submitted on the Friday four weeks prior to the hearing date.

COMMERCIAL PROJECTS (All applications require a public hearing) YES NO

1. New Structure
2. Addition or renovation
3. Is this an application to **demolish** a structure?
4. Is this an amendment to an existing application?
5. Commercial Gate – Fence – Enclosure – or any structure item not listed herein
6. A.D.A Application (American Disability Act) (Schematic & material details)

RESIDENTAL PROJECTS (May require a public hearing) YES NO

1. New structure
 2. Addition or renovation
 3. Is this an application to **demolish** a structure?
 4. Is this an amendment to an existing application?
 5. Gate – Fence – Shed – Enclosure – Stair – Entry posts
 6. Is this application requesting ARB relief from completed work?
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YOUR APPLICATION REQUIRES THESE ITEMS

1. Two (2) copies of a legal survey showing proposed work on property. Must include:
 - a. Lot Coverage Calculations (existing vs. proposed)
2. A completed building permit application
3. Site plan of proposed work (if this is a commercial application)
4. Photographs
 - a. Additions / renovations, photographs of existing conditions at all compass
 - b. Photographs of property to either side and opposite of proposed work area
 - c. Existing details to compare to proposed new details
5. Two (2) sets of elevations and floor plans at quarter inch scale for detail review. Must include:
 - a. Heights called out on plans
 - b. Gross Floor Area calculations
 - c. Pyramid Law where applicable
 - d. Roof Plan
6. Seven (7) sets of reduced size plans (11" x 17")
7. ¾" to 1' section details on fascia, soffits, window / door and decorative elements
8. Paint color samples of exterior trim and siding and other exterior finishes
9. Window and Door lite cuts and type (insulated glass, simulated divided, Etc.)
10. Siding material indicated and sample, if other than cedar, color and texture
11. Roof material indicated and sample, if other than cedar, color and texture
12. ZBA or Planning Board Decisions attached

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Historic District

12. Is this project located in the Historic District? If yes, please include Certificate of Appropriateness and New York State Historic inventory form (if any).
13. Have you read & reviewed the Architectural Design Guidelines for Historic Districts and Landmarks? (Copy available for purchase in the Building Department)

Signs

1. Material (wood, metal, etc)
2. Colors included (limited to three (3) colors)
3. Lettering with font size and style
4. Illumination being proposed or renewed
5. Structure and materials indicated for ground supported signs
6. Photograph of where sign will be located
7. Size of overall sign with schematic drawing
8. Sign permit application

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APPLICANT'S ACKNOWLEDGEMENT OF COMPLETION OF THIS APPLICATION CHECKLIST

OWNER'S PRINTED NAME: _____

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____

APPLICANT'S PHONE # : _____

DATE: _____