

**VILLAGE OF FLORIDA  
APPLICATION FOR ARCHITECTURAL REVIEW**

**REQUIREMENTS:**    **APPLICATION FOR ARCHITECTURAL REVIEW**  
**OWNER AUTHORIZATION (if not the Applicant)**  
**DISCLAIMER STATEMENT**  
**FEE (See Fee Schedule)**

**PLEASE PRINT**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PROPERTY OWNER (if different): \_\_\_\_\_

LOCATION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

SECTION	BLOCK	LOT
_____	_____	_____

PLEASE DESCRIBE IN DETAIL THE REASON FOR REVIEW (STATE DIMENSIONS, COLORS, MATERIALS, ETC.) ALSO, PLEASE ATTACH ANY PICTURES, DRAWINGS OR BROCHURES THAT APPLY TO YOUR CASE.

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**PLEASE CALL 845-651-7626 WITH ANY QUESTIONS.**