

# ARCHITECTURAL REVIEW –WINDOW DOOR REPLACEMENT

Incorporated Village of Plandome Heights  
37 Orchard Street Manhasset, N.Y. 11030  
(516) 627-1136

Application fee of \$50 required at time of submission.  
Submission Date: \_\_\_\_\_ PAID: \_\_\_\_\_ (date)

***A catalogue picture of the proposed window/door replacement should accompany this form.***

Homeowner's name (please print) \_\_\_\_\_

Homeowner's signature \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner's address \_\_\_\_\_

Section \_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_ Telephone # \_\_\_\_\_



**WINDOWS:**

Existing window type/style \_\_\_\_\_

Replacement window type/style \_\_\_\_\_

Number of windows to be replaced \_\_\_\_\_

Location of windows to be replaced \_\_\_\_\_

Approval by ARB \_\_\_\_\_ Date: \_\_\_\_\_



**DOORS:**

Location of door (s) to be replaced \_\_\_\_\_

Existing door Type/style \_\_\_\_\_

Replacement door/style \_\_\_\_\_

Approval by ARB \_\_\_\_\_ Date: \_\_\_\_\_