

**VILLAGE OF ROCKVILLE CENTRE
 BUILDING DEPARTMENT**
 110 Maple Ave
 Rockville Centre, NY 11570
 516-678-9247

**Application for
 EXTERIOR DESIGN REVIEW**

| | |
|------------------------|--|
| I. Location | At (street address)_____ Zoning District_____ |
| | Section_____ Block_____ Lot(s)_____ Building Sq.Ft._____ |

| | | | | |
|---|-------------|---|-------------------------|----------------|
| II. Identification – to be completed by all applicants (please print or type) | | | | |
| | Name | Mailing Address (No., Street, City, State) | Zip Code | Tel No. |
| Owner/ Applicant | | | | |
| Architect or Engineer | | | | |
| The owner of this parcel and the undersigned agree to conform to all applicable laws of this jurisdiction. I hereby declare that the statements made in this application are, to the best of my knowledge, correct and true. Additionally, the owner and undersigned declare that they have read, understand and have submitted all of the items stipulated in Article II and III of Chapter 330 of the RVC Code. | | | | |
| Signature of Owner/Agent | | | Application Date | |
| Project Description | | | | |

| | |
|----------------------------------|---------------------------|
| III. Number of Lots _____ | Size of Lots _____ |
|----------------------------------|---------------------------|

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|--|
| IV. Type of Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |
|--|

| | |
|---|--------------------------|
| Do Not Write in this Space – Office Use Only | |
| | Application Fee \$ _____ |
| Received by _____ | Date _____ |