

VILLAGE OF WARWICK
ARCHITECTURAL and HISTORIC DISTRICT REVIEW BOARD
WARWICK, NEW YORK

PERMIT

Date: _____

Location of Property: _____

Sec: _____ Blk: _____ Lot: _____

Owner/Agent Name _____

Address _____

Telephone _____

Description of Work Proposed:

ARB Chairman _____

Date: _____

Please attach any samples, pictures or computer generated images to be reviewed