



ARCHITECTURAL REVIEW BOARD

DECISION FORM

OFFICE USE ONLY

At this meeting of 12/2/24 the Board recommended the following action on
the application of Access to Phys. Therapy
for **SIGNAGE** be:

- ☒ Approved as submitted
☐ Approved with modifications stated below:
☐ Disapproved submitted to the conditions as stated below:
(check appropriate line)

Boards's Reasoning:

meets sign regulation.

12/2/24
Date (mm/dd/yyyy)

[Signature]
Chairman/Mayor

	Aye	Nay	Abstain	Absent
Tom DeVinko, Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donna Jacaruso, Deputy Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Susan Walski, Trustee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steve Presser, Trustee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vernon Coleman, Trustee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cc: Original to Applicant
(1) Building Inspector
(5) Trustees
(1) Planning Board
(1) ZBA
(1) Village Engineer
(1) Village Clerk

PLEASE RETURN COMPLETED FORM TO
MSCIFFMACHER@WASHINGTONVILLE-NY.GOV