



ARCHITECTURAL REVIEW BOARD VILLAGE OF WASHINGTONVILLE

9 FAIRLAWN DRIVE, WASHINGTONVILLE, NY 10992
OFFICE: 845-496-3221 | FAX: 845-496-1990

RECEIVED
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APPLICATION

BY: as

All applications, drawings and documents must be submitted to Village Hall along with an electronic

PDF Email: MSchiffmacher@washingtonville-ny.gov

Applicants must include all sign details and specifics on drawings.

****APPLICANTS PLEASE DO NOT ORDER SIGNS UNTIL APPROVED****

PROPERTY INFORMATION:

Business Name: Meraki Art by Libuse

Address: 16 E. Main st. #2

Section: 107 Block: 2 Lot(s): 44

Zoning District: _____ Dimensions (Or Acreage) of Parcel: _____

ARE YOU REQUESTING A SIGN APPLICATION FOR A DOWNTOWN STRUCTURE WITH MULTIPLES BUSINESSES: Yes: ✓ No: ✗

****If YES please follow DOWNTOWN guidelines when completing application.**

SIGNAGE REQUIREMENTS FOR DOWNTOWN MULTI – BUSINESS STRUCTURES:

The Village Board has standardized signage for downtown structures with multiple businesses.

Please follow these guidelines:

- **Colors:** **BACKGROUND** in Benjamin Moore Monterey White HC-27, **FONT** in Historical Black HC-190.
- **Shape:** Rectangular.
- **Lighting:** Gooseneck lighting in **BLACK**.

SIGNAGE REQUIREMENTS FOR DOWNTOWN FREESTANDING and NON-DOWNTOWN STRUCTURES:

Please follow these guidelines:

- **Colors:** Select **2 COLORS** from attached Historical Color Pallet
- **Color Pallet Selected** (Please complete attached form): ✓ Yes ___ No

SIGNAGE REQUIREMENTS FOR BROTHERHOOD PLAZA, FULTON SQUARE, WASHINGTONVILLE PHARMACY PLAZA:

Must adhere to current signage regulations for your location.

REQUEST REVIEW OF:

☐ FAÇADE

☒ SIGN | **PHONE NUMBERS & HIGH OR SEMI-GLOSS FINISHES OF ANY KIND ARE NOT PERMISSABLE**

☒ LIGHTING | **APPLICANTS INCLUDING FIXTURES | SEE ATTACHED GUIDELINES** PROVIDED BY LANDLORD

Fixture Selection Included: ___ Yes ___ No

☐ OTHER: _____

Project Description: EXTERIOR SIGN

Sign Shape & Dimensions: "See Attached"

Sign Materials: 1

Hardware used: 1

How will the sign be mounted: 1

APPLICANT | OWNER INFORMATION:

Applicant: Libuse RINCON

Business Name: Meraki Art by Libuse

Phone #: 845-499-9511 Alt. Phone #: _____

Address: 110 E MAIN ST #2 Email Address: decorlib9@gmail.com

Property Owner: Czarco Management co.

Phone #: _____ Alt. Phone #: 914-282-8800

Address: _____ Email Address: czarcomgmt@gmail.com

Design Professional: Me (Meraki Art)

Phone #: _____ Alt. Phone #: _____

Address: _____ Email Address: _____

Contact Person: _____

Phone #: _____ Alt. Phone #: _____

Address: _____ Email Address: _____

FEES: ARB APPLICATION: \$100.00

Amount Rec'd: \$ 100.00 Check/MO Number: 144

ARB Chairperson Approval

Libuse Rincon

Applicant Signature

Date

Date

OFFICE USE ONLY

Building Inspector sign reviewed: MS (Initial's)

Revised Date: October 7, 2024 Revised By: MS