



ARCHITECTURAL REVIEW BOARD VILLAGE OF WASHINGTONVILLE

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

RECEIVED
APR 23 2026

APPLICATION

BY: *[Signature]*

All applications, drawings and documents must be submitted to Village Hall along with an electronic PDF Email: Lmccormack@washingtonville-ny.gov
Applicants must include all sign details and specifics on drawings.

PLEASE DO NOT ORDER SIGNS BEFORE APPROVED

PROPERTY INFORMATION:

Business Name: Washingtonville Dental Group
Address: 21 E. Main St. Washingtonville, NY
Section: 113.-2-11 Block: _____ Lot(s): _____
Zoning District: _____ Dimensions (Or Acreage) of Parcel: _____

ARE YOU REQUESTING A SIGN APPLICATION FOR A DOWNTOWN STRUCTURE WITH MULTIPLES BUSINESSES: Yes: _____ No: X_____

**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): X Yes _____ No

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

Must adhere to current signage regulations for your location.

PHONE NUMBERS & HIGH OR SEMI-GLOSS FINISHES OF ANY KIND ARE NOT PERMISSABLE

REQUEST REVIEW OF:

FAÇADE

SIGN **WINDOW SIGNS** must use **FONT** in Benjamin Moore Monterey White HC-27 **SIGNS** can **ONLY** cover 25% of the area.

LIGHTING | **APPLICANTS INCLUDING FIXTURES | SEE ATTACHED GUIDELINES**

Fixture Selection Included: ___ Yes ___ No

OTHER: refacing of existing sign

Project Description: refactoring on existing standing sign -no lighting
Sign Shape & Dimensions: 48'x 60' x 3/16' rectangle
Sign Materials: White acrylic w/printed & cut vinyl graphics
Hardware used: N/A
How will the sign be mounted: current sign mounted on post

APPLICANT | OWNER INFORMATION:

Applicant: Maury Goldsmith
Business Name: Washingtonville Dental Group
Phone #: 845-496-6622 **Alt. Phone #:** 845-422-8310
Address: 21 E. Main St. Washingtonville, NY **Email Address:** maury@edgedent.com

Property Owner: 21 East Main Realty LLC
Phone #: 845-422-8310 **Alt. Phone #:** _____
Address: 674 E. Main St. Middletown, NY **Email Address:** maury@edgedent.com

Design Professional: hudson Valley Sign
Phone #: 845-709-6575 **Alt. Phone #:** _____
Address: 146 S. Liberty Drive #T16 **Email Address:** greilly@hudsonvalleysigns.com
Stony Point, NY 10980

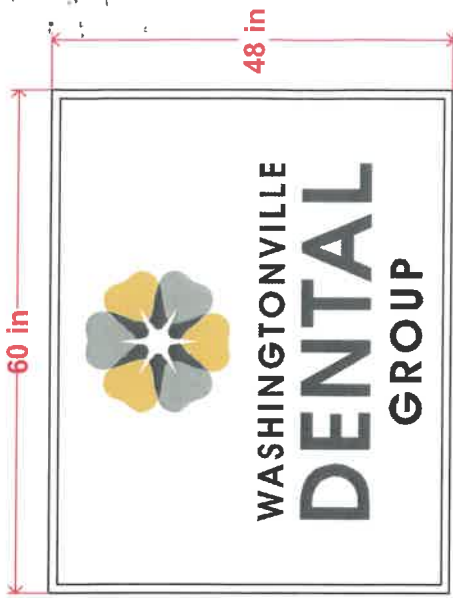
Contact Person: Kelly Van Luvender
Phone #: 845-604-3343 x 1001 **Alt. Phone #:** 845-422-8310
Address: 674 E. Main St. Middletown, NY **Email Address:** kelly@edgedent.com

FEES: ARB APPLICATION: \$100.00

Amount Rec'd: \$ 100.00 **Check/MO Number:** #1009
ARB Chairperson Approval [Signature] **Date** 5/4/26

Applicant Signature _____ **Date** _____

OFFICE USE ONLY
Building Inspector sign reviewed: [Signature] (Initial's)
Revised Date: October 21, 2025 **Revised By:** LM



SIGN DETAIL

CLIENT INFORMATION

Name: Washingtonville Dental Group
 Address: 21 East Main St., Washingtonville, NY 10992
 Contact: Maury Goldsmith Tel: 516-456-1247
 Email: maury@edgedent.com
 Date: 04/01/26

JOB INFORMATION

Quantity: 2x Sign
 Size: Approx. 48" x 60" x 3/16"
 Material: White Acrylic w/ Printed & Cut Vinyl Graphics
 Colors: As Shown

Approval Signature _____ Date _____

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(845) 709-6575

www.hudsonvalleysigns.com