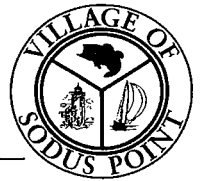


VILLAGE OF SODUS POINT BOARD REFERRAL



ZONING DISTRICT: _____ WC _____

DATE: 4/17/2018

Please mark all applicable boards for review and approval of application:

ZONING BOARD PLANNING BOARD _____ COUNTY BOARD _____ STATE BOARD

Fee: **Variance** (\$40.00) **Special Permit** (\$50.00) _____ **Subdivision** (\$50.00) _____ **Site Plan** (\$50.00) _____
(To be paid upon filing this application)

Location _____ 8522 Greig Street _____

(Give street number, name)

_____ Mike Collins _____

(Name of Applicant)

_____ Robert Straubing _____

(Name of Property Owner)

(Telephone Number of Owner)

(Email Address of Owner)

_____ 585-303-4802 _____

(Telephone number of Applicant)

Tax Map ID: 71119-18-466141

(Owner fills out to best of ability)

Neighbor to the North:

_____ 8518 Greig St. _____

Neighbor to the West:

_____ 8516 Greig St. _____

Neighbor to the East:

_____ 8526 Greig St. _____

Neighbor to the South:

_____ NONE _____

Nature of work (check which is applicable):

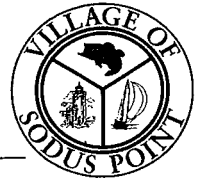
New Building Addition _____ Alteration _____ Repair _____ Removal _____ Demolition _____ ESTIMATE: _____

Description of work to be done: _____ 6 ft. living fence where 4 foot is
allowed. _____

HARDSHIP OR REASON FOR REFERRAL:

190-22 (G).
121-4.

VILLAGE OF SODUS POINT BOARD REFERRAL



ZONING DISTRICT: _____ WC _____

DATE: 4/17/2018

Please mark all applicable boards for review and approval of application:

ZONING BOARD PLANNING BOARD _____ COUNTY BOARD _____ STATE BOARD

Fee: **Variance** (\$40.00) **Special Permit** (\$50.00) _____ **Subdivision** (\$50.00) _____ **Site Plan** (\$50.00) _____
(To be paid upon filing this application)

Location _____ 8516 Greig Street _____

(Give street number, name)

_____ Mike Collins _____

(Name of Applicant)

Tax Map ID: 71119-18-471152

_____ Robert Straubing _____

(Name of Property Owner)

(Owner fills out to best of ability)

Neighbor to the North:

_____ 8527 Greig St. _____

Neighbor to the West:

_____ 8512 Greig St. _____

Neighbor to the East:

_____ 8522 Greig St. _____

Neighbor to the South:

_____ 8522 Greig St. _____

_____ _____
(Telephone Number of Owner)

_____ _____
(Email Address of Owner)

_____ 585-303-4802 _____

(Telephone number of Applicant)

Nature of work (check which is applicable):

New Building Addition _____ Alteration _____ Repair _____ Removal _____ Demolition _____ ESTIMATE: _____

Description of work to be done: _____ 6 ft. living fence where 4 is allowed. _____

HARDSHIP OR REASON FOR REFERRAL:

190-22 (G).
121-4.