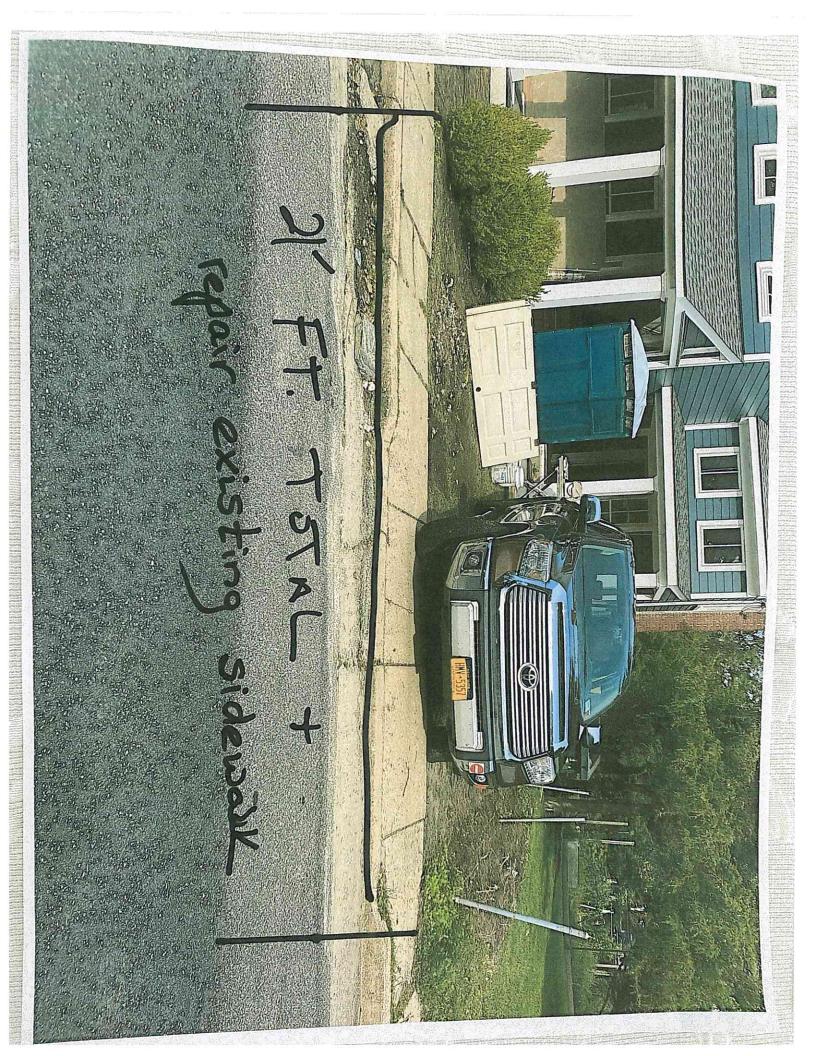


IS PROPERTY IN THE HISTORIC DISTRICT? IF YES, PLEASE SEE CHECKLIST ITEM 8 ON PAGE 4.

SITE PLAN	REVIEW APPLICATION
Applicant	NAME: MEG STRECKER IF A CORPORATION, NAME AND ADDRESS OF AUTHORIZED OFFICER:
	ADDRESS:
	SIGNATURE:
•	
Owner	NAME: MEG STRECKER + CAMERON DOW?
	ADDRESS:
	PHONE:
Location Of Site	TAX MAP SECTION: BLOCK: LOT: 100 (- 5 - 1 - 8
	STREET ADDRESS: 412 CARPENTER ST
D	GREENPORT NY 11944
Project	Residential Commercial
Description	PROPOSED STARTING DATE: PROPOSED COMMERCIAL DATE:
	PROJECT DESCRIPTION (UTILITY HOOK UP, STRUCTURES, USES)
	REPAIR EXISTING SIDENALK + CURS CUT EXTENSION
	FROM 12 FEET TO 21.
	PROPERTY IS ZONED R-1 R-2 CR WC CG
PROJECT VILLAGE O	WILL REQUIRE THE FOLLOWING PERMITS: OF GREENPORT:
	BUILDING PERMIT WETLANDS PERMIT ZBA VARIANCE
OTHER AG	ENCIES:SUFFOLK COUNTY PLANNING BOARD
	N.Y.STATE D.E.C.
	U.S. ARMY CORPS OF ENGINEERS
	SUFFOLK COUNTY HEALTH DEPARTMENT
	N.Y. STATE DEPT OF STATE COASTAL ZONE MANAGEMENT
	Form PBA1



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