

RECOMMENDED FOR APPROVAL:

MAYOR OF THE CITY OF BEACON _____ DATE _____

APPROVED BY RESOLUTION OF THE CITY COUNCIL OF THE CITY OF BEACON

ON THE _____ DAY OF _____ 20____

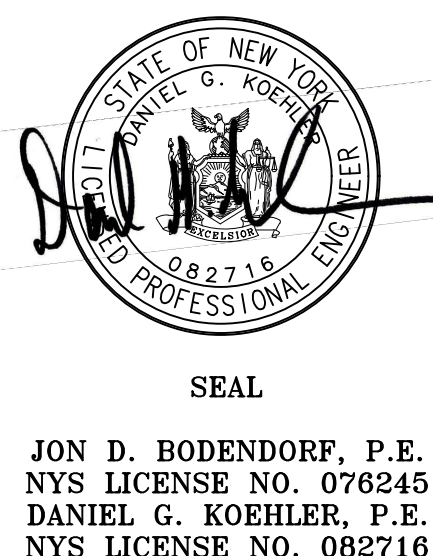
APPROVED BY RESOLUTION OF THE PLANNING BOARD OF THE CITY OF BEACON, NEW YORK, ON THE _____ DAY OF _____ 20____

CONDITIONS OF SAID RESOLUTION, ANY CHANGE, ERASURE, MODIFICATION OR REVISION OF THIS PLAT, AS APPROVED, SHALL VOID THIS APPROVAL.

SIGNED THIS _____ DAY OF _____ 20____ BY _____

CHAIRMAN _____ SECRETARY _____

IN ABSENCE OF THE CHAIRMAN OR SECRETARY, THE ACTING CHAIRMAN OR ACTING SECRETARY RESPECTIVELY MAY SIGN IN THIS PLACE.



REVISIONS:			
NO.	DATE	DESCRIPTION	BY
1	2/28/17	PER PLANNING BOARD COMMENTS	CMB
2	3/28/17	PER PLANNING BOARD COMMENTS	MAB
3	4/25/17	NO CHANGE THIS SHEET	MAB
4	5/30/17	NO CHANGE THIS SHEET	MAB