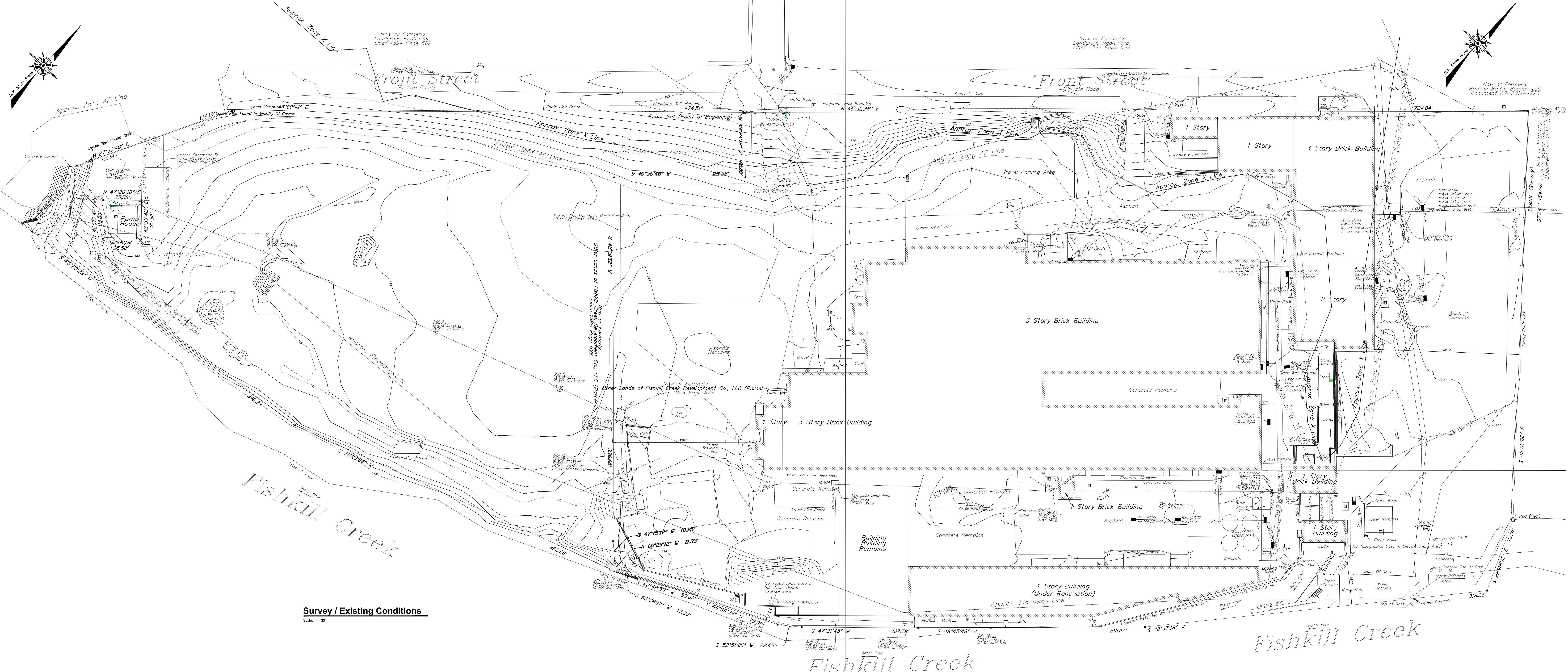


REVISIONS			
NO.	DATE	DESCRIPTION	BY
1	08/29/17	NO CHANGE	AJS
2	09/26/17	NO CHANGE	AJS
3	10/31/17	NO CHANGE	AJS
4	11/28/17	NO CHANGE	AJS
5	01/30/18	NO CHANGE	AJS
6	02/27/18	NO CHANGE	AJS
7	10/30/18	NO CHANGE	AJS



Survey / Existing Conditions
Scale: 1" = 30'

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____ SUBJECT TO ALL REQUIREMENTS AND CONDITIONS OF SAID RESOLUTION. ANY CHANGE, ENCUMBRANCE, MODIFICATION OR REVISION OF THIS PLAN, 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.

Amendment to Special Use Permit Application

Survey / Existing Conditions - Sheet 2 of 10