TO:	The Honorable Lewiston Town Board		
FROM:	NAME: ADDRESS:		
	TELEPHONE:		
RE:	Request to Subdivi	de	
	Tax Map #/SBL# Road: Number of Lots:		
	Variance Requests:		
	Fee Paid: Date Paid: Accepted by:		
		Town Board approved imposing a \$500 per ble (within 30 days) when the property is d	
		Signature	
		Date	
Referred	I to Planning Board		