

Name Teresa Halverson G-18386
By 102 Euclid Ave
Albany, NY 12203
Address _____

Priority SEPTEMBER 16, 2016

County LAMAR WM# 2

RELATED FILES

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Application No. **G-18386**

Permit No. _____

Certificate No. _____

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume Page

FEES PAID

Date	Amount	Receipt No.
9-16-16	1,900.00	121328
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____