

P. Inman

 (20)

SIGNATURE RECORDS ACCESS OFFICER

DEPT. REFERRED TO B12g.

FOR AGENCY USE ONLY

6(30)

DATE

RESPOND TO TOWN CLERK BY: 7/7

☒ **APPROVED**

☐ **DENIED FOR REASON(S) CHECKED BELOW:**

- () CONFIDENTIAL DISCLOSURE
- () PART OF INVESTIGATORY FILES
- () UNWARRANTED INVASION OF PERSONAL PRIVACY
- () RECORD NOT MAINTAINED BY THIS AGENCY
- () RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND
- () OTHER (SPECIFY) _____

(Dept. Head Initials): wul

(Dept. Head Initials): _____

WITHIN FIVE (5) BUSINESS DAYS, THE DEPARTMENT MUST:

- DENY REQUEST; OR
- MAKE THE RECORD AVAILABLE; OR
- FURNISH **WRITTEN ACKNOWLEDGEMENT** OF RECEIPT OF THE REQUEST STATING THE APPROXIMATE DATE WHEN THE INFORMATION WILL BE MADE AVAILABLE

**** TOWN CLERK MUST BE COPIED IN ON ALL RESPONSES ****

UPON COMPLETION, FORWARD TO THE TOWN CLERK FOR RELEASE. THE TOWN CLERK WILL:

- REVIEW THE INFORMATION FOR RELEASE AND CONTACT THE REQUESTOR; OR
- DENY ACCESS **IN WRITING** GIVING REASON FOR DENIAL (REQUESTOR HAS A RIGHT TO APPEAL DENIAL BY SUBMITTING A LETTER TO THE BOARD AT THE ADDRESS BELOW)

APPROVED FOR RELEASE BY: 

DATE: 7/2/25

CONTACTED REQUESTOR ON: _____

FEE TO BE COLLECTED \$ _____

THE FOLLOWING INFORMATION IS REQUIRED ON FREEDOM OF INFORMATION REQUESTS FOR THE POLICE DEPARTMENT. IF THIS INFORMATION IS NOT INCLUDED IN YOUR REQUEST, YOUR APPLICATION WILL BE DENIED.

IF REQUESTING INFORMATION ON:

1. SPECIFIC INDIVIDUAL (i.e., ARREST RECORD)
 - DATE OF BIRTH
2. SPECIFIC ADDRESS (i.e., CALLS TO A SPECIFIC ADDRESS)
 - DATE OR TIME FRAME
3. SPECIFIC REPORT (i.e., ACCIDENT, INCIDENT, ETC)
 - DATE OF ACCIDENT/INCIDENT
 - LOCATION
 - NAME(S) OF PERSONS INVOLVED (IF POSSIBLE)

P. Immanuel


SIGNATURE RECORDS ACCESS OFFICER

FOR AGENCY USE ONLY

6/30

DATE

DEPT. REFERRED TO

Bldg.

RESPOND TO TOWN CLERK BY:

7/7

RECEIVED

JUL 01 2025

TOWN OF IRONDEQUOIT
COMMUNITY DEVELOPMENT

☒ APPROVED

☐ DENIED FOR REASON(S) CHECKED BELOW:

- () CONFIDENTIAL DISCLOSURE
- () PART OF INVESTIGATORY FILES
- () UNWARRANTED INVASION OF PERSONAL PRIVACY
- () RECORD NOT MAINTAINED BY THIS AGENCY
- () RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND
- () OTHER (SPECIFY) _____

(Dept. Head Initials): W

(Dept. Head Initials): _____

> No open violations or fees due
> H permit records
7-1-25

WITHIN FIVE (5) BUSINESS DAYS, THE DEPARTMENT MUST:

- DENY REQUEST; OR
- MAKE THE RECORD AVAILABLE; OR
- FURNISH **WRITTEN ACKNOWLEDGEMENT** OF RECEIPT OF THE REQUEST STATING THE APPROXIMATE DATE WHEN THE INFORMATION WILL BE MADE AVAILABLE

**** TOWN CLERK MUST BE COPIED IN ON ALL RESPONSES ****

UPON COMPLETION, FORWARD TO THE TOWN CLERK FOR RELEASE. THE TOWN CLERK WILL:

- REVIEW THE INFORMATION FOR RELEASE AND CONTACT THE REQUESTOR; OR
- DENY ACCESS **IN WRITING** GIVING REASON FOR DENIAL (REQUESTOR HAS A RIGHT TO APPEAL DENIAL BY SUBMITTING A LETTER TO THE BOARD AT THE ADDRESS BELOW)

APPROVED FOR RELEASE BY: _____ DATE: _____

CONTACTED REQUESTOR ON: _____ FEE TO BE COLLECTED \$ _____

THE FOLLOWING INFORMATION IS REQUIRED ON FREEDOM OF INFORMATION REQUESTS FOR THE POLICE DEPARTMENT. **IF THIS INFORMATION IS NOT INCLUDED IN YOUR REQUEST, YOUR APPLICATION WILL BE DENIED.**

IF REQUESTING INFORMATION ON:

1. SPECIFIC INDIVIDUAL (i.e., ARREST RECORD)
 - DATE OF BIRTH
2. SPECIFIC ADDRESS (i.e., CALLS TO A SPECIFIC ADDRESS)
 - DATE OR TIME FRAME
3. SPECIFIC REPORT (i.e., ACCIDENT, INCIDENT, ETC)
 - DATE OF ACCIDENT/INCIDENT
 - LOCATION
 - NAME(S) OF PERSONS INVOLVED (IF POSSIBLE)

BUILDING PERMIT

*The Town of Irondequoit, Building Department, County of Monroe, State of New York
hereby issues permit for project as described herein:*

Permit Number: **4867 SHED**

Tax Parcel ID: **062.19-4-27**

Issue Date: **10/21/1996**

Permit Issued To: **Enfonde John J & Wf**

Permit Fee: **\$.00**

Permit Application Number: **1021961**

Type of Permit: **Z-FENCE**

Property Owner: **No Owner Name in TIPS**

Street Address of Property: **184
Dewberry Dr**

Owner's Address: **184 Dewberry Dr N S
Rochester, NY 14622**

Occupant's Name:

VALID UNTIL: 01/01/1900

Occupancy Classification:

Description of Work: **8"x8" Shed**

Required Inspections:

Required Inspections: All required inspections listed above must be complete before a Certificate of Occupancy or Compliance will be issued. Please call (585) 336-6072 to schedule your inspection. One-day advance notice is required. Requests for inspection received by 3 p.m. can be scheduled for the next business day.

Permit Expiration: A permit expires by limitation if no work has commenced within six (6) months or if no Certificate of Occupancy or Certificate of Compliance has been issued within twelve (12) months after issuance, unless extension has been granted by the Town. In cases of expiration, a new permit must be obtained from the Town before work can begin and/or be completed. The Owner/Occupant and/or Contractor must comply with all applicable codes and ordinances.

Acknowledgement: I am aware of the Zoning/Building Ordinance(s) and the New York State Uniform Fire Prevention and Building Code requirements related to this permit and do hereby agree to abide by them. The information stated above is correct and accurate.

Signature of Applicant

Signature of Building Inspector

COPY