

Dutchess County Department of Planning and Development

FAX INFO ONLY

To
Co./Dept.
Fax #

Date
From
Phone #

pgs

239 Planning/Zoning Referral - Standard Form

Municipality:

Referring Agency: Planning Board Zoning Board of Appeals Municipal Board

Tax Parcel Number(s):

Project Name:

Applicant:

Address of Property:

Please fill in this section

Type of Action:

- Local Law / Text Amendment
- Rezoning
- Site Plan
- Special Permit
- Use Variance
- Area Variance
- Other: _____

Parcels within 500 feet of:

- State Road _____
- County Road _____
- State Property (with recreation area or public building)
- County Property (with recreation area or public building)
- Municipal Boundary
- Farm operation in an Agricultural District

Date Response Requested (if less than 30 days):

If subject of a previous referral, please note County referral number(s):

FOR COUNTY OFFICE USE ONLY

Response from Dutchess County Department of Planning and Development

No Comments:

- Matter of Local Concern
- No Jurisdiction
- No Authority
- Withdrawn

Comments Attached:

- Local Concern with Comments
- Conditional
- Denial
- Incomplete — *municipality must resubmit to County*
- Incomplete with Comments — *municipality must resubmit to County*

Date Submitted:	Notes:	<input type="checkbox"/> Major Project
Date Received:		
Date Requested:		Referral #:
Date Required:	<input type="checkbox"/> Also mailed hard copy	Reviewer: _____
Date Response Faxed:		