

Dutchess County Department of Planning and Development

FAX INFO ONLY

To
Co./Dept.
Fax #

Date
From
Phone #

pgs

Zoning Referral

Please Fill Out This Entire Portion of the Form

Municipality:

Referring Agency:

Tax Parcel Number(s):

Project Name:

Applicant:

Address of Property:

Type of Action:

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

Jurisdictional Determinant:

- State Road _____
- County Road _____
- State Property
- County Property
- Municipal Boundary
- 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
- Project Withdrawn

Comments Attached:

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

Date of Submittal:

Notes:

Date Submittal Received:

Major Project

Archive

Date Report Requested:

Discard after 2 yrs

Discard after 7 yrs

Date Report Required:

Referral #:

Date of Transmittal

faxed:

mailed:

Reviewer: _____