Dutchess County Department of Planning and Development			o To  Dept Fax #		Date 8724 From Phone #	# pgs ( )	
	239 Planning/Zo	•	ferral – Exem <sub>i</sub>	ption C	communi	ties 🖔	
	Referring Agency:		☐ Zoning Board of Appeals		Municipal Board		
	Tax Parcel Number(s): 5954-36-90			••••	- C		
	Project Name: 305 Main Street - Early Terrible Wine Bar						
	Applicant: Balling	ger	Section of the Control of the Contro				
	Address of Property: 305 Main Street						
Please fill in this section	State Road County Road Other Local   County Property (w/public building or recreation area)   County Property (w/public building or recreation area)   Municipal Boundary   Farm operation in an Agricultural District   Comprehens Zoning Amer definitions, di		mits for all non-residential uses les for all non-residential uses	Exempt Actions:*  239 Review is NOT Required  • Administrative Amendments (fees, procedures, penalties, etc.)  • Special Permits for residential uses (accessory apts, home occupations, etc.)  • Use Variances for residential uses  • Area Variances for residential uses  • Renewals/Extension of Site Plans or Special Permits that have no changes from previous approvals  • Subdivisions / Lot Line Adjustments  • Interpretations   Exempt Action submitted for informal review			
s-distribution	Response from Dut		OUNTY OFFICE USE ONLY  / Department of Pla	nning and	d Developme	egyte kann katilian katilian I Para E	
	No Comments:  ☐ Matter of Local Concern No Jurisdiction ☐ No Authority ☐ Project Withdrawn ☐ Exempt from 239 Revie	nments Attached: ocal Concern with Comments conditional denial denial denomplete — municipality must resubmit to County decomplete with Comments — municipality must resubmit to County deformal Comments Only (Action Exempt from 239 Review)					
Dell'essent contr	Date Submitted: 8 2 9 19	Notes:	allenda terrenen intervalvan sekana deka askara kendakuna kerta keta keta kerta kerangan kerangan kenda kerang		☐ Major Pro	oject	
Date Received: 8/2/6/19  Date Requested:				R	Referral #: 7219 - 271		
Date	Date Required: 9 30 19  Response Faxed: 8 7 10 19	☐ Also mailed hard copy	Reviewer:	v Ho	ly	S E	