

<b>Dutchess County Department of Planning and Development</b>	FAX INFO ONLY	To Jen Cocozza	Date 12/10/2019	# pgs 11
		Co./Dept. Planning and Development	From Collin Millone	
		Fax # 845 486 3610	Phone # 845 838 5010	
<b>239 Planning/Zoning Referral - Standard Form</b>				
Municipality: City of Beacon				
Referring Agency: <input type="checkbox"/> Planning Board <input type="checkbox"/> Zoning Board of Appeals <input checked="" type="checkbox"/> Municipal Board				
Tax Parcel Number(s):				
Project Name: Proposed Local Law to Amend Ch. 134 of C.O.B Code Concerning Historic Preservation				
Applicant:				
Address of Property:				
Please fill in this section	<b>Type of Action:</b> <input checked="" type="checkbox"/> Local Law / Text Amendment <input type="checkbox"/> Rezoning <input type="checkbox"/> Site Plan <input type="checkbox"/> Special Permit <input type="checkbox"/> Use Variance <input type="checkbox"/> Area Variance <input type="checkbox"/> Other: _____		<b>Parcels within 500 feet of:</b> <input type="checkbox"/> State Road _____ <input type="checkbox"/> County Road _____ <input type="checkbox"/> State Property (with recreation area or public building) <input type="checkbox"/> County Property (with recreation area or public building) <input type="checkbox"/> Municipal Boundary <input type="checkbox"/> Farm operation in an Agricultural District	
	Date Response Requested (if less than 30 days): <u>Jan 21st. 2020</u>			
If subject of a previous referral, please note County referral number(s):				

FOR COUNTY OFFICE USE ONLY			
<b>Response from Dutchess County Department of Planning and Development</b>			
<b>No Comments:</b> <input checked="" type="checkbox"/> Matter of Local Concern <input type="checkbox"/> No Jurisdiction <input type="checkbox"/> No Authority <input type="checkbox"/> Withdrawn		<b>Comments Attached:</b> <input type="checkbox"/> Local Concern with Comments <input type="checkbox"/> Conditional <input type="checkbox"/> Denial <input type="checkbox"/> Incomplete — municipality must resubmit to County <input type="checkbox"/> Incomplete with Comments — municipality must resubmit to County	
Date Submitted: <u>12/10/19</u>	Notes: <u>map recd 1/7/2020</u>	<input type="checkbox"/> Major Project	
Date Received: <u>12/10/19</u>		Referral #: <u>19-407</u>	
Date Requested: <u>1/21/20</u>			
Date Required: <u>2/5/20</u>	<input type="checkbox"/> Also mailed hard copy	Reviewer: <u>[Signature]</u>	
Date Response Faxed: <u>1/17/20</u>			