

Dutchess County Department of Planning and Development

For info only	To Jennifer Cocozza	Date 10/12/17	# pgs
	Co./Dept. Planning	From Elizabeth Evans	
	Fax # 845-486-9610	Phone # 845-888-5010	

239 Planning/Zoning Referral - Standard Form

Please fill in this section

Municipality: City of Beacon

Referring Agency: Planning Board Zoning Board of Appeals Municipal Board

Tax Parcel Number(s): 11 Moratorium on Residential Development Amended

Project Name: Proposed Local Law to Enact a Moratorium on Res. Development (Revised - see red line)

Applicant: City of Beacon, NY

Address of Property: n/a

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): 10/16/17

If subject of a previous referral, please note County referral number(s): ZR17-327

FOR COUNTY OFFICE USE ONLY

Response from Dutchess County Department of Planning and Development

<p>No Comments:</p> <p><input checked="" type="checkbox"/> Matter of Local Concern</p> <p><input type="checkbox"/> No Jurisdiction</p> <p><input type="checkbox"/> No Authority</p> <p><input type="checkbox"/> Withdrawn</p>	<p>Comments Attached:</p> <p><input type="checkbox"/> Local Concern with Comments</p> <p><input type="checkbox"/> Conditional</p> <p><input type="checkbox"/> Denial</p> <p><input type="checkbox"/> Incomplete — municipality must resubmit to County</p> <p><input type="checkbox"/> Incomplete with Comments — municipality must resubmit to County</p>
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Date Submitted: <u>10/12/17</u>	Notes:	<input type="checkbox"/> Major Project
Date Received: <u>10/12/17</u>		
Date Requested: <u>10/16/17</u>		Referral #: <u>ZR17-358</u>
Date Required: <u>11/10/17</u>	<input type="checkbox"/> Also mailed hard copy	Reviewer: <u>Jennifer Cocozza</u>
Date Response Faxed:		