C	Outchess County	Depart	tment of	C To		<u> 11 </u>	# pgs		
Planning and Development				Dept		1 (0020			
Phone #									
239 Planning/Zoning Referral – Exemption Communities									
	Municipality: City of Beacon								
	Referring Agency: Planning Board			☐ Zoning Board of Appeals					
	Tax Parcel Number(s): Not.	Applicable	=						
Project Name: LL : Medical Service Accessory Structure Applicant: City Council									
	Address of Property: Not	Applicable	e				· <u></u> -		
Please fill in this section	Parcel(s) within 500 feet of: State Road				g - Admir proced (access of the latest of th	Exempt Actions:* 239 Review is NOT Required Administrative Amendments (fees, procedures, penallies, 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.			
Response from Dutchess County Department of Planning and Development No Comments: Comments Attached: Matter of Local Concern Local Concern with Comments									
No Jurisdiction Conditional No Authority Denial Project Withdrawn Incomplete — municipality must resubmit to County Exempt from 239 Review Informal Comments — municipality must resubmit to County Informal Comments Only (Action Exempt from 239 Review)									
Date Submitted: 1518 Notes:			Notes:	·		☐ Ma	jor Proje	ct	
Date Received: 1518				D-6					
Date Requested: 1 16 17				<u></u> .		Referral #: ZK	18-(206 	
ate	Pate Required: 2/2 Response Faxed: // [[<u>-118</u>	☐ Also mailed hard copy	Reviewer:	uder H	olinza		۔	