

Dutchess County Department of Planning and Development

FAX INFO ONLY

To: Lisa Edelson
 To: Jennifer Cocozza
 Co./Dept.: _____
 From: Lisa Edelson
 Phone #: 845-898-3010
 Fax #: 838-5012
 Date: 11/20/18
 # pgs: 1
Jen Cocozza
466-3600

239 Planning/Zoning Referral - Standard Form

Please fill in this section

Municipality: The City of Beacon

Referring Agency: Planning Board Zoning Board of Appeals Municipal Board

Tax Parcel Number(s): _____

Project Name: LL concerning amusement centers with only vintage amusement devices

Applicant: City of Beacon

Address of Property: 1 Municipal Plaza Beacon, NY 12508

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

REC'D 2018 NOV 20 AM 10:54 DCP

Date Response Requested (if less than 30 days): Public Hearing set for 12/17/18

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
- Withdrawn

Comments Attached:

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

Date Submitted: 11/20/18 Notes: _____ Major Project

Date Received: 11/20/18

Date Requested: 12/17/18 Referral #: 2R18-373

Date Required: 12/19/18

Date Response Faxed: 11/20/18 Also mailed hard copy Reviewer: Jennifer Cocozza