Dutchess County Department of Planning and Development		To Dept Fax #		Date# pgsFromPhone #	
239 Planning/Zonir Municipality: Referring Agency:	•	ferral – Exemp		<b>Dommun</b> unicipal Board	ities
Tax Parcel Number(s): Project Name:					
Applicant: Address of Property:          Parcel(s) within         500 feet of:         State Road	Comprehen Zoning Am definitions, Rezonings Other Loca (wetlands, H housing, an Site Plans Special Pen Use Varian	equiring 239 Review nsive/Master Plans endments (standards, uses, district regulations, etc.) involving all map changes I Laws associated with zoning nistoric preservation, affordable chitectural review, etc.) (all) rmits for all non-residential uses ces for all non-residential uses nces for all non-residential uses	<ul> <li>239 Revie</li> <li>Administrai procedures</li> <li>Special Pe (accessory</li> <li>Use Varian</li> <li>Area Varian</li> <li>Renewals/I Special Pe from previo</li> </ul>	empt Action ew is NOT I tive Amendments penalties, etc.) rmits for resident apts, home occu aces for resident acces for resident Extension of Site rmits that have n bus approvals ns / Lot Line Adju ons	Required s (fees, ial uses upations, etc.) al uses ial uses Plans or o changes
			Exempt Ac	tion submitted for	informal review
Date Response Requested (if less than 30 da	ys):				
If subject of a previous referral, please note C	ounty referra	al number(s):			

\* These actions are only exempt in municipalities that signed an intermunicipal agreement with Dutchess County to that effect.

	Response from Duto		COUNTY OFFICE USE ONLY	and Development	
No Comments:		Co	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	Project Withdrawn		Incomplete — municipality must resubmit to County		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 □		v 🗆	Incomplete with Comments — municipality must resubmit to County		
		Informal Comments Only (Action Exempt from 239 Review)			
Da	ate Submitted:	Notes:		Major Project	
Date Received:					
Date Requested:				Referral #:	
Date Required:		□ Also mailed			
Date Response Faxed:		hard copy	Reviewer:		