

<b>Dutchess County Department of Planning and Development</b>		<b>Fax Info</b>	To _____	Date _____	# pgs _____
			Dept _____	From _____	
			Fax # _____	Phone # _____	

  

## 239 Planning/Zoning Referral – Exemption Communities

Please fill in this section

Municipality: \_\_\_\_\_

Referring Agency:     ☐ Planning Board                      ☐ Zoning Board of Appeals                      ☐ Municipal Board

Tax Parcel Number(s): \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address of Property: \_\_\_\_\_

**Parcel(s) within 500 feet of:**

☐ State Road \_\_\_\_\_

☐ County Road \_\_\_\_\_

☐ State Property (w/public building or recreation area)

☐ County Property (w/public building or recreation area)

☐ Municipal Boundary

☐ Farm operation in an Agricultural District

**Actions Requiring 239 Review**

☐ Comprehensive/Master Plans

☐ Zoning Amendments (standards, uses, definitions, district regulations, etc.)

☐ Rezoning involving all map changes

☐ Other Local Laws associated with zoning (wetlands, historic preservation, affordable housing, architectural review, etc.)

☐ Site Plans (all)

☐ Special Permits for all non-residential uses

☐ Use Variances for all non-residential uses

☐ Area Variances for all non-residential uses

**Exempt Actions:\*  
239 Review is NOT Required**

- Administrative Amendments (fees, procedures, penalties, 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

Date Response Requested (if less than 30 days): \_\_\_\_\_

If subject of a previous referral, please note County referral number(s): \_\_\_\_\_

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

FOR COUNTY OFFICE USE ONLY					
<b>Response from Dutchess County Department of Planning and Development</b>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: 1px solid black; padding: 5px;"> <p><b>No Comments:</b></p> <p><input 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"/> Project Withdrawn</p> <p><input type="checkbox"/> Exempt from 239 Review</p> </td> <td style="width: 50%; vertical-align: top; border: 1px solid black; padding: 5px;"> <p><b>Comments Attached:</b></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 — <i>municipality must resubmit to County</i></p> <p><input type="checkbox"/> Incomplete with Comments — <i>municipality must resubmit to County</i></p> <p><input type="checkbox"/> Informal Comments Only (Action Exempt from 239 Review)</p> </td> </tr> </table>				<p><b>No Comments:</b></p> <p><input 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"/> Project Withdrawn</p> <p><input type="checkbox"/> Exempt from 239 Review</p>	<p><b>Comments Attached:</b></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 — <i>municipality must resubmit to County</i></p> <p><input type="checkbox"/> Incomplete with Comments — <i>municipality must resubmit to County</i></p> <p><input type="checkbox"/> Informal Comments Only (Action Exempt from 239 Review)</p>
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Date Submitted: _____	Notes: _____	<input type="checkbox"/> Major Project			
Date Received: _____		Referral #: _____			
Date Requested: _____					
<b>Date Required:</b> _____	<input type="checkbox"/> Also mailed hard copy	Reviewer: _____			
Date Response Faxed: _____					