

Dutchess County Department of Planning and Development

FAX INFO ONLY

To
Co./Dept.
Fax #

Date
From
Phone #

pgs

Zoning Referral

Municipality: **Town of Dover**
 Referring Agency: **Dover Planning Board**
 Tax Parcel Number(s): **7063-00-562258**
 Project Name: **Dover Village Expansion**
 Applicant: **Cedar Dover Plains, LLC**
 Address of Property: **3042 Rt 22, Dover Plains, NY 12522**

Please Fill Out This Entire Portion of the Form

Type of Action:

- Local Law / Text Amendment
- Rezoning
- Site Plan
- Special Permit
- Use Variance
- Area Variance
- Other: _____

Jurisdictional Determinant:

- State Road NYS 22
- County Road _____
- State Property
- County Property
- Municipal Boundary
- Agricultural District

Date Response Requested (if less than 30 days): **September 10, 2011**

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
- Project Withdrawn

Comments Attached:

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

Date of Submittal:	Notes:	<input type="checkbox"/> Major Project <input type="checkbox"/> Archive <input type="checkbox"/> Discard after 2 yrs <input type="checkbox"/> Discard after 7 yrs
Date Submittal Received:		
Date Report Requested:		
Date Report Required:		
Date of Transmittal faxed: mailed:	Reviewer: _____	Referral #:

Print Form

Reset Form