

Dutchess County Department of Planning and Development	FAX INFO ONLY	To <u>Town of Dover</u>	Date <u>4/6</u>	# pgs <u>1</u>
		Co./Dept. <u>Planning / ARB</u>	From <u>N Hooper</u>	
		Fax # <u>892-3188</u>	Phone # <u>496-3600</u>	

Zoning Referral

Please Fill Out This Entire Portion of the Form

Municipality:	Town of Dover	2014 001 - 5	DUTCHESS COUNTY PLANNING AND DEVELOPMENT SECTION
Referring Agency:	Planning Board	FM 1:25	
Tax Parcel Number(s):	7063-00-509295		
Project Name:	Dover Plaza- Fresh Town Plaza		
Applicant:	Dover Acquisition LLC - Daniel Katz		
Address of Property:	3081 Rt 22 Dover Plains, NY 12522		

Type of Action:

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

Jurisdictional Determinant:

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

Date Response Requested (if less than 30 days):

If subject of a previous referral, please note County referral number(s): 10-488, 03-222

FOR COUNTY OFFICE USE ONLY

Response from Dutchess County Department of Planning and Development

<p>No Comments:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Matter of Local Concern <input type="checkbox"/> No Jurisdiction <input type="checkbox"/> No Authority <input type="checkbox"/> Withdrawn 	<p>Comments Attached:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Local Concern with Comments <input type="checkbox"/> Conditional <input type="checkbox"/> Denial <input type="checkbox"/> Incomplete — <i>municipality must resubmit to County</i> <input type="checkbox"/> Incomplete with Comments — <i>municipality must resubmit to County</i>
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Date of Submittal: <u>3-4</u>	<div style="border: 2px solid blue; padding: 10px; font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid red; padding: 5px; color: red; font-weight: bold; margin-top: 5px;">MAR - 6 2014</div>	<input type="checkbox"/> Major Project	<input type="checkbox"/> Archive
Date Submittal Received: <u>3-5</u>		<input type="checkbox"/> Discard after 2 yrs	
Date Report Requested:		<input type="checkbox"/> Discard after 7 yrs	
Date Report Required: <u>4-2</u>		Referral #: <u>14-064</u>	
Date of Transmittal faxed: <u>4/6</u> mailed:		Reviewer: <u>Nada Hooper</u>	