

MAR 21 2016

Dutchess County Department of Planning and Development

FACTS ONLY

To	Planning Board	Date	3-18	# pgs	1
Co./Dept.	J. C. Boone	From	B. Kenoe		
Fax #	486-7885	Phone #	486-3600		

SEQRA Circulation Form

Please Fill Out This Entire Portion of the Form

Municipality: Town of Poughkeepsie

Referring Agency: Planning Board

Tax Parcel Number(s): 6262-04-723342, -761394, -749282, -754298, -758301, 864243, -892195

Project Name: MacDonnell Heights Town Center

Applicant: Meadow View Properties, LLC

Address of Property: US 44

Type of Action:

Lead Agency

Scoping

DEIS Review

FEIS Review

Other: _____

Location: Please indicate if this project is located within 500 feet of (check all that apply):

State Road US 44

County Road _____

State Property

County Property

Municipal Boundary

Agricultural District

Date Response Requested (if less than 30 days): March 29, 2016

If subject of a previous SEQRA Circulation or Zoning Referral, please note County SQ/Referral number(s): ZR11-429, ZR14-128, 127, ZR06-197

FOR COUNTY OFFICE USE ONLY

Response from Dutchess County Department of Planning and Development

Disclaimer: Any response regarding SEQRA issues does not constitute a Zoning Referral response from the County. Projects must be resubmitted, as per General Municipal Law sections 239-f and 239-m, under separate cover to the County for the Zoning Referral process.

<p>No Comments:</p> <p><input type="checkbox"/> Project Withdrawn</p> <p><input checked="" type="checkbox"/> County Takes No Position on Lead Agency</p> <p><input type="checkbox"/> No Comment</p>	<p>Comments Attached:</p> <p><input type="checkbox"/> Preliminary Comments</p> <p><input type="checkbox"/> Comments</p> <p><input type="checkbox"/> Incomplete</p> <p><input type="checkbox"/> Incomplete with Comments</p>
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Date of Submittal: <u>3/01/2016</u>	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: <u>3/03/2016</u>		
Date Report Requested: <u>3/29/2016</u>		
Date Report Required: <u>3/30/2016</u>		
Date of Transmittal faxed: <u>3-18</u> mailed: <u>—</u>	Reviewer: <u>[Signature]</u>	SQ# <u>SQ-075</u>

Print Form

Reset Form